

DeltaCare® USA – provided by Delta Dental of Pennsylvania



We'll do **whatever it takes and then some.**

Find a DeltaCare USA dentist

Select from among the many conveniently located DeltaCare USA contracted general dentists. To find the most current listing of DeltaCare USA dental offices you can:

Visit our website at **deltadentalins.com/enrollees**. Under Find a dentist, select DeltaCare USA as your network.

Or call Customer Service at **800-422-4234** for help in finding a DeltaCare USA dentist.



Welcome to DeltaCare USA — quality, convenience, predictable costs

DeltaCare USA (administered by Delta Dental Insurance Company) provides you and your family with quality dental benefits at an affordable cost. The DeltaCare USA program is designed to encourage you and your family to visit the dentist regularly to maintain your dental health.

When you enroll, you select a contract dentist to provide services. The DeltaCare USA network consists of private practice dental facilities that have been carefully screened for quality.

Enroll in DeltaCare USA and you'll enjoy these features:

Quality

- Extensive benefits for you and your family
- Most pre-existing conditions covered
- Large, stable network of dentists, so you can enjoy a long-term relationship with your dentist

Convenience

- No claim forms to complete
- Easy access to specialty care
- Expanded business hours for toll-free customer service, from 8 a.m. to 9 p.m., Eastern time

Predictable costs

- No deductibles
- Out-of-pocket costs are clearly defined
- No annual or lifetime dollar maximums



Administered by Delta Dental Insurance Company



What if I have questions about my DeltaCare USA Program?

Eligibility for you and your family

If you meet your group's eligibility requirements for dental coverage, you can enroll in the DeltaCare USA program. You may also enroll eligible dependents. Contact your benefits administrator if you have any questions.

Easy enrollment

Simply complete the enrollment process as directed by your benefits administrator. Be sure to indicate a dentist (from the list of contract dental facilities) for both yourself and your eligible dependents. Include the name of your group.

How your DeltaCare USA program works

Your selected contract dentist will take care of your dental care needs. If you require treatment from a specialist, your contract dentist will handle the referral for you.

After you have enrolled, you will receive a membership packet that includes an identification card and an Evidence of Coverage that fully describes the benefits of your dental program. Also included in this packet are the name, address and phone number of your contract dentist. Simply call the dental facility to make an appointment.

Under the DeltaCare USA program, many services are covered at no cost, while others have copayments (amount you pay your contract dentist) for certain benefits. See the "Description of Benefits and Copayments" for a list of your benefits.

Please note: Dental services that are not performed by your selected contract dentist, or are not covered under provisions for emergency care below, must be preauthorized to be covered by your DeltaCare USA program.

Provisions for emergency care

Under your DeltaCare USA program, you and your eligible dependents are covered for emergencies if you are unable to reach your contract dentist or for out-of-area dental emergencies (35 or more miles from your contract dentist).

Can I change my contract dentist?

You may change contract dentists by notifying us either by phone or in writing, or by visiting our website (deltadentalins.com). If you contact us by the 21st of the month, the change will become effective the first of the following month.

My dentist is a Delta Dental dentist but is not on the list of DeltaCare USA dentists. Can I still receive treatment from this dentist?

You must receive treatment from your selected DeltaCare USA contract dentist. Please note that Delta Dental dentists are not necessarily DeltaCare USA dentists.

Do my family members receive treatment from the same DeltaCare USA contract dentist?

You and your eligible dependents may receive care from the same contract dentist, or if you prefer, you may collectively select up to a maximum of three contract dental facilities.

How long does it take to get an appointment with a DeltaCare USA dentist?

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

Are pre-existing dental conditions and work in progress covered?

Treatment for pre-existing conditions, such as extracted teeth, is covered under the DeltaCare USA program. However, benefits are not provided for any dental treatment

Highlights of your DeltaCare USA Program

started before joining the program (that is, work in progress, such as preparations for crowns, root canals and impressions for dentures) until you have been covered under the program for 12 months.

How does the DeltaCare USA program encourage preventive care?

Your DeltaCare USA program is designed to encourage regular visits to the dentist by having no copayments (fees you pay to the contract dentist) on most diagnostic and preventive benefits. See the enclosed "Description of Benefits and Copayments."

Does my DeltaCare USA program cover specialists' services?

Your contract dentist will coordinate your specialty care needs for oral surgery, endodontics, periodontics or pediatric dentistry with an approved contract specialist. There is no additional charge to you for receiving care from a specialist. If there is no contract specialist within your service area, a referral to an out-of-network specialist will be authorized at no extra cost, other than the applicable copayment.

What if I have questions about my DeltaCare USA program?

Call Customer Service at 800-422-4234. We have multilingual representatives available from 8 a.m. to 9 p.m. Eastern time, Monday through Friday. Our Customer Service representatives can answer benefits questions, as well as arrange facility transfers and urgent care referrals.

Our Customer Service representatives have worked in dental facilities and can answer benefits questions, as well as arrange facility transfers and urgent care referrals.

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 *Schedules B, C, D and E* 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-2013 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>
D0100-D0999	I. DIAGNOSTIC	
	<i>GP means General Practitioner.</i>	
	<i>SP means Specialty Care Practitioner.</i>	
D0120	Periodic oral evaluation - established patient	No Cost
D0140	Limited oral evaluation - problem focused (GP)	No Cost
D0140	Limited oral evaluation - problem focused (SP)	\$12.00
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 (GP)	No Cost
D0150	Comprehensive oral evaluation - new or established patient (SP)	\$12.00
D0160	Detailed and extensive oral evaluation - problem focused, by report (GP)	No Cost
D0160	Detailed and extensive oral evaluation - problem focused, by report (SP)	\$12.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	No Cost
D0180	Comprehensive periodontal evaluation - new or established patient (GP)	No Cost
D0180	Comprehensive periodontal evaluation - new or established patient (SP)	\$12.00
D0190	Screening of a patient	No Cost
D0191	Assessment of a patient	No Cost
D0210	Intraoral - complete series of radiographic images	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
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	No Cost
D0277	Vertical bitewings - 7 to 8 radiographic images	No Cost
D0330	Panoramic radiographic image	No Cost
D0460	Pulp vitality tests	No Cost
D0470	Diagnostic casts	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 - <i>1 per 6 month period</i>	No Cost
D1120	Prophylaxis <i>cleaning</i> - child - <i>1 per 6 month period</i>	No Cost
D1206	Topical application of fluoride varnish - <i>child to age 19; 1 per 6 month period</i>	No Cost
D1208	Topical application of fluoride - <i>child to age 19; 1 per 6 month period</i>	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth	\$10.00
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	\$10.00
D1510	Space maintainer - fixed - unilateral	\$40.00
D1515	Space maintainer - fixed - bilateral	\$40.00
D1520	Space maintainer - removable - unilateral	\$40.00
D1525	Space maintainer - removable - bilateral	\$40.00
D1550	Re-cementation of space maintainer	\$10.00
D1555	Removal of fixed space maintainer	\$10.00

D2000-D2999 III. RESTORATIVE

- Includes indirect pulp capping, bases, liners and acid etch procedures.

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	Optional
D2392	Resin-based composite - two surfaces, posterior	Optional
D2393	Resin-based composite - three surfaces, posterior	Optional
D2394	Resin-based composite - four or more surfaces, posterior	Optional
D2410	Gold foil - one surface	Optional
D2420	Gold foil - two surfaces	Optional
D2430	Gold foil - three surfaces	Optional
D2510	Inlay - metallic - one surface ¹	\$130.00
D2520	Inlay - metallic - two surfaces ¹	\$140.00
D2530	Inlay - metallic - three or more surfaces ¹	\$150.00
D2542	Onlay - metallic - two surfaces ¹	\$146.00
D2543	Onlay - metallic - three surfaces ¹	\$156.00
D2544	Onlay - metallic - four or more surfaces ¹	\$162.00
D2610	Inlay - porcelain/ceramic - one surface	Optional
D2620	Inlay - porcelain/ceramic - two surfaces	Optional
D2630	Inlay - porcelain/ceramic - three or more surfaces	Optional
D2642	Onlay - porcelain/ceramic - two surfaces	Optional
D2643	Onlay - porcelain/ceramic - three surfaces	Optional
D2644	Onlay - porcelain/ceramic - four or more surfaces	Optional
D2650	Inlay - resin-based composite - one surface	Optional
D2651	Inlay - resin-based composite - two surfaces	Optional
D2652	Inlay - resin-based composite - three or more surfaces	Optional
D2662	Onlay - resin-based composite - two surfaces	Optional
D2663	Onlay - resin-based composite - three surfaces	Optional
D2664	Onlay - resin-based composite - four or more surfaces	Optional
D2710	Crown - resin-based composite (indirect) ²	\$110.00
D2720	Crown - resin with high noble metal ^{1, 2}	\$195.00
D2721	Crown - resin with predominantly base metal ²	\$195.00
D2722	Crown - resin with noble metal ²	\$195.00
D2740	Crown - porcelain/ceramic substrate ²	\$195.00
D2750	Crown - porcelain fused to high noble metal ^{1, 2}	\$195.00
D2751	Crown - porcelain fused to predominantly base metal ²	\$195.00
D2752	Crown - porcelain fused to noble metal ²	\$195.00
D2780	Crown - $\frac{3}{4}$ cast high noble metal ¹	\$195.00
D2781	Crown - $\frac{3}{4}$ cast predominantly base metal	\$195.00
D2782	Crown - $\frac{3}{4}$ cast noble metal	\$195.00
D2783	Crown - $\frac{3}{4}$ porcelain/ceramic ²	\$195.00
D2790	Crown - full cast high noble metal ¹	\$195.00
D2791	Crown - full cast predominantly base metal	\$195.00
D2792	Crown - full cast noble metal	\$195.00
D2794	Crown - titanium ¹	\$195.00
D2910	Recement inlay, onlay or partial coverage restoration	\$10.00
D2915	Recement cast or prefabricated post and core	\$10.00
D2920	Recement crown	\$10.00

D2929	Prefabricated porcelain/ceramic crown - primary tooth	Optional
D2930	Prefabricated stainless steel crown - primary tooth	\$35.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$35.00
D2932	Prefabricated resin crown - <i>anterior primary tooth</i>	\$35.00
D2933	Prefabricated stainless steel crown with resin window	Optional
D2940	Protective restoration	No Cost
D2950	Core buildup, including any pins	\$15.00
D2951	Pin retention - per tooth, in addition to restoration	\$15.00
D2952	Post and core in addition to crown, indirectly fabricated ¹	\$15.00
D2953	Each additional indirectly fabricated post - same tooth ¹	\$15.00
D2954	Prefabricated post and core in addition to crown	\$15.00
D2957	Each additional prefabricated post - same tooth	\$15.00
D2970	Temporary crown (fractured tooth)	No Cost
D2971	Additional procedures to construct new crown under existing partial denture framework	\$40.00
D2980	Crown repair necessitated by restorative material failure	\$20+lab
D2981	Inlay repair necessitated by restorative material failure	\$20+lab
D2982	Onlay repair necessitated by restorative material failure	\$20+lab
D2990	Resin infiltration of incipient smooth surface lesions	\$10.00

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	\$5.00
D3221	Pulpal debridement, primary and permanent teeth	\$10.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$5.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$5.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$5.00
D3310	<i>Root canal</i> - endodontic therapy, anterior tooth (excluding final restoration)	\$75.00
D3320	<i>Root canal</i> - endodontic therapy, bicuspid tooth (excluding final restoration)	\$120.00
D3330	<i>Root canal</i> - endodontic therapy, molar (excluding final restoration)	\$180.00
D3331	Treatment of root canal obstruction; non-surgical access	\$75.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$75.00
D3346	Retreatment of previous root canal therapy - anterior	\$90.00
D3347	Retreatment of previous root canal therapy - bicuspid	\$144.00
D3348	Retreatment of previous root canal therapy - molar	\$215.00
D3410	Apicoectomy/periradicular surgery - anterior	\$85.00
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$85.00
D3425	Apicoectomy/periradicular surgery - molar (first root)	\$85.00
D3426	Apicoectomy/periradicular surgery (each additional root)	\$85.00
D3430	Retrograde filling - per root	\$50.00

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	\$125.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$125.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$125.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$135.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$135.00
D4245	Apically positioned flap	\$135.00
D4249	Clinical crown lengthening - hard tissue	\$150.00
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$250.00
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$250.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$45.00

D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$45.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$45.00
D4910	Periodontal maintenance	\$36.00

D5000-D5899 VI. PROSTHODONTICS (removable)

D5110	Complete denture - maxillary ³	\$225.00
D5120	Complete denture - mandibular ³	\$225.00
D5130	Immediate denture - maxillary ³	\$300.00
D5140	Immediate denture - mandibular ³	\$300.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) ³	\$250.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) ³	\$250.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) ³	\$275.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) ³	\$275.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth) ³	Optional
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth) ³	Optional
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$250.00
D5410	Adjust complete denture - maxillary	\$10.00
D5411	Adjust complete denture - mandibular	\$10.00
D5421	Adjust partial denture - maxillary	\$10.00
D5422	Adjust partial denture - mandibular	\$10.00
D5510	Repair broken complete denture base	\$20+lab
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$10+lab
D5610	Repair resin denture base	\$20+lab
D5620	Repair cast framework	\$20+lab
D5630	Repair or replace broken clasp	\$20+lab
D5640	Replace broken teeth - per tooth	\$10+lab
D5650	Add tooth to existing partial denture	\$10+lab
D5660	Add clasp to existing partial denture	\$10+lab
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$150.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$150.00
D5710	Rebase complete maxillary denture	\$50.00
D5711	Rebase complete mandibular denture	\$50.00
D5720	Rebase maxillary partial denture	\$50.00
D5721	Rebase mandibular partial denture	\$50.00
D5730	Reline complete maxillary denture (chairside)	\$30.00
D5731	Reline complete mandibular denture (chairside)	\$30.00
D5740	Reline maxillary partial denture (chairside)	\$30.00
D5741	Reline mandibular partial denture (chairside)	\$30.00
D5750	Reline complete maxillary denture (laboratory)	\$50.00
D5751	Reline complete mandibular denture (laboratory)	\$50.00
D5760	Reline maxillary partial denture (laboratory)	\$50.00
D5761	Reline mandibular partial denture (laboratory)	\$50.00
D5820	Interim partial denture (maxillary)	No Cost
D5821	Interim partial denture (mandibular)	No Cost
D5850	Tissue conditioning, maxillary	\$10.00
D5851	Tissue conditioning, mandibular	\$10.00
D5860	Overdenture - complete, by report	Optional
D5861	Overdenture - partial, by report	Optional

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])**

D6210	Pontic - cast high noble metal ¹	\$195.00
D6211	Pontic - cast predominantly base metal	\$195.00
D6212	Pontic - cast noble metal	\$195.00
D6240	Pontic - porcelain fused to high noble metal ^{1, 2}	\$195.00
D6241	Pontic - porcelain fused to predominantly base metal ²	\$195.00
D6242	Pontic - porcelain fused to noble metal ²	\$195.00
D6250	Pontic - resin with high noble metal ^{1, 2}	\$195.00
D6251	Pontic - resin with predominantly base metal ²	\$195.00
D6252	Pontic - resin with noble metal ²	\$195.00
D6545	Retainer - cast metal for resin bonded fixed prosthesis	Optional
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	Optional
D6600	Inlay - porcelain/ceramic, two surfaces	Optional
D6601	Inlay - porcelain/ceramic, three or more surfaces	Optional
D6602	Inlay - cast high noble metal, two surfaces ¹	\$150.00
D6603	Inlay - cast high noble metal, three or more surfaces ¹	\$150.00
D6604	Inlay - cast predominantly base metal, two surfaces	\$130.00
D6605	Inlay - cast predominantly base metal, three or more surfaces	\$140.00
D6606	Inlay - cast noble metal, two surfaces	\$140.00
D6607	Inlay - cast noble metal, three or more surfaces	\$150.00
D6608	Onlay - porcelain/ceramic, two surfaces	Optional
D6609	Onlay - porcelain/ceramic, three or more surfaces	Optional
D6610	Onlay - cast high noble metal, two surfaces ¹	\$156.00
D6611	Onlay - cast high noble metal, three or more surfaces ¹	\$162.00
D6612	Onlay - cast predominantly base metal, two surfaces	\$146.00
D6613	Onlay - cast predominantly base metal, three or more surfaces	\$152.00
D6614	Onlay - cast noble metal, two surfaces	\$156.00
D6615	Onlay - cast noble metal, three or more surfaces	\$162.00
D6720	Crown - resin with high noble metal ^{1, 2}	\$195.00
D6721	Crown - resin with predominantly base metal ²	\$195.00
D6722	Crown - resin with noble metal ²	\$195.00
D6750	Crown - porcelain fused to high noble metal ^{1, 2}	\$195.00
D6751	Crown - porcelain fused to predominantly base metal ²	\$195.00
D6752	Crown - porcelain fused to noble metal ²	\$195.00
D6780	Crown - $\frac{3}{4}$ cast high noble metal ¹	\$195.00
D6781	Crown - $\frac{3}{4}$ cast predominantly base metal	\$195.00
D6782	Crown - $\frac{3}{4}$ cast noble metal	\$195.00
D6790	Crown - full cast high noble metal ¹	\$195.00
D6791	Crown - full cast predominantly base metal	\$195.00
D6792	Crown - full cast noble metal	\$195.00
D6930	Recement fixed partial denture	\$15.00
D6940	Stress breaker	\$25.00

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

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

D7111	Extraction, coronal remnants - deciduous tooth	\$6.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$6.00
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$15.00
D7220	Removal of impacted tooth - soft tissue	\$40.00
D7230	Removal of impacted tooth - partially bony	\$60.00
D7240	Removal of impacted tooth - completely bony	\$80.00

D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$80.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	No Cost
D7251	Coronectomy - intentional partial tooth removal	\$80.00
D7286	Biopsy of oral tissue - soft	\$20.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$40.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$40.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$60.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$60.00
D7471	Removal of lateral exostosis (maxilla or mandible)	\$50.00
D7472	Removal of torus palatinus	\$50.00
D7473	Removal of torus mandibularis	\$50.00
D7510	Incision and drainage of abscess - intraoral soft tissue	No Cost
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	\$40.00

D8000-D8999 XI. ORTHODONTICS

Records solely for the purpose of Orthodontics include pre- and post records as follows:

Pre-records include the following: \$200.00

D0210	Intraoral - complete series of radiographic images
D0322	Tomographic survey
D0330	Panoramic radiographic image
D0340	Cephalometric radiographic image
D0350	Oral/facial photographic images
D0470	Diagnostic casts

Post Records include the following: \$70.00

D0210	Intraoral - complete series of radiographic images	
D0470	Diagnostic casts	
D8020	Limited orthodontic treatment of the transitional dentition ⁴	\$1,950.00
D8030	Limited orthodontic treatment of the adolescent dentition ⁴	\$1,950.00
D8040	Limited orthodontic treatment of the adult dentition ⁴	\$2,150.00
D8070	Comprehensive orthodontic treatment of the transitional dentition ⁴	\$1,950.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition ⁴	\$1,950.00
D8090	Comprehensive orthodontic treatment of the adult dentition ⁴	\$2,150.00
D8660	Pre-orthodontic treatment visit (<i>applied to treatment fee if patient proceeds with treatment</i>)	\$25.00
D8670	Periodic orthodontic treatment visit (as part of contract)- <i>Inclusive of treatment fee</i>	No Cost
D8680	Orthodontic retention (removal of appliances, construction and placement of retainers) ⁴	No Cost

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$10.00
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
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$20.00
D9440	Office visit - after regularly scheduled hours	\$20.00
D9450	Case presentation, detailed and extensive treatment planning	No Cost
D9999	Unspecified adjunctive procedure, by report - <i>includes failed appointment without 24 hour notice - per 15 minutes of appointment time</i>	\$10.00

Optional is defined as any alternative procedure presented by the Contract Dentist that satisfies the same dental need as a covered procedure, is chosen by the Enrollee, and is subject to the limitations and exclusions of the program. The applicable charge to the Enrollee is the difference between the Contract Dentist's "filed fee" for the Optional procedure and the "filed fee" for the covered procedure, plus any applicable Copayment for the covered procedure. Optional treatment does not apply when alternative choices are benefits. "Filed fees" means the Contract Dentist's fees on file with the Administrator. Questions regarding the DeltaCare USA program should be directed to the Customer Service department at 800-422-4234.

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 specialized services, and are referred by the assigned Contract Dentist, must be preauthorized by Delta Dental. The Enrollee pays the Copayment specified for such services.

Procedures not listed above are not covered, however, may be available at the Contract Dentist's "filed fees."

The Contract Dentist is responsible for providing covered emergency dental care while an Enrollee is within 35 miles of the contract facility. If an Enrollee is more than 35 miles from the Contract Dentist's facility, or the Enrollee is unable to reach the Contract Dentist, the Administrator will reimburse the Enrollee for the cost of covered emergency dental care which exceeds the Enrollee's Copayment. All services are subject to the limitations and exclusions of the program

FOOTNOTES

- ¹ *Base or noble metal is the benefit. If high noble metal (precious) is used for a crown, bridge, indirectly fabricated post and core, inlay or onlay, the Enrollee will be charged the additional laboratory cost of the high noble metal. An additional laboratory charge also applies to a titanium crown.*
- ² *Porcelain on molars is considered optional treatment.*
- ³ *Includes any adjustments for six months.*
- ⁴ *Services include initial examination, diagnosis, consultation, initial banding, 24 months of active treatment, debanding, and the retention phase of treatment. The retention phase includes the initial construction, placement and adjustments to retainers and office visits for a maximum of 24 months. For treatment plans extending beyond 24 months of active treatment, the Enrollee will be subject to a monthly office visit fee, not to exceed \$75.00 per month.*

SCHEDULE B

Limitations of Benefits

1. Prophylaxis is limited to one treatment each six month period (includes periodontal maintenance).
2. Full maxillary and/or mandibular dentures including immediate dentures are not to exceed one each in any five-year period from initial placement.
3. Partial dentures are not to be replaced within any five year period from initial placement, unless necessary due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible.
4. Crowns and fixed partial dentures (bridges) are not to be replaced within any five year period from initial placement.
5. Denture relines are limited to one per denture during any 12 consecutive months.
6. Periodontal treatments (scaling and root planing) are limited to four quadrants during any 12 consecutive months.
7. Full mouth debridement (gross scale) is limited to one treatment in any 12 consecutive month period.
8. Bitewing x-rays are limited to not more than one series of four films in any six month period.
9. A full mouth x-ray series (including any combination of periapicals or bitewings with a panoramic film) or a series of seven or more vertical bitewings is limited to one series every 24 months.
10. Benefits for sealants include the application of sealants only to the occlusal surface of permanent molars for patients through age 15. The teeth must be free from caries or restorations on the occlusal surface. Benefits also include the repair or replacement of a sealant on any tooth within three years of its application by the same Contract Dentist who placed the sealant.
11. Replacement of prosthetic appliances (bridges, partial or full dentures) shall be considered only if the existing appliance is no longer functional or cannot be made functional by repair or adjustment and meets the five year limitation for replacement.
12. Coverage is limited to the Benefit customarily provided. Enrollee must pay the difference in cost between the Contract Dentist's usual fees for the covered Benefit and the Optional or more expensive treatment plus any applicable Copayment.
13. Services that are more expensive than the treatment usually provided under accepted dental practice standards or include the use of specialized techniques instead of standard procedures, such as a crown where filling would restore a tooth or an implant in place of a fixed bridge or partial denture to restore a missing tooth, are considered Optional treatment.
14. Composite resin restorations to restore decay or missing tooth structure that extend beyond the enamel layer are limited to anterior teeth (cuspid to cuspid) and facial surfaces of maxillary bicuspids.
15. A fixed partial denture (bridge) is limited to the replacement of permanent anterior teeth provided it is not in connection with a partial denture on the same arch, or duplicates an existing, non-functional bridge and it meets the five year limitation for replacement.
16. Stayplates, in conjunction with fixed or removable appliances, are limited to the replacement of extracted anterior teeth for adults during a healing period or in children 16 years and under for missing anterior teeth.
17. 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 the Administrator, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
18. Porcelain crowns and porcelain fused to metal crowns on all molars is considered Optional treatment.
19. Fixed bridges used to replace missing posterior teeth are considered Optional when the abutment teeth are dentally sound and would be crowned only for the purpose of supporting a pontic. A fixed bridge used under these circumstances is considered Optional dental treatment. The Enrollee must pay the difference in cost between the Contract Dentist's "filed fees" for the covered procedure and Optional treatment, plus any Copayment for the covered procedure.
20. A Preexisting Condition is a disease or physical condition caused by illness or injury for which medical advice or treatment has been received within 90 days immediately prior to becoming eligible with the DeltaCare USA Program. Such condition shall be covered after the individual has been covered for more than 12 months under the group contract. Example: Teeth prepared for crowns, root canals in progress, orthodontic treatment.

SCHEDULE C

Exclusions of Benefits

1. General anesthesia, IV sedation, and nitrous oxide and the services of a special anesthesiologist.
2. Dental procedures performed for purely cosmetic purposes.

3. Dental conditions arising out of and due to Enrollee's employment for which Workers' Compensation is payable. Services which are provided to the Enrollee by state government or agency thereof, or are provided without cost to the Enrollee by any municipality, county or other subdivision.
4. Treatment required by reason of war, declared or undeclared.
5. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
6. Treatment of fractures, dislocations and subluxations of the mandible or maxilla. This includes any surgical treatment to correct facial mal-alignments of TMJ abnormalities.
7. Loss or theft of fixed and removable prosthetics (crowns, bridges, full or partial dentures).
8. Dental expenses incurred in connection with any dental procedures started after termination of eligibility for coverage.
9. Any service that is not specifically listed in *Schedule A, Description of Benefits and Copayments*.
10. Correcting congenital or developmental malformations, including replacement of congenitally missing teeth, unless restoration is needed to restore normal bodily function, except for medically diagnosed congenital defects or birth abnormalities in newborn children.
11. Cysts and malignancies.
12. Prescription drugs.
13. Cases in which, in the professional judgment of the attending Dentist, a satisfactory result cannot be obtained or where the prognosis is poor or guarded.
14. Dental services received from any dental facility other than the assigned dental facility, unless expressly authorized by the Administrator or as cited under *Emergency Services*.
15. Prophylactic removal of impactions (asymptomatic, nonpathological).
16. "Consultations" for noncovered procedures.
17. Implant placement or removal of appliances placed on or services associated with implants, including but not limited to prophylaxis and periodontal treatment.
18. Placement of a crown where there is sufficient tooth structure to retain a standard filling.
19. Restorations placed due to cosmetics, abrasions, attrition, erosion, restoring or altering vertical dimension, congenital or developmental malformation of teeth.
20. Appliances or restorations necessary to increase vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth, periodontal splinting, gnathologic recordings, equilibration or treatment of disturbances of the temporomandibular joint (TMJ).
21. Extensive treatment plans involving 10 or more crowns or units of fixed bridgework (major mouth reconstruction).
22. Precious metal for removable appliances, precision abutments for partials or bridges (overlays, implants, and appliances associated therewith), personalization and characterization.
23. Soft tissue management (irrigation, infusion, special toothbrush).
24. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services;
25. Restorative work caused by orthodontic treatment.
26. Extractions solely for the purpose of orthodontics.

SCHEDULE D

Orthodontic Limitations

The program provides coverage for orthodontic treatment plans provided through Contract Orthodontists. The cost to the Enrollee for the treatment plan is listed in *Schedule A, Description of Benefits and Copayments* subject to the following:

1. Orthodontic treatment must be provided by a Contract Orthodontist.

2. Benefits cover 24 months of active orthodontic treatment and include the initial examination, diagnosis, consultation, initial banding, de-banding and the retention phase of treatment. The retention phase includes the initial construction, placement and adjustments to retainers and office visits for a maximum of 24 months.
3. For treatment plans extending beyond 24 months of active treatment, the Enrollee will be subject to a monthly office visit fee not to exceed \$75.00 per month.
4. Should an Enrollee's coverage be canceled or terminated for any reason, and at the time of cancellation or termination be receiving any orthodontic treatment, the Enrollee will be solely responsible for payment for treatment provided after cancellation or termination. In this event the Enrollee's obligation shall be based on the Contract Orthodontist's usual fee at the beginning of treatment. The Contract Orthodontist will prorate the amount over the number of months to completion of the treatment. The Enrollee will make payments based on an arrangement with the Contract Orthodontist.
5. Three recementations or replacements of a bracket/band on the same tooth or a total of five rebracketings/rebandings on different teeth during the covered course of treatment are Benefits. If any additional recementations or replacements of brackets/bands are performed, the Enrollee is responsible for the cost at the Contract Orthodontist's usual fee.
6. The Copayment is payable to the Contract Orthodontist who initiates banding in a course of orthodontic treatment. If, after banding has been initiated, the Enrollee changes to another Contract Orthodontist to continue orthodontic treatment, (i) the Enrollee will not be entitled to a refund of any amounts previously paid, and (ii) the Enrollee will be responsible for all payments, up to and including the full Copayment, that are required by the new Contract Orthodontist for completion of the orthodontic treatment.
7. If an individual begins comprehensive orthodontic treatment within 90 days immediately prior to becoming eligible under the DeltaCare USA Program, a waiting period of 12 months of continuous coverage under the DeltaCare USA Program applies before coverage is available.

SCHEDULE E

Orthodontic Exclusions

1. Lost, stolen or broken orthodontic appliances, functional appliances, headgear, retainers and expansion appliances.
2. Retreatment of orthodontic cases.
3. Surgical procedures incidental to orthodontic treatment.
4. Myofunctional therapy.
5. Surgical procedures related to cleft palate, micrognathia or macrognathia.
6. Treatment related to temporomandibular joint disturbances.
7. Supplemental appliances not routinely utilized in typical comprehensive orthodontics, including, but not limited to: palatal expander, habit control appliance, pendulum, quad helix or herbst.
8. Active treatment that extends more than 24 months from the point of banding dentition will be subject to an office visit charge not to exceed \$75.00 per month.
9. Restorative work caused by orthodontic treatment.
10. Phase I orthodontics is an exclusion as well as activator appliances and minor treatment for tooth guidance and/or arch expansion. Phase I orthodontics is defined as early treatment including interceptive orthodontia prior to the development of late mixed dentition.
11. Extractions solely for the purpose of orthodontics.
12. Patient initiated transfer after bands have been placed.
13. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.

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DeltaCare USA Customer Service

800-422-4234

NOTE: THIS IS ONLY A BRIEF SUMMARY OF THE PLAN.

The Group Dental Service Contract must be consulted to determine the exact terms and conditions of coverage. An Evidence of Coverage will be sent to you upon enrollment.

In Pennsylvania, DeltaCare USA is underwritten by Delta Dental of Pennsylvania and administered by Delta Dental Insurance Company. These companies are financially responsible for their own products.

Customer Service

800-422-4234
Monday through Friday
8 a.m. to 9 p.m., Eastern time

Provided by:

Delta Dental of Pennsylvania

1 Delta Drive
Mechanicsburg, PA 17055

Administered by:

Delta Dental Insurance Company

P.O. Box 1803
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