

Keep Smiling

DeltaCare[®] USA



provided by
Delta Dental of California

California Service Employees Health and Welfare Trust Fund
CAC30 - Regular Plan

Dental benefits made easy!

When you enroll in a DeltaCare USA¹ plan, you'll be assigned to a primary care dentist from our network of carefully screened, private practice dentists. You must visit your primary care dentist to receive benefits.²

- No restrictions on pre-existing conditions (except work in progress)
- Access to specialty care and out-of-area emergency care

A partner in oral health

Your DeltaCare USA plan encourages regular dental care with an extensive list of covered services to help you stay healthy.

- Low or no copayments for services like cleanings and exams

Budget-friendly costs

With your DeltaCare USA plan, there are no surprises. You'll know your copayments, and your out-of-pocket costs are clearly defined before treatment begins.

- No deductibles or maximums³ for covered services
- Pay only your copayment (if any) at the time of treatment

Convenient services

We make it easy for you — there are no claim forms to complete, and no plan ID card is required to receive treatment.

- Access plan information online
- Change your primary care dentist by phone or online

LEGAL NOTICES: Access federal and state legal notices related to your plan:
deltadentalins.com/about/legal/index-enrollee.html

¹ DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VA, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products. Delta Dental is a registered trademark of Delta Dental Plans Association.

² Verify your selected DeltaCare USA primary care dentist before each appointment.

³ Plans with an Accidental Injury Rider have a \$1,600 annual maximum for accidental injury. Consult your Evidence/Certificate of Coverage.



deltadentalins.com/enrollees

SCHEDULE A

Description of Benefits and Copayments

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to *Schedule B* for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under the DeltaCare USA Program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2019 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

<u>CODE</u>	<u>DESCRIPTION</u>	<u>ENROLLEE PAYS</u>
D0100-D0999	I. DIAGNOSTIC	
D0120	Periodic oral evaluation - established patient	No Cost
D0140	Limited oral evaluation - problem focused	No Cost
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No Cost
D0150	Comprehensive oral evaluation - new or established patient	No Cost
D0160	Detailed and extensive oral evaluation - problem focused, by report	No Cost
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	No Cost
D0171	Re-evaluation - post-operative office visit	No Cost
D0180	Comprehensive periodontal evaluation - new or established patient	No Cost
D0210	Intraoral - complete series of radiographic images - <i>limited to 1 series every 36 months</i>	No Cost
D0220	Intraoral - periapical first radiographic image	No Cost
D0230	Intraoral - periapical each additional radiographic image	No Cost
D0240	Intraoral - occlusal radiographic image	No Cost
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector	No Cost
D0251	Extraoral posterior dental radiographic image	No Cost
D0270	Bitewing - single radiographic image	No Cost
D0272	Bitewings - two radiographic images	No Cost
D0273	Bitewings three radiographic images	No Cost
D0274	Bitewings - four radiographic images - <i>limited to 1 series every 6 months</i>	No Cost
D0277	Vertical bitewings - 7 to 8 radiographic images	No Cost
D0330	Panoramic radiographic image - <i>limited to 1 every 36 months</i>	No Cost
D0415	Collection of microorganisms for culture and sensitivity	No Cost
D0425	Caries susceptibility tests	No Cost
D0460	Pulp vitality tests	No Cost
D0470	Diagnostic casts	No Cost
D0472	Accession of tissue, gross examination, preparation and transmission of written report - <i>available only when performed in conjunction with a covered biopsy</i>	No Cost
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report - <i>available only when performed in conjunction with a covered biopsy</i>	No Cost
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report - <i>available only when performed in conjunction with a covered biopsy</i>	No Cost
D0999	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit (in addition to other services)</i>	No Cost
D1000-D1999	II. PREVENTIVE	
D1110	Prophylaxis <i>cleaning</i> - adult - 1 D1110, D1120 or D4346 per 6 month period	No Cost
D1110	<i>Additional prophylaxis cleaning</i> - adult	\$45.00
D1120	Prophylaxis <i>cleaning</i> - child - 1 D1110, D1120 or D4346 per 6 month period	No Cost
D1120	<i>Additional prophylaxis cleaning</i> - child	\$35.00
D1206	Topical application of fluoride varnish - 1 D1206 or D1208 per 6 month period	No Cost
D1208	Topical application of fluoride - excluding varnish - 1 D1206 or D1208 per 6 month period	No Cost

D1208	<i>Additional topical application of fluoride - excluding varnish</i>	\$10.00
D1310	Nutritional counseling for control of dental disease	No Cost
D1320	Tobacco counseling for the control and prevention of oral disease	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth - <i>limited to permanent molars through age 15</i>	No Cost
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - <i>limited to permanent molars through age 15</i>	No Cost
D1353	Sealant repair - per tooth - <i>limited to permanent molars through age 15</i>	No Cost
D1510	Space maintainer - fixed - unilateral	No Cost
D1516	Space maintainer - fixed - bilateral, maxillary	No Cost
D1517	Space maintainer - fixed - bilateral, mandibular	No Cost
D1520	Space maintainer - removable - unilateral	No Cost
D1526	Space maintainer - removable - bilateral, maxillary	No Cost
D1527	Space maintainer - removable - bilateral, mandibular	No Cost
D1550	Re-cement or re-bond space maintainer	No Cost
D1555	Removal of fixed space maintainer	No Cost
D1575	Distal shoe space maintainer - fixed - unilateral - <i>child to age 9</i>	No Cost

D2000-D2999**III. RESTORATIVE**

- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.
- When there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$200.00 per crown, beyond the 6th unit.
- Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.
- No additional fees may be charged to the patient for name brand, laboratory processed or in-office processed crowns/ pontics, inlays, onlays, post and cores and or veneers if produced through specialized technique or materials, including but not limited to: (Captek, Procera, Zirconia, Lava, Empress and Cerec).

D2140	Amalgam - one surface, primary or permanent	No Cost
D2150	Amalgam - two surfaces, primary or permanent	No Cost
D2160	Amalgam - three surfaces, primary or permanent	No Cost
D2161	Amalgam - four or more surfaces, primary or permanent	No Cost
D2330	Resin-based composite - one surface, anterior	No Cost
D2331	Resin-based composite - two surfaces, anterior	No Cost
D2332	Resin-based composite - three surfaces, anterior	No Cost
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	No Cost
D2390	Resin-based composite crown, anterior	No Cost
D2391	Resin-based composite - one surface, posterior	\$30.00
D2392	Resin-based composite - two surfaces, posterior	\$34.00
D2393	Resin-based composite - three surfaces, posterior	\$40.00
D2394	Resin-based composite - four or more surfaces, posterior	\$59.00
D2510	Inlay - metallic - one surface	No Cost
D2520	Inlay - metallic - two surfaces	No Cost
D2530	Inlay - metallic - three or more surfaces	No Cost
D2542	Onlay - metallic - two surfaces	No Cost
D2543	Onlay - metallic - three surfaces	No Cost
D2544	Onlay - metallic - four or more surfaces	No Cost
D2610	Inlay - porcelain/ceramic - one surface	\$215.00
D2620	Inlay - porcelain/ceramic - two surfaces	\$245.00
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$260.00
D2642	Onlay - porcelain/ceramic - two surfaces	\$240.00
D2643	Onlay - porcelain/ceramic - three surfaces	\$270.00
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$285.00
D2650	Inlay - resin-based composite - one surface	\$135.00
D2651	Inlay - resin-based composite - two surfaces	\$155.00
D2652	Inlay - resin-based composite - three or more surfaces	\$185.00
D2662	Onlay - resin-based composite - two surfaces	\$180.00
D2663	Onlay - resin-based composite - three surfaces	\$200.00
D2664	Onlay - resin-based composite - four or more surfaces	\$235.00

D2710	Crown - resin-based composite (indirect)	\$85.00
D2712	Crown - 3/4 resin-based composite (indirect)	\$85.00
D2720	Crown - resin with high noble metal	\$245.00
D2721	Crown - resin with predominantly base metal	\$145.00
D2722	Crown - resin with noble metal	\$185.00
D2740	Crown - porcelain/ceramic	\$295.00
D2750	Crown - porcelain fused to high noble metal	\$295.00
D2751	Crown - porcelain fused to predominantly base metal	\$195.00
D2752	Crown - porcelain fused to noble metal	\$235.00
D2780	Crown - 3/4 cast high noble metal	\$260.00
D2781	Crown - 3/4 cast predominantly base metal	No Cost
D2782	Crown - 3/4 cast noble metal	\$200.00
D2783	Crown - 3/4 porcelain/ceramic	\$295.00
D2790	Crown - full cast high noble metal	\$260.00
D2791	Crown - full cast predominantly base metal	No Cost
D2792	Crown - full cast noble metal	\$200.00
D2794	Crown - titanium	\$295.00
D2799	Provisional crown - further treatment or completion of diagnosis necessary prior to final impression	No Cost
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	No Cost
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	No Cost
D2920	Re-cement or re-bond crown	No Cost
D2930	Prefabricated stainless steel crown - primary tooth	No Cost
D2931	Prefabricated stainless steel crown - permanent tooth	No Cost
D2932	Prefabricated resin crown - <i>anterior primary tooth</i>	No Cost
D2933	Prefabricated stainless steel crown with resin window - <i>anterior primary tooth</i>	No Cost
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	No Cost
D2940	Protective restoration	No Cost
D2950	Core buildup, including any pins when required	No Cost
D2951	Pin retention - per tooth, in addition to restoration	No Cost
D2952	Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i>	No Cost
D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i>	No Cost
D2954	Prefabricated post and core in addition to crown - <i>base metal post; includes canal preparation</i>	No Cost
D2955	Post removal	No Cost
D2957	Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i>	No Cost
D2960	Labial veneer (resin laminate) - chairside - <i>limited to replacement of significant tooth structure loss due to caries or fracture</i>	\$200.00
D2961	Labial veneer (resin laminate) - laboratory - <i>limited to replacement of significant tooth structure loss due to caries or fracture</i>	\$325.00
D2962	Labial veneer (porcelain laminate) - laboratory - <i>limited to replacement of significant tooth structure loss due to caries or fracture</i>	\$500.00
D2971	Additional procedures to construct new crown under existing partial denture framework	No Cost
D2980	Crown repair necessitated by restorative material failure	No Cost

D3000-D3999**IV. ENDODONTICS**

D3110	Pulp cap - direct (excluding final restoration)	No Cost
D3120	Pulp cap - indirect (excluding final restoration)	No Cost
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinoenamel junction and application of medicament	No Cost
D3221	Pulpal debridement, primary and permanent teeth	No Cost
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	No Cost
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	No Cost
D3310	<i>Root canal</i> - endodontic therapy, anterior tooth (excluding final restoration)	No Cost
D3320	<i>Root canal</i> - endodontic therapy, premolar tooth (excluding final restoration)	No Cost
D3330	<i>Root canal</i> - endodontic therapy, molar tooth (excluding final restoration)	No Cost
D3331	Treatment of root canal obstruction; non-surgical access	No Cost

D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	No Cost
D3333	Internal root repair of perforation defects	No Cost
D3346	Retreatment of previous root canal therapy - anterior	No Cost
D3347	Retreatment of previous root canal therapy - premolar	No Cost
D3348	Retreatment of previous root canal therapy - molar	No Cost
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	No Cost
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	No Cost
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	No Cost
D3410	Apicoectomy - anterior	No Cost
D3421	Apicoectomy - premolar (first root)	No Cost
D3425	Apicoectomy - molar (first root)	No Cost
D3426	Apicoectomy (each additional root)	No Cost
D3430	Retrograde filling - per root	No Cost
D3450	Root amputation - per root	No Cost
D3910	Surgical procedure for isolation of tooth with rubber dam	No Cost
D3920	Hemisection (including any root removal), not including root canal therapy	No Cost
D3950	Canal preparation and fitting of preformed dowel or post	No Cost

D4000-D4999 V. PERIODONTICS

- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	No Cost
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4245	Apically positioned flap	No Cost
D4249	Clinical crown lengthening - hard tissue	No Cost
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	No Cost
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	No Cost
D4270	Pedicle soft tissue graft procedure	No Cost
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	No Cost
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	No Cost
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	No Cost
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	No Cost
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	No Cost
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	No Cost
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	No Cost
D4320	Provisional splinting - intracoronal	No Cost
D4321	Provisional splinting - extracoronal	No Cost

D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 4 quadrants during any 24 consecutive months</i>	No Cost
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 24 consecutive months</i>	No Cost
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit - <i>limited to 1 treatment in any 24 consecutive months</i>	No Cost
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth - <i>for each of the first two teeth treated within a quadrant following root planing or periodontal maintenance</i>	No Cost
D4910	Periodontal maintenance - <i>limited to 1 treatment each 6 month period</i>	No Cost
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	No Cost

D5000-D5899**VI. PROSTHODONTICS (removable)**

- For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.

- Rebases and tissue conditioning are limited to 1 per denture during any 12 consecutive months.

- Relines are limited to 2 per denture during any 12 consecutive months.

- Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.

D5110	Complete denture - maxillary	No Cost
D5120	Complete denture - mandibular	No Cost
D5130	Immediate denture - maxillary	No Cost
D5140	Immediate denture - mandibular	No Cost
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	No Cost
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	No Cost
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	No Cost
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	No Cost
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	No Cost
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	No Cost
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	No Cost
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	No Cost
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	No Cost
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	No Cost
D5282	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), maxillary	No Cost
D5283	Removable unilateral partial denture - one piece cast metal (including clasps and teeth), mandibular	No Cost
D5410	Adjust complete denture - maxillary	No Cost
D5411	Adjust complete denture - mandibular	No Cost
D5421	Adjust partial denture - maxillary	No Cost
D5422	Adjust partial denture - mandibular	No Cost
D5511	Repair broken complete denture base, mandibular	No Cost
D5512	Repair broken complete denture base, maxillary	No Cost
D5520	Replace missing or broken teeth - complete denture (each tooth)	No Cost
D5611	Repair resin partial denture base, mandibular	No Cost
D5612	Repair resin partial denture base, maxillary	No Cost
D5621	Repair cast partial framework, mandibular	No Cost
D5622	Repair cast partial framework, maxillary	No Cost
D5630	Repair or replace broken retentive/clasping materials - per tooth	No Cost
D5640	Replace broken teeth - per tooth	No Cost
D5650	Add tooth to existing partial denture	No Cost
D5660	Add clasp to existing partial denture - per tooth	No Cost
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	No Cost

D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	No Cost
D5710	Rebase complete maxillary denture	No Cost
D5711	Rebase complete mandibular denture	No Cost
D5720	Rebase maxillary partial denture	No Cost
D5721	Rebase mandibular partial denture	No Cost
D5730	Reline complete maxillary denture (chairside)	No Cost
D5731	Reline complete mandibular denture (chairside)	No Cost
D5740	Reline maxillary partial denture (chairside)	No Cost
D5741	Reline mandibular partial denture (chairside)	No Cost
D5750	Reline complete maxillary denture (laboratory)	No Cost
D5751	Reline complete mandibular denture (laboratory)	No Cost
D5760	Reline maxillary partial denture (laboratory)	No Cost
D5761	Reline mandibular partial denture (laboratory)	No Cost
D5810	Interim complete denture (maxillary)	No Cost
D5811	Interim complete denture (mandibular)	No Cost
D5820	Interim partial denture (maxillary) - <i>limited to 1 in any 12 consecutive months</i>	No Cost
D5821	Interim partial denture (mandibular) - <i>limited to 1 in any 12 consecutive months</i>	No Cost
D5850	Tissue conditioning, maxillary	No Cost
D5851	Tissue conditioning, mandibular	No Cost

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered**D6000-D6199 VIII. IMPLANT SERVICES**

- Replacement of a crown, fixed denture or retainer requires the existing unit to be 5+ years old.

- No additional fees may be charged to the patient for name brand, laboratory processed or in-office processed crowns/pontics, inlays, onlays, post and cores and or veneers if produced through specialized technique or materials, including but not limited to: (Captek, Procera, Zirconia, Lava, Empress and Cerec).

D6010	Surgical placement of implant body: endosteal implant - <i>limited to 1 per 12 month period</i>	\$835.00
D6056	Prefabricated abutment - includes modification and placement	\$210.00
D6058	Abutment supported porcelain/ceramic crown	\$515.00
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$514.00
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$440.00
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$465.00
D6062	Abutment supported cast metal crown (high noble metal)	\$490.00
D6063	Abutment supported cast metal crown (predominantly base metal)	\$390.00
D6064	Abutment supported cast metal crown (noble metal)	\$465.00
D6065	Implant supported porcelain/ceramic crown	\$515.00
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy or high noble metal) ...	\$520.00
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$500.00
D6068	Abutment supported retainer for porcelain/ceramic FPD	\$520.00
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$515.00
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$435.00
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$475.00
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$495.00
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$465.00
D6074	Abutment supported retainer for cast metal FPD (noble metal)	\$445.00
D6075	Implant supported retainer for ceramic FPD	\$490.00
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	\$545.00
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	\$540.00
D6092	Re-cement or re-bond implant/abutment supported crown	\$36.00
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$57.00
D6094	Abutment supported crown (titanium)	\$490.00
D6096	Remove broken implant retaining screw	\$36.00
D6194	Abutment supported retainer crown for FPD (titanium)	\$445.00

D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])

- When a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional \$200.00 per unit, beyond the 6th unit.

- Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.

- No additional fees may be charged to the patient for name brand, laboratory processed or in-office processed crowns/pontics, inlays, onlays, post and cores and or veneers if produced through specialized technique or materials, including but not limited to: (Captek, Procera, Zirconia, Lava, Empress and Cerec).

D6205	Pontic - indirect resin based composite	\$150.00
D6210	Pontic - cast high noble metal	\$260.00
D6211	Pontic - cast predominantly base metal	No Cost
D6212	Pontic - cast noble metal	\$200.00
D6214	Pontic - titanium	\$200.00
D6240	Pontic - porcelain fused to high noble metal	\$295.00
D6241	Pontic - porcelain fused to predominantly base metal	\$195.00
D6242	Pontic - porcelain fused to noble metal	\$235.00
D6245	Pontic - porcelain/ceramic	\$295.00
D6250	Pontic - resin with high noble metal	\$245.00
D6251	Pontic - resin with predominantly base metal	\$145.00
D6252	Pontic - resin with noble metal	\$195.00
D6253	Provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	No Cost
D6545	Retainer - cast metal for resin bonded fixed prosthesis	No Cost
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	No Cost
D6549	Retainer - for resin bonded fixed prosthesis	No Cost
D6600	Retainer inlay - porcelain/ceramic, two surfaces	\$245.00
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	\$260.00
D6602	Retainer inlay - cast high noble metal, two surfaces	\$150.00
D6603	Retainer inlay - cast high noble metal, three or more surfaces	\$155.00
D6604	Retainer inlay - cast predominantly base metal, two surfaces	No Cost
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	No Cost
D6606	Retainer inlay - cast noble metal, two surfaces	\$90.00
D6607	Retainer inlay - cast noble metal, three or more surfaces	\$95.00
D6608	Retainer onlay - porcelain/ceramic, two surfaces	\$240.00
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	\$270.00
D6610	Retainer onlay - cast high noble metal, two surfaces	\$155.00
D6611	Retainer onlay - cast high noble metal, three or more surfaces	\$160.00
D6612	Retainer onlay - cast predominantly base metal, two surfaces	No Cost
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	No Cost
D6614	Retainer onlay - cast noble metal, two surfaces	\$95.00
D6615	Retainer onlay - cast noble metal, three or more surfaces	\$105.00
D6624	Retainer inlay - titanium	\$175.00
D6634	Retainer onlay - titanium	\$175.00
D6710	Retainer crown - indirect resin based composite	\$145.00
D6720	Retainer crown - resin with high noble metal	\$245.00
D6721	Retainer crown - resin with predominantly base metal	\$145.00
D6722	Retainer crown - resin with noble metal	\$185.00
D6740	Retainer crown - porcelain/ceramic	\$295.00
D6750	Retainer crown - porcelain fused to high noble metal	\$295.00
D6751	Retainer crown - porcelain fused to predominantly base metal	\$195.00
D6752	Retainer crown - porcelain fused to noble metal	\$235.00
D6780	Retainer crown - 3/4 cast high noble metal	\$260.00
D6781	Retainer crown - 3/4 cast predominantly base metal	No Cost
D6782	Retainer crown - 3/4 cast noble metal	\$200.00
D6783	Retainer crown - 3/4 porcelain/ceramic	\$295.00
D6790	Retainer crown - full cast high noble metal	\$260.00

D6791	Retainer crown - full cast predominantly base metal	No Cost
D6792	Retainer crown - full cast noble metal	\$200.00
D6793	Provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	No Cost
D6794	Retainer crown - titanium	\$260.00
D6930	Re-cement or re-bond fixed partial denture	No Cost
D6940	Stress breaker	No Cost
D6980	Fixed partial denture repair necessitated by restorative material failure	No Cost

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.

D7111	Extraction, coronal remnants - primary tooth	No Cost
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	No Cost
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	No Cost
D7220	Removal of impacted tooth - soft tissue	No Cost
D7230	Removal of impacted tooth - partially bony	No Cost
D7240	Removal of impacted tooth - completely bony	No Cost
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	No Cost
D7250	Removal of residual tooth roots (cutting procedure)	No Cost
D7261	Primary closure of a sinus perforation	No Cost
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	No Cost
D7280	Exposure of an unerupted tooth	No Cost
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	No Cost
D7283	Placement of device to facilitate eruption of impacted tooth	No Cost
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	No Cost
D7286	Incisional biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i>	No Cost
D7287	Exfoliative cytological sample collection	No Cost
D7288	Brush biopsy - transepithelial sample collection	No Cost
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant ...	No Cost
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant ...	No Cost
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	No Cost
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	No Cost
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	No Cost
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	No Cost
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	No Cost
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	No Cost
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	No Cost
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	No Cost
D7471	Removal of lateral exostosis (maxilla or mandible)	No Cost
D7472	Removal of torus palatinus	No Cost
D7473	Removal of torus mandibularis	No Cost
D7485	Reduction of osseous tuberosity	No Cost
D7510	Incision and drainage of abscess - intraoral soft tissue	No Cost
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	No Cost
D7520	Incision and drainage of abscess - extraoral soft tissue	No Cost
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	No Cost
D7530	Removal of foreign body from mucosa, skin or subcutaneous alveolar tissue	No Cost
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	No Cost
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	No Cost
D7963	Frenuloplasty	No Cost

D7970	Excision of hyperplastic tissue - per arch	No Cost
D7971	Excision of pericoronal gingiva	No Cost

D8000-D8999 XI. ORTHODONTICS

- The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed \$125.00, may apply.

- The Retention Copayment includes adjustments and/or office visits up to 24 months.

Pre and post orthodontic records include:

The benefit for pre-treatment records and diagnostic services includes: \$200.00

D0210	Intraoral - complete series of radiographic images	
D0322	Tomographic survey	
D0330	Panoramic radiographic image	
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	
D0350	2D oral/facial photographic images obtained intraorally or extraorally	
D0351	3D photographic image	
D0470	Diagnostic casts	
	The benefit for post-treatment records includes:	\$70.00
D0210	Intraoral - complete series of radiographic images	
D0470	Diagnostic casts	
D8010	Limited orthodontic treatment of the primary dentition	\$500.00
D8020	Limited orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i>	\$500.00
D8030	Limited orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i>	\$500.00
D8040	Limited orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i>	\$500.00
D8050	Interceptive orthodontic treatment of the primary dentition	\$150.00
D8060	Interceptive orthodontic treatment of the transitional dentition	\$150.00
D8070	Comprehensive orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i> .	\$700.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i>	\$700.00
D8090	Comprehensive orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i>	\$950.00
D8210	Removable appliance therapy	\$350.00
D8220	Fixed appliance therapy	\$350.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	No Cost
D8670	Periodic orthodontic treatment visit - <i>included in comprehensive case fee</i>	No Cost
D8680	Orthodontic retention (removal of appliances, construction and placement of <i>removable</i> retainers)	\$175.00

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain - minor procedure	No Cost
D9120	Fixed partial denture sectioning	No Cost
D9210	Local anesthesia not in conjunction with operative or surgical procedures	No Cost
D9211	Regional block anesthesia	No Cost
D9212	Trigeminal division block anesthesia	No Cost
D9215	Local anesthesia in conjunction with operative or surgical procedures	No Cost
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	No Cost
D9222	Deep sedation/general anesthesia - first 15 minutes	\$125.00
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	\$125.00
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$35.00
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	\$125.00
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	\$125.00
D9248	Non-intravenous conscious sedation	\$100.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	No Cost
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	No Cost
D9440	Office visit - after regularly scheduled hours	No Cost
D9450	Case presentation, detailed and extensive treatment planning	No Cost
D9630	Drugs or medicaments dispensed in the office for home use	No Cost

D9910	Application of desensitizing medicament	No Cost
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	No Cost
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	No Cost
D9942	Repair and/or relines of occlusal guard	\$25.00
D9944	Occlusal guard - hard appliance, full arch - <i>limited to 1 D9944, D9945 or D9946 in 3 years</i>	\$100.00
D9945	Occlusal guard - soft appliance, full arch - <i>limited to 1 D9944, D9945 or D9946 in 3 years</i>	\$100.00
D9946	Occlusal guard - hard appliance, partial arch - <i>limited to 1 D9944, D9945 or D9946 in 3 years</i>	\$100.00
D9950	Occlusion analysis - mounted case	No Cost
D9951	Occlusal adjustment, limited	No Cost
D9952	Occlusal adjustment, complete	No Cost
D9971	Odontoplasty 1 - 2 teeth; includes removal of enamel projections	No Cost
D9986	Missed appointment - <i>without 24 hour notice</i>	No Cost
D9987	Canceled appointment - <i>without 24 hour notice</i>	No Cost
D9990	Certified translation or sign-language services - per visit	No Cost
D9991	Dental case management - addressing appointment compliance barriers	No Cost
D9992	Dental case management - care coordination	No Cost
D9995	Teledentistry - synchronous; real-time encounter	No Cost
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review ..	No Cost

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide Specialist Services, and are referred by the assigned Contract Dentist, must be authorized by Delta Dental. The Enrollee pays the Copayment specified for such services.

SCHEDULE B

Limitations of Benefits

1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments*.
2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional \$200.00 above the listed Copayment for each of these services after the sixth unit has been provided.
3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241).
4. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon prior authorization by Delta Dental, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
5. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.
6. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA Program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Delta Dental is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

Exclusions of Benefits

1. Any procedure that is not specifically listed under *Schedule A, Description of Benefits and Copayments*.
2. Any procedure that in the professional opinion of the Contract Dentist:
 - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**
 - b. is inconsistent with generally accepted standards for dentistry.
3. Services solely for cosmetic purposes or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).
6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant, unless listed in *Schedule A, Description of Benefits and Copayments*.
9. Consultations for non-covered benefits.

Limitations and Exclusions of Benefits

10. Dental services received from any dental facility other than the assigned Contract Dentist, a preauthorized dental specialist, or a Contract Orthodontist except for *Emergency Services* as described in the Contract and/or Evidence of Coverage.
11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
12. Prescription drugs.
13. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with the DeltaCare USA Program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.
14. Lost, stolen or broken orthodontic appliances.
15. Changes in orthodontic treatment necessitated by accident of any kind.
16. Myofunctional and parafunctional appliances and/or therapies, with the exception of procedures D9944, D9945, D9946 (occlusal guard).
17. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
18. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.
19. Orthodontic treatment (procedures specifically listed in *Schedule A, Description of Benefits and Copayments*, under category of service, D8000-D8999 XI. Orthodontics) must be provided by a licensed dentist. Self-administered orthodontics are not covered.

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- Review your plan benefits
- Access your ID card

Contact us

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Online: Visit deltadentalins.com/contact and choose the “DeltaCare USA Customer Service” form.

Write to:

Delta Dental Insurance Company
1130 Sanctuary Parkway
Alpharetta, GA 30009

Call toll-free: 844-519-8740

Customer Service agents are available Monday through Friday, 8 am to 9 pm, Eastern time.

Or, use our automated phone system, available 24/7.

Underwritten by:

Delta Dental of California
17871 Park Plaza Drive, Suite 200
Cerritos, CA 90703

Administered by:

Delta Dental Insurance Company
1130 Sanctuary Parkway
Alpharetta, GA 30009

NOTE: This is only a brief summary of your plan.

This brochure is not intended to replace your legally required plan booklet. The Group Dental Service Contract determines the exact terms and conditions of your coverage. Please refer to the “Description of Benefits and Copayments” and “Limitations and Exclusions of Benefits” in this brochure for a complete list of covered procedures, copayments, plan limitations and exclusions. You may also consult your Evidence/Certificate of Coverage, which will be mailed to you upon enrollment. If you wish to review an Evidence/Certificate of Coverage prior to enrollment, you may request a copy by calling Customer Service at 844-519-8740.