



# Keep Smiling

DeltaCare<sup>®</sup> USA

provided by  
Delta Dental of California

## Dental benefits made easy!

When you enroll in a DeltaCare USA<sup>1</sup> plan, you'll choose a primary care dentist from our network of carefully screened, private practice dentists. You must visit your primary care dentist to receive benefits.<sup>2</sup>

- 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 maximums<sup>3</sup> 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](http://deltadentalins.com/about/legal/index-enrollee.html)

<sup>1</sup> 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, MI, MN, NE, OR, RI, SC, WA, WI — Dentegra Insurance Company; DC, DE, FL, GA, KS, 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; VA — Delta Dental of Virginia. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

<sup>2</sup> We recommend that you verify online that the dentist is your selected DeltaCare USA primary care dentist before each appointment.

<sup>3</sup> Plans with an Accidental Injury Rider have a \$1600 annual maximum for accidental injury. Consult your Evidence/Certificate of Coverage.



We keep you smiling<sup>®</sup>  
[deltadentalins.com/enrollees](http://deltadentalins.com/enrollees)

# FAQ + A

## Answers to frequently asked questions about your DeltaCare USA plan

### GETTING STARTED

#### 1. How do I enroll in a DeltaCare USA plan?

Simply complete the enrollment process as directed by your benefits administrator. Be sure to select a primary care network dentist for yourself or your dependents, and indicate this dentist and the name of your group when you enroll.

#### 2. How do I get started using my DeltaCare USA plan?

Once we process your enrollment, we'll mail you welcome materials that will include:

- **The name, address and phone number of your selected primary care dentist:** Simply call the dental facility to make an appointment. **Important note:** In order to receive benefits under your plan, you must visit your primary care network dentist for all services. If you require treatment from a specialist, your primary care dentist will coordinate a referral for you. You can change your primary care dentist by contacting us.
- **Your Evidence/Certificate of Coverage (plan booklet):** This useful document provides a thorough description of how to use your benefits, including covered services, copayments and any limitations and exclusions of your plan.
- **An ID card:** This card is for your records only — you do not need to present it in order to receive treatment.

#### 3. How long will it take to get an appointment with my primary care dentist?

Two to four weeks<sup>1</sup> is a reasonable amount of time to wait for a routine, non-urgent appointment. If you require a specific time, you may need to wait longer. Most DeltaCare USA dentists are in private group practices, which generally offer greater appointment availability and extended office hours.

#### 4. How much will my dental treatments cost? How do I pay?

With your DeltaCare USA plan, some services are covered at no cost, while others have a copayment (amount you pay) for certain services. To find out how much a treatment will cost, refer to the "Description of Benefits and Copayments" in this brochure for a list of covered services and copayments. It's a good idea to bring your Evidence/Certificate of Coverage to your appointment in case you need to discuss your copayment for a service with your dentist. If you have any questions about the charges for a service, please contact our Customer Service department. If you receive treatment that requires a copayment, simply pay the dental facility at the time of service.

### CHOOSING A DENTIST

#### 5. How do I select my primary care dentist?

When you enroll, you must select a primary care dentist from the DeltaCare USA network. To search for a dentist, use the "Find a Dentist" tool at [deltadentalins.com](http://deltadentalins.com) and select DeltaCare USA as your network. If you do not select a dentist when you enroll, we will choose one for you.

#### 6. Does everyone in my family have to choose the same primary care dentist?

Your family members can visit the same primary care network dentist, but you do not have to. You may collectively select a maximum of three different primary care network dentists.<sup>2</sup>

#### 7. Can I change my primary care dentist?

Yes. You can request to change your primary care dentist at any time. Simply visit our website and log on to your Online Services account or call or write to Customer Service. Change requests received by the 21<sup>st</sup> of the month will become effective the first day of the following month.

<sup>1</sup> In TX, three weeks is a reasonable amount of time to wait for a routine, non-urgent appointment.

<sup>2</sup> In TX, there is no limit. Each eligible family member may select his or her own primary care network dentist.

**8. My dentist says she is a Delta Dental dentist, but she isn't listed in the DeltaCare USA directory. Can I still visit her for services?**

No. You must visit your selected primary care network dentist to receive benefits under this plan. Delta Dental has many networks, and participation may vary — not all Delta Dental dentists are DeltaCare USA dentists.

**9. What should I do if I need to see a specialist?**

If you require specialty dental care — such as oral surgery, endodontics, periodontics or pediatric dentistry — contact your primary care dentist to request a referral. Specialty dental services not performed by your selected primary care dentist must be authorized by us. You are responsible for any applicable copayments.

### GENERAL PLAN INFORMATION

**10. If I'm traveling, is emergency treatment covered under my plan?**

You and your eligible dependents have out-of-area coverage for dental emergencies when you are more than 35 miles<sup>3</sup> from your primary care dentist. Your out-of-area emergency benefit (typically limited to \$100 per enrollee<sup>3</sup> every 12 months<sup>4</sup>) is for services to relieve pain until you can return to your primary care network dentist. Standard plan limitations, exclusions and copayments may apply.

**11. Can I access my plan online?**

Yes. Visit [deltadentalins.com/enrollees](http://deltadentalins.com/enrollees) to create a free, secure Online Services account. On our website, you can access your plan benefits and ID card, select (or change) your primary care dentist — and more.

**12. Does my plan cover pre-existing conditions? What about treatments that are in progress?**

Treatment for pre-existing conditions (except work in progress<sup>5</sup>), including missing or extracted teeth, is covered under your plan. Treatment in progress includes services such as preparations for crowns or root canals, or impressions for dentures. If you started treatment before your plan's effective date, you and your prior dental carrier are responsible for any costs. Some DeltaCare USA plans may cover in-progress orthodontic treatment.

**13. Does my plan cover teeth whitening?**

Yes. External bleaching is a benefit under your DeltaCare USA plan. Review your plan booklet for more information and talk to your dentist about your options.

**14. Does my plan cover tooth-colored fillings and crowns?**

Yes. Porcelain and other tooth-colored materials are included in this plan.

**15. What if I have additional questions about my plan?**

Please contact us for additional support. Our Customer Service agents can answer benefits questions as well as help you change your primary care dentist or arrange for urgent care referrals. See the back page of this brochure for our contact information.

<sup>3</sup> In TX, there is no limit on the number of miles or on the dollar amount per emergency.

<sup>4</sup> Exceptions may apply. Refer to your Evidence/Certificate of Coverage.

<sup>5</sup> In TX, there is no exception for work in progress for covered DeltaCare USA benefits.

# We make it easy for you!



Select a DeltaCare USA Dentist



Receive your welcome materials



Schedule an appointment



Receive dental care



Pay only your share to dentist

## 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 CDT-2017 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association. The American Dental Association 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>
<b>D0100-D0999</b>	<b>I. DIAGNOSTIC</b>	
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
D0190	Screening of a patient .....	No Cost
D0191	Assessment of a patient .....	No Cost
D0210	Intraoral - complete series of radiographic images - <i>limited to 1 series every 24 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 .....	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 .....	No Cost
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report .....	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 .....	No Cost
D0601	Caries risk assessment and documentation, with a finding of low risk - <i>1 every 3 years</i> .....	No Cost
D0602	Caries risk assessment and documentation, with a finding of moderate risk - <i>1 every 3 years</i> .....	No Cost
D0603	Caries risk assessment and documentation, with a finding of high risk - <i>1 every 3 years</i> .....	No Cost
D0999	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit (in addition to other services)</i> .....	No Cost
<b>D1000-D1999</b>	<b>II. PREVENTIVE</b>	
D1110	Prophylaxis <i>cleaning</i> - adult - <i>1 D1110, D1120 or D4346 per 6 month period</i> .....	No Cost
D1110	<i>Additional prophylaxis cleaning</i> - adult ( <i>within the 6 month period</i> ) .....	\$45.00
D1120	Prophylaxis <i>cleaning</i> - child - <i>1 D1110, D1120 or D4346 per 6 month period</i> .....	No Cost

D1120	Additional prophylaxis cleaning - child (within the 6 month period)	\$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
D1310	Nutritional counseling for control of dental disease	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth - limited to permanent molars through age 15	No Cost
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - limited to permanent molars through age 15	No Cost
D1353	Sealant repair - per tooth - limited to permanent molars through age 15	No Cost
D1354	Interim caries arresting medicament application - 1 per 6 month period	No Cost
D1510	Space maintainer - fixed - unilateral	No Cost
D1515	Space maintainer - fixed - bilateral	No Cost
D1520	Space maintainer - removable - unilateral	No Cost
D1525	Space maintainer - removable - bilateral	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 - child to age 9	No Cost

**D2000-D2999****III. RESTORATIVE**

- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.

- Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.

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	\$75.00
D2392	Resin-based composite - two surfaces, posterior	\$90.00
D2393	Resin-based composite - three surfaces, posterior	\$105.00
D2394	Resin-based composite - four or more surfaces, posterior	\$125.00
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 <sup>2</sup>	No Cost
D2620	Inlay - porcelain/ceramic - two surfaces <sup>2</sup>	No Cost
D2630	Inlay - porcelain/ceramic - three or more surfaces <sup>2</sup>	No Cost
D2642	Onlay - porcelain/ceramic - two surfaces <sup>2</sup>	No Cost
D2643	Onlay - porcelain/ceramic - three surfaces <sup>2</sup>	No Cost
D2644	Onlay - porcelain/ceramic - four or more surfaces <sup>2</sup>	No Cost
D2650	Inlay - resin-based composite - one surface <sup>2</sup>	No Cost
D2651	Inlay - resin-based composite - two surfaces <sup>2</sup>	No Cost
D2652	Inlay - resin-based composite - three or more surfaces <sup>2</sup>	No Cost
D2662	Onlay - resin-based composite - two surfaces <sup>2</sup>	No Cost
D2663	Onlay - resin-based composite - three surfaces <sup>2</sup>	No Cost
D2664	Onlay - resin-based composite - four or more surfaces <sup>2</sup>	No Cost
D2710	Crown - resin-based composite (indirect) <sup>2</sup>	No Cost
D2712	Crown - 3/4 resin-based composite (indirect) <sup>2</sup>	No Cost
D2720	Crown - resin with high noble metal <sup>1,2</sup>	No Cost
D2721	Crown - resin with predominantly base metal <sup>2</sup>	No Cost



D2722	Crown - resin with noble metal <sup>1,2</sup> .....	No Cost
D2740	Crown - porcelain/ceramic substrate <sup>2</sup> .....	No Cost
D2750	Crown - porcelain fused to high noble metal <sup>1,2</sup> .....	No Cost
D2751	Crown - porcelain fused to predominantly base metal <sup>2</sup> .....	No Cost
D2752	Crown - porcelain fused to noble metal <sup>1,2</sup> .....	No Cost
D2780	Crown - 3/4 cast high noble metal <sup>1</sup> .....	No Cost
D2781	Crown - 3/4 cast predominantly base metal .....	No Cost
D2782	Crown - 3/4 cast noble metal <sup>1</sup> .....	No Cost
D2783	Crown - 3/4 porcelain/ceramic <sup>2</sup> .....	No Cost
D2790	Crown - full cast high noble metal <sup>1</sup> .....	No Cost
D2791	Crown - full cast predominantly base metal .....	No Cost
D2792	Crown - full cast noble metal <sup>1</sup> .....	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
D2921	Reattachment of tooth fragment, incisal edge or cusp ( <i>anterior</i> ) .....	No Cost
D2930	Prefabricated stainless steel crown - primary tooth .....	No Cost
D2931	Prefabricated stainless steel crown - permanent tooth .....	No Cost
D2940	Protective restoration .....	No Cost
D2941	Interim therapeutic restoration - primary dentition .....	No Cost
D2949	Restorative foundation for an indirect 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> <sup>1</sup> .....	No Cost
D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i> <sup>1</sup> .....	No Cost
D2954	Prefabricated post and core in addition to crown - <i>base metal post; includes canal preparation</i> .....	No Cost
D2957	Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i> .....	No Cost
D2990	Resin infiltration of incipient smooth surface lesions - <i>limited to permanent molars through age 15</i> .	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 dentinocemental junction and application of medicament .....	No Cost
D3221	Pulpal debridement, primary and permanent teeth .....	No Cost
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development .....	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, bicuspid tooth (excluding final restoration) .....	No Cost
D3330	<i>Root canal</i> - endodontic therapy, molar (excluding final restoration) .....	No Cost
D3346	Retreatment of previous root canal therapy - anterior .....	No Cost
D3347	Retreatment of previous root canal therapy - bicuspid .....	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 - bicuspid (first root) .....	No Cost
D3425	Apicoectomy - molar (first root) .....	No Cost
D3426	Apicoectomy (each additional root) .....	No Cost
D3427	Periradicular surgery without apicoectomy .....	No Cost
D3430	Retrograde filling - per root .....	No Cost

D3450	Root amputation - per root .....	No Cost
D3920	Hemisection (including any root removal), not including root canal therapy .....	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
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
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i> .....	No Cost
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i> .....	No Cost
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - <i>1 D1110, D1120 or D4346 per 6 month period</i> .....	No Cost
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis - <i>limited to 1 treatment in any 12 consecutive months</i> .....	No Cost
D4921	Gingival irrigation - per quadrant .....	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, relines and tissue conditioning are limited to 1 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 any conventional clasps, rests and teeth) .....	No Cost
D5212	Mandibular partial denture - resin base (including any conventional clasps, 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
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth) .....	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
D5510	Repair broken complete denture base .....	No Cost
D5520	Replace missing or broken teeth - complete denture (each tooth) .....	No Cost

D5610	Repair resin denture base .....	No Cost
D5620	Repair cast framework .....	No Cost
D5630	Repair or replace broken clasp - 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
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
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 - Not Covered****D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])**

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

D6210	Pontic - cast high noble metal <sup>1</sup> .....	No Cost
D6211	Pontic - cast predominantly base metal .....	No Cost
D6212	Pontic - cast noble metal <sup>1</sup> .....	No Cost
D6240	Pontic - porcelain fused to high noble metal <sup>1,2</sup> .....	No Cost
D6241	Pontic - porcelain fused to predominantly base metal <sup>2</sup> .....	No Cost
D6242	Pontic - porcelain fused to noble metal <sup>1,2</sup> .....	No Cost
D6245	Pontic - porcelain/ceramic <sup>2</sup> .....	No Cost
D6250	Pontic - resin with high noble metal <sup>1,2</sup> .....	No Cost
D6251	Pontic - resin with predominantly base metal <sup>2</sup> .....	No Cost
D6252	Pontic - resin with noble metal <sup>1,2</sup> .....	No Cost
D6600	Retainer inlay - porcelain/ceramic, two surfaces <sup>2</sup> .....	No Cost
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces <sup>2</sup> .....	No Cost
D6602	Retainer inlay - cast high noble metal, two surfaces <sup>1</sup> .....	No Cost
D6603	Retainer inlay - cast high noble metal, three or more surfaces <sup>1</sup> .....	No Cost
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 <sup>1</sup> .....	No Cost
D6607	Retainer inlay - cast noble metal, three or more surfaces <sup>1</sup> .....	No Cost
D6608	Retainer onlay - porcelain/ceramic, two surfaces <sup>2</sup> .....	No Cost
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces <sup>2</sup> .....	No Cost
D6610	Retainer onlay - cast high noble metal, two surfaces <sup>1</sup> .....	No Cost
D6611	Retainer onlay - cast high noble metal, three or more surfaces <sup>1</sup> .....	No Cost
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 <sup>1</sup> .....	No Cost
D6615	Retainer onlay - cast noble metal, three or more surfaces <sup>1</sup> .....	No Cost
D6720	Retainer crown - resin with high noble metal <sup>1,2</sup> .....	No Cost



D6721	Retainer crown - resin with predominantly base metal <sup>2</sup> .....	No Cost
D6722	Retainer crown - resin with noble metal <sup>1,2</sup> .....	No Cost
D6740	Retainer crown - porcelain/ceramic <sup>2</sup> .....	No Cost
D6750	Retainer crown - porcelain fused to high noble metal <sup>1,2</sup> .....	No Cost
D6751	Retainer crown - porcelain fused to predominantly base metal <sup>2</sup> .....	No Cost
D6752	Retainer crown - porcelain fused to noble metal <sup>1,2</sup> .....	No Cost
D6780	Retainer crown - 3/4 cast high noble metal <sup>1</sup> .....	No Cost
D6781	Retainer crown - 3/4 cast predominantly base metal .....	No Cost
D6782	Retainer crown - 3/4 cast noble metal <sup>1</sup> .....	No Cost
D6783	Retainer crown - 3/4 porcelain/ceramic <sup>2</sup> .....	No Cost
D6790	Retainer crown - full cast high noble metal <sup>1</sup> .....	No Cost
D6791	Retainer crown - full cast predominantly base metal .....	No Cost
D6792	Retainer crown - full cast noble metal <sup>1</sup> .....	No Cost
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 - deciduous 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
D7251	Coronectomy - intentional partial tooth removal .....	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
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
D7471	Removal of lateral exostosis (maxilla or mandible) .....	No Cost
D7472	Removal of torus palatinus .....	No Cost
D7473	Removal of torus mandibularis .....	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
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure .....	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:**

	<i>The benefit for pre-treatment records and diagnostic services includes:</i> .....	\$150.00
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	
	<i>The benefit for post-treatment records includes:</i> .....	\$120.00
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 .....	\$500.00
D8060	Interceptive orthodontic treatment of the transitional dentition .....	\$500.00
D8070	Comprehensive orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i> .	\$1,000.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i> .....	\$1,000.00
D8090	Comprehensive orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i> .....	\$1,000.00
D8660	Pre-orthodontic treatment examination to monitor growth and development .....	\$25.00
D8680	Orthodontic retention (removal of appliances, construction and placement of <i>removable</i> retainers) .....	\$250.00
D8681	Removable orthodontic retainer adjustment .....	No Cost
D8999	Unspecified orthodontic procedure, by report - <i>includes treatment planning session</i> .....	No Cost

**D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES**

D9110	Palliative (emergency) treatment of dental pain - minor procedure .....	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 deep sedation or general anesthesia .....	No Cost
D9223	Deep sedation/general anesthesia - each 15 minute increment .....	\$80.00
D9243	Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment .....	\$80.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician .....	No Cost
D9311	Consultation with medical health care professional .....	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
D9932	Cleaning and inspection of removable complete denture, maxillary .....	No Cost
D9933	Cleaning and inspection of removable complete denture, mandibular .....	No Cost
D9934	Cleaning and inspection of removable partial denture, maxillary .....	No Cost
D9935	Cleaning and inspection of removable partial denture, mandibular .....	No Cost
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays - <i>limited to one bleaching tray and gel for two weeks of self-treatment</i> .....	\$125.00
D9986	Missed appointment - <i>without 24 hour notice - per 15 minutes of appointment time - up to an overall maximum of \$40.00</i> .....	\$10.00

D9987	Canceled appointment - <i>without 24 hour notice - per 15 minutes of appointment time - up to an overall maximum of \$40.00</i> .....	\$10.00
D9991	Dental case management - addressing appointment compliance barriers .....	No Cost
D9992	Dental case management - care coordination .....	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.

#### FOOTNOTES

- <sup>1</sup> *Base metal is the benefit. Enrollee pays additional copayment for lab cost of \$100.00 for noble metal and \$125.00 for high noble metal.*
- <sup>2</sup> *Enrollee pays an additional copayment of \$150.00 for placement on a molar tooth.*

## 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. Coverage for the placement of a fixed partial denture ("bridge") is limited to:
  - a. The initial placement of a bridge when all the following conditions are present:
    - a single permanent tooth requires prosthetic replacement.
    - the abutment teeth can adequately support and retain a new bridge.
    - the missing tooth cannot be replaced by adding a prosthetic tooth to a serviceable existing removable partial denture.
    - no other missing teeth in the same arch require prosthetic replacement with a new removable partial denture; and for a bridge replacing a posterior tooth, one or more of the abutment teeth is non-functional or non-restorable.
  - b. The replacement of an existing bridge that is not serviceable due to decay, fracture or other non-cosmetic defect, if:
    - the existing bridge is at least five years old; **and**
    - the same abutment teeth can adequately support and retain a new bridge; **and**
    - no other missing teeth in the same arch require prosthetic replacement.
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, with the exception of procedure D9975 (External bleaching for home application, per arch), 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) except for procedures included as benefits in the TMJ Rider.
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.
9. Consultations for non-covered 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.
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. An initial treatment plan which involves the removal and reestablishment of the occlusal contacts of 10 or more teeth with crowns, onlays, fixed partial dentures (bridges), or any combination of these is considered to be full mouth reconstruction under the DeltaCare USA program. Crowns, onlays and fixed partial dentures associated with such a treatment plan are not covered Benefits. This exclusion does not eliminate the benefit for other covered services.

### TEMPOROMANDIBULAR JOINT DYSFUNCTIONS RIDER

#### Temporomandibular Joint (TMJ) Dysfunctions

Temporomandibular joint (TMJ) dysfunctions under this Rider are defined as disorders which have one or more of the following characteristics: Pain in the musculature associated with the TMJ, internal derangements of the TMJ, arthritic problems with the TMJ, or an abnormal range of motion or limitation of motion of the TMJ.

Benefits under this Rider are listed dental procedures that are:

1. reasonable and appropriate for the treatment of a disorder of the TMJ, under all the factual circumstances of the case; and
2. effective for the control or elimination of one or more of the following, caused by a disorder of the TMJ: pain, infection, disease, difficulty in speaking, or difficulty in chewing or swallowing food; and
3. recognized as effective, according to the professional standards of good dental practice; and
4. not experimental or primarily for cosmetic purposes.



Delta Dental will pay 100 percent of the Dentist's usual fees or of the fees actually charged for covered TMJ procedures, as noted herein, up to a lifetime benefit maximum of \$400.00, per Enrollee, less any applicable copayments for covered procedures. TMJ benefits are intended only for the treatment of the temporomandibular (jaw) joint and are limited to the procedures noted below when provided by a licensed dentist as necessary according to the standards of generally accepted dental practice and only when provided for the treatment of the TMJ:

- D7880 Occlusal orthotic device
- D7899 Temporary repositioning appliance
- D9310 Consultation
- D9940 Occlusal guard
- D9951 Occlusal adjustment - limited
- D9952 Occlusal adjustment - complete

TMJ benefits are subject to plan limitations and exclusions of benefits, and any definitions and/or other terms of the DeltaCare USA Group Dental Service Contract not in conflict with the express terms of this Rider, in addition to the following:

1. The replacement of lost, missing or stolen appliances furnished in whole or in part under this benefit or any other TMJ benefit is excluded.
2. Repair of any appliance furnished in whole or part under this Rider is excluded.
3. Services which would normally be provided under medical care including, but not limited to, psychotherapy, special joint exams and x rays, joint surgery and medications are excluded.
4. Fixed appliances and restorations provided solely for the treatment of the TMJ are excluded.
5. Services for bruxism (grinding of teeth) unrelated to the TMJ are excluded.

# Useful information at your fingertips

## Check out our SmileWay® Wellness program

Find oral health resources, including a risk self-assessment tool, quizzes, articles, videos and a subscription to *Grin!*, our free dental wellness e-magazine, at [mysmileway.com](http://mysmileway.com).

## Find a network dentist near you

Use our convenient “Find a Dentist” tool and select DeltaCare USA as your network.

- Find a dentist near your home or office
- Narrow your search by location, specialty, languages spoken — and more

## Sign up for an online account

Use your mobile device or desktop to sign up for a free, secure Online Services account.

- Review your plan benefits
- Access your ID card

## Contact us

Need help? Let us know.

**Online:** Visit [deltadentalins.com/about/contact/contactUs\\_ddic.html](http://deltadentalins.com/about/contact/contactUs_ddic.html) and choose the “DeltaCare USA Customer Service” form.

## Write to:

Delta Dental Insurance Company  
1130 Sanctuary Parkway  
Alpharetta, GA 30009

## Call toll-free: 800-422-4234

Customer Service agents are available Monday through Friday, 8 a.m. to 9 p.m., Eastern time. Or, use our automated phone system, available 24/7.

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## 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 800-422-4234.