

DeltaCare[®] USA

Dental Health Care Program for Eligible Employees and Dependents

AZ11A

Combined Evidence of Coverage and Disclosure Form



www.deltadentalins.com

Provided by:

Alpha Dental of Arizona, Inc.
12898 Towne Center Drive
Cerritos, CA 90703-8546
800-422-4234

EVIDENCE OF COVERAGE

DeltaCare USA Dental Health Care Program

This booklet is a Evidence of Coverage (“Evidence”) for your DeltaCare USA Dental Health Care Program (“Program”) provided by Alpha Dental of Arizona, Inc. (“ALPHA”). The Program has been established and is administered in accordance with the provisions of a Group Dental Service Contract (“Contract”) issued by ALPHA.

THE EOC CONSTITUTES ONLY A SUMMARY OF THE PROGRAM. THE CONTRACT MUST BE CONSULTED TO DETERMINE THE EXACT TERMS AND CONDITIONS OF THE COVERAGE PROVIDED UNDER IT.

A COPY OF THE CONTRACT WILL BE FURNISHED UPON REQUEST. ANY DIRECT CONFLICT BETWEEN THE CONTRACT AND THE EOC WILL BE RESOLVED ACCORDING TO THE TERMS WHICH ARE MOST FAVORABLE TO YOU. READ THIS EOC CAREFULLY AND COMPLETELY.

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW HOW TO OBTAIN DENTAL BENEFITS.

The telephone number where you may obtain information about Benefits is 800-422-4234.

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Definitions

As used in this booklet:

Administrator means Delta Dental Insurance Company ("Delta Dental") or other entity designated by Alpha, operating as an Administrator in Arizona. Certain functions described in the Contract and in this booklet may be performed by the Administrator, as designated by Alpha. The mailing address for the Administrator is 12898 Towne Center Drive, Cerritos, California 90703-8579. The Administrator will answer calls directed to 800-422-4234.

Authorization means the process by which Alpha determines if a procedure or treatment is a referable Benefit under the Enrollee's plan.

Benefits mean those dental services which are provided under the terms of the Group Dental Service Contract and described in this booklet.

Client means the applicant (employer or other organization) contracting to obtain Benefits for Eligible Employees.

Contract Dentist means a Dentist who provides services in general dentistry, and who has agreed to provide Benefits to Enrollees under this Program.

Contract Orthodontist means a Dentist who specializes in orthodontics, and who has agreed to provide Benefits to Enrollees under this Program.

Contract Specialist means a Dentist who provides Specialist Services, and who has agreed to provide Benefits to Enrollees under this Program.

Copayment means the amount charged to an Enrollee by a Contract Dentist for the Benefits provided under this Program.

Dentist means a duly licensed Dentist legally entitled to practice dentistry at the time and in the state or jurisdiction in which services are performed.

Eligible Dependent means any dependent of an Eligible Employee who is eligible for Benefits as described in this booklet.

Eligible Employee means any employee or group member who is eligible for Benefits as described in this booklet.

Emergency Services mean dental services intended to evaluate and stabilize a dental condition of recent onset, control bleeding, and relieve pain, and includes the provision of local anesthesia, and elimination of acute infection, but does not mean a medication that is prescribed by the Dentist.

Enrollee means an Eligible Employee ("Primary Enrollee") or an Eligible Dependent ("Dependent Enrollee") enrolled to receive Benefits.

Full-Time Student means a student who is regularly attending an accredited school with an academic schedule of at least 12 credits.

Open Enrollment Period means the period preceding the date of commencement of the contract term or the 30-day period immediately preceding the annual anniversary of the contract term.

Optional means 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 Contract.

Specialist Services mean services performed by a Dentist who specializes in the practice of oral surgery, endodontics, periodontics or pediatric dentistry, and which must be authorized by Alpha.

We, Us or Our means Alpha or the Administrator as appropriate.

Eligibility for Benefits

Eligible Employees and Eligible Dependents receive Benefits as soon as they are enrolled in the Program. Subject to cancellation as provided under this Program, enrollment of Eligible Employees and Eligible Dependents is for a minimum period of one year.

You are eligible to enroll as an Eligible Employee if you meet the eligibility requirements defined by the Client.

Eligible Dependents become eligible on:

- 1) the date you are eligible for coverage;
- 2) as soon as an Eligible Dependent becomes your dependent, or at any time subject to a change in legal custody or lawful order to provide Benefits.

Eligible Dependents include:

- 1) spouse (unless legally separated or divorced);
- 2) unmarried children from birth up to the limiting age as defined by the Client;
- 3) unmarried children beyond the limiting age if they are wholly dependent on you for support and are Full-Time Students.

Children include natural children, stepchildren, adopted children and foster children provided all such children are dependent on you for support. Newborn children (including newborn adopted children) are covered from and after the moment of birth. Adopted children (other than newborns) are eligible from and after the moment the child is placed in the physical custody of the Eligible Employee for adoption. Notice of birth, adoption or adoption placement and payment of the appropriate premium must be received within 31 days after the date of birth, adoption or adoption placement for coverage to continue beyond 31 days.

An unmarried dependent child may continue eligibility if:

- 1) he or she is incapable of self-support because of a mental or physical disability that began prior to reaching the limiting age;
- 2) he or she is chiefly dependent on you for support; and

- 3) proof of dependent's disability is provided within 31 days of request. Such requests will not be made more than once a year after this dependent reaches the limiting age. Eligibility will continue as long as the dependent relies on you for support because of a mental or physical disability that began before he or she reached the limiting age.

Dependents in active military service are not eligible. No Eligible Dependent may be enrolled under more than one Eligible Employee. Medicare eligibility shall not affect the eligibility of an Eligible Employee or an Eligible Dependent.

Premiums

This Program requires premiums to be paid to us. If you are required to pay all or any portion of the premiums, you will be advised of the amount prior to enrollment and it will be deducted from your earnings by payroll deduction, or you will be requested to pay it directly. The Client will be responsible for sending all payments of premiums to us except payments you are requested to pay directly. Should you voluntarily cancel enrollment and subsequently desire to re-enroll, all premiums retroactive to the date of cancellation (but not to exceed 12 months) must be paid before you can re-enroll.

How to use the DeltaCare USA Program - Choice of Contract Dentist

To enroll in this Program, you must select a Contract Dentist for both yourself and any Dependent Enrollee from the list of Contract Dentists furnished during the enrollment process. Collectively, you and your Eligible Dependents may select no more than three Contract Dentist facilities. If you fail to select a Contract Dentist or the Contract Dentist selected becomes unavailable, we will request the selection of another Contract Dentist or assign you to a Contract Dentist. You may change your assigned Contract Dentist by directing a request to the Customer Service department at 800-422-4234. In order to ensure that your Contract Dentist is notified and our eligibility lists are correct, changes in Contract Dentists must be requested prior to the 21st of the month for changes to be effective the first day of the following month.

Shortly after enrollment you will receive a DeltaCare USA membership packet that tells you the effective date of your Program and the address and telephone number of your Contract Dentist. After the effective date in your membership packet, you may obtain dental services which are Benefits. To make an appointment simply call your Contract Dentist's facility and identify yourself as a DeltaCare USA Enrollee. Initial appointments should be scheduled within four weeks unless a specific time has been requested. Inquiries regarding availability of appointments and accessibility of Dentists should be directed to the Customer Service department at 800-422-4234.

EACH ENROLLEE MUST GO TO HIS OR HER ASSIGNED CONTRACT DENTIST TO OBTAIN COVERED SERVICES, EXCEPT FOR SERVICES PROVIDED BY A SPECIALIST AUTHORIZED BY US, OR FOR EMERGENCY SERVICES REQUIRED WHILE 35 MILES OR MORE FROM THE CONTRACT DENTIST'S FACILITY. ANY OTHER TREATMENT PROVIDED BY AN OUT-OF-NETWORK DENTIST (UNLESS EXPRESSLY AUTHORIZED BY US) IS NOT COVERED UNDER THIS PROGRAM.

If your assigned Contract Dentist's agreement with Alpha terminates, that Contract Dentist will complete (a) a partial or full denture for which final impressions have been taken, and (b) all work on every tooth upon which work has started (such as completion of root canals in progress and delivery of crowns when teeth have been prepared).

Benefits, Limitations and Exclusions

This Program provides the Benefits described in the *Description of Benefits and Copayments* subject to the limitations and exclusions. The services are performed as deemed appropriate by your attending Contract Dentist. A Contract Dentist may provide services either personally or through associated Dentists, technicians or hygienists who may lawfully perform the services.

Copayments and Other Charges

You are required to pay any Copayments listed in the *Description of Benefits and Copayments* directly to the Dentist who provides treatment. Charges for broken appointments (unless notice is received by the Dentist at least 24 hours in advance or an emergency prevented such notice), and charges for visits after normal visiting hours are listed in the *Description of Benefits and Copayments*.

Emergency Services

You should contact your assigned Contract Dentist for Emergency Services whenever possible. Contract Dentists maintain a 24-hour emergency services system seven days a week. If you are unable to reach your Contract Dentist for Emergency Services, you should call Customer Service at 800-422-4234 for assistance in obtaining urgent care. During non-business hours or if you are 35 miles or more from your assigned Contract Dentist, you do not need a referral and may seek treatment from a Dentist other than your assigned Contract Dentist.

Benefits for emergency treatment received from any Dentist, other than the assigned Contract Dentist, are limited to a maximum of \$100.00 per emergency, per Enrollee. You are responsible for the Copayment(s) as well as any charges over the \$100.00 benefit maximum.

You can receive your covered out-of-network emergency dental care when you are outside of the United States through a partnership between Alpha and International SOS Assistance, Inc. (I-SOS). I-SOS provides referrals to 3,200 dentist or dental clinics in nearly 200 countries worldwide. English-speaking operators are available around the clock to help you find a dentist. For more information, check our web site at www.deltadentalins.com or call 800-523-6586 from the U.S. Once you leave the U.S., you can call I-SOS at 215-942-8226 - collect.

When you see an I-SOS dentist, you must pay for your treatment at the time of service and get a detailed receipt from the dentist. In addition to providing the dentist's name and address (including country), this receipt should describe the services performed by the dentist and indicate the tooth or teeth that were treated. It should also indicate whether the dentist's charges were billed in U.S. dollars or another currency.

Once we receive your claim, we will reimburse you subject to the terms and conditions of your DeltaCare USA coverage. Reimbursement is based on the out-of-network emergency benefit provided through your group plan, noted above. As with any dental plan, this reimbursement may not cover the entire cost of the treatment rendered.

Out-of-network emergency dental care is intended to evaluate and stabilize a dental condition of recent onset, control bleeding, relieve pain and eliminate acute infection in the event you are unable to reach your Contract Dentist. Further treatment must be obtained from the assigned Contract Dentist.

Specialist Services

Specialist Services must be referred by the assigned Contract Dentist and authorized by us. All authorized Specialist Services will be paid by us less any applicable Copayments.

If the services of a Contract Orthodontist are needed, please refer to Orthodontics in the *Description of Benefits and Copayments*, and *Limitations and Exclusions* to determine which procedures are covered under this Program.

Claims for Reimbursement

Claims for covered Emergency Services or authorized Specialist Services must be submitted to Alpha within 90 days of the end of treatment. Valid claims received after the 90 day period will be reviewed if you can show that it was not reasonably possible to submit the claim within that time. All claims must be received within one year of the treatment date. The address for claims submission is Delta Dental, 12898 Towne Center Drive, Cerritos, CA 90703.

In the event we fail to pay a Contract Dentist, you will not be liable to that Dentist for any sums owed by us.

Except for the provisions in *Emergency Services*, if you have not received Authorization for treatment from an out-of-network Dentist, and we fail to pay that out-of-network Dentist, you may be liable to that Dentist for the cost of services.

For further clarification, refer to the provisions for *Emergency Services* and *Specialist Services*.

Coordination of Benefits

If a person receiving dental care is an Enrollee in a prepaid dental plan and is an insured or certificate holder under an indemnity health insurance policy which provides benefits for the same treatment as a prepaid dental plan, the indemnity

health insurance policy, if issued after September 15, 1989, shall pay benefits to its insured or certificate holder or the assignee thereof, without regard to the existence of the prepaid dental plan.

The determination of which policy or program is primary shall be governed by the rules stated in the Contract.

The indemnity plan insurer is not obligated to pay any amount for a procedure covered without charge to the Enrollee of the prepaid dental plan or to pay in excess of the amount of the Enrollee's copayment obligation under the prepaid dental plan. In the event that the Enrollee's obligation under the prepaid dental plan has been met, then the indemnity insurer shall remit any payments due to its insured or certificate holder.

An Enrollee shall provide to Alpha, and Alpha may release to or obtain from any insurance company or other organization, any information about the Enrollee that is needed to administer coordination of benefits. Alpha shall, in its sole discretion, determine whether any reimbursement to an insurance company or other organization is warranted under these coordination of benefits provisions, and any such reimbursement paid shall be deemed to be Benefits under this Contract. Alpha shall have the right to recover from a Dentist, Enrollee, insurance company or other organization, as Alpha chooses, the amount of any Benefits paid by Alpha which exceeds its obligations under these coordination of benefit provisions.

Enrollee Complaint Procedure

Alpha or the Administrator shall provide notification if any dental services or claims are denied, in whole or in part, stating the specific reason or reasons for the denial. If you have any complaint regarding eligibility, the denial of dental services or claims, the policies, procedures or operations of Alpha or the Administrator, or the quality of dental services performed by a Contract Dentist, you may call the Customer Service department at 800-422-4234, or the complaint may be addressed in writing to:

Quality Management Department

MS: QM600

12898 Towne Center Drive

Cerritos, CA 90703-8579

Written communication must include 1) the name of the patient, 2) the name, address, telephone number and identification number of the Primary Enrollee, 3) the name of the Client and 4) the Dentist's name and facility location.

For complaints involving an adverse benefit determination (e.g. a denial, modification or termination of a requested benefit or claim) you must file a request for review (a complaint) with Alpha within 180 days after receipt of the adverse determination. Our review will take into account all information, regardless of whether such information was submitted or considered initially. The review shall be conducted by a person who is neither the individual who made the original benefit determination, nor the subordinate of such individual. Upon request and free of charge, we will provide you with copies of any pertinent documents that are relevant

to the benefit determination, a copy of any internal rule, guideline, protocol, and/or explanation of the scientific or clinical judgment if relied upon in making the benefit determination. If the review of a denial is based in whole or in part on a lack of medical necessity, experimental treatment, or a clinical judgment in applying the terms of the Contract, Alpha shall consult with a Dentist who has appropriate training and experience. If any consulting Dentist is involved in the review, the identity of such consulting Dentist will be available upon request.

Within five business days of the receipt of any complaint, including adverse benefit determinations as described above, the quality management coordinator will forward to you an acknowledgment of receipt of the complaint. Certain complaints may require that you be referred to a Dentist for a clinical evaluation of the dental services provided. We will make a determination, in writing, within 30 days of receipt of a complaint or shall provide a written explanation if additional time is required to report on the complaint. A review of the decision shall be undertaken if a written request for an appeal of the determination is made within 30 days of the date of the written determination. We shall undertake a full and fair review upon request. We may require additional documents, as we deem necessary in making such a review. We shall provide a written response to you within 30 days after receipt of the appeal and supporting documentation or a written explanation if additional time is required to issue the results.

Appeals will be made to Alpha's utilization agent who will review these appeals based upon the terms and conditions of this Contract. The following levels of review will be available to the Enrollee:

- Expedited Dental Review
- Informal Reconsideration
- Formal Appeal
- External Independent Review

A separate Health Care Insurer Appeals Process Information Packet, which describes the appeal process an Enrollee may pursue, is included with the Evidence of Coverage at initial enrollment and subsequently upon request to Alpha.

If the group health plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA), you may contact the U.S. Department of Labor, Employee Benefits Security Administration (EBSA) for further review of the claim or if you have questions about the rights under ERISA. You may also bring a civil action under section 502(a) of ERISA. The address of the U.S. Department of Labor is: U.S. Department of Labor, Employee Benefits Security Administration, 200 Constitution Avenue, N.W. Washington, D.C. 20210.

Renewal and Termination of Benefits

This Program renews on the anniversary of the contract term unless we provide notice of a change in premiums or Benefits and the Client does not accept the change. All Benefits terminate for any Enrollee as of the date that this Program is terminated, such person ceases to be eligible under the terms of this Program, or such person's enrollment is cancelled under the terms of this Program. We are not obligated to continue to provide Benefits to any such person in such event, except for completion of single procedures commenced while this Program was in effect.

Cancellation of Enrollment

Subject to the *Optional Continuation of Coverage* provision, an Eligible Employee's or Eligible Dependent's enrollment under this Program may be canceled, or renewal of enrollment refused, in the following events:

- 1) Immediately:
 - a) upon loss of eligibility as described in this Evidence of Coverage; or
 - b) if an Enrollee engages in conduct detrimental to safe operations and the delivery of services while in a Contract Dentist's facility;
- 2) Upon 15 days written notice if:
 - a) the premiums are not paid by or on behalf of the Enrollee on the date due. However the Enrollee may continue to receive Benefits during the 15-day period and may be reinstated during the term of this Contract upon payment of any unpaid premium; or
 - b) the Enrollee knowingly commits or permits another person to commit fraud or deception in obtaining Benefits under the Program;
- 3) Upon 30 days written notice if:
 - a) the Contract is terminated or not renewed;
 - b) the Enrollee fails to pay Copayments. However, the Enrollee may be reinstated during the term of the Contract upon payment of all delinquent charges; or
 - c) a satisfactory dentist-patient relationship fails to be established with multiple contract facilities. Alpha must show that it has, in good faith, provided the Enrollee with the opportunity to select an alternative Contract Dentist. If the Enrollee establishes a history of unsatisfactory relationships, Alpha will notify the Enrollee in writing, at least 30 days in advance, that Alpha considers the dentist-patient relationships to be unsatisfactory. Alpha will also specify the changes that are necessary in order to avoid cancellation, and show that the Enrollee failed to make these changes.

Cancellation of a Primary Enrollee's enrollment shall automatically cancel the enrollment of any of his or her Dependent Enrollees.

Optional Continuation of Coverage

The federal Consolidated Omnibus Budget Reconciliation Act (or COBRA, pertaining to certain employers having 20 or more employees) requires that continued health care coverage be made available to "Qualified Beneficiaries" who lose health care coverage under the group plan as a result of a "Qualifying Event." You may be entitled to continue coverage under this plan, *at your expense*, if certain conditions are met. The period of continued coverage depends on the Qualifying Event.

DEFINITIONS

The meaning of key terms used in this section is shown below.

Qualified Beneficiary means:

- 1) you and/or your dependents who are enrolled in the Alpha plan on the day before the Qualifying Event, or
- 2) a child who is born to or placed for adoption with you during the period of continued coverage, provided such child is enrolled within 30 days of birth or placement for adoption.

Qualifying Event means any of the following events which, except for the election of this continued coverage, would result in a loss of coverage under the dental plan:

- Event 1. the termination of employment (other than termination for gross misconduct) or the reduction in work hours, by your employer;
- Event 2. your death;
- Event 3. your divorce or legal separation from your spouse;
- Event 4. your dependent's loss of dependent status under the plan; and
- Event 5. as to your dependents only, your entitlement to Medicare.

You or **your** means the Primary Enrollee.

PERIODS OF CONTINUED COVERAGE

Qualified Beneficiaries may continue coverage for 18 months following the month in which Qualifying Event 1 occurs.

This 18 month period can be extended for a total of 29 months, provided:

- 1) a determination is made under Title II or Title XVI of the Social Security Act that an individual is disabled on the date of the Qualifying Event or becomes disabled at any time during the first 60 days of continued coverage; and
- 2) notice of the determination is given to the employer during the initial 18 months of continued coverage and within 60 days of the date of the determination.

This period of coverage will end on the first day of the month that begins more than 30 days after the date of the final determination that the disabled individual is no longer disabled. You must notify your employer or Delta Dental within 30 days of any such determination.

If, during the 18 months continuation period resulting from Qualifying Event 1, your dependents, who are Qualified Beneficiaries, experience Qualifying Events 2, 3, 4 or 5, they may choose to extend coverage for up to a total of 36 months (inclusive of the period continued under Qualifying Event 1).

Your dependents, who are Qualified Beneficiaries, may continue coverage for 36 months following the occurrence of Qualifying Events 2, 3, 4 or 5.

When an employer has filed for bankruptcy under Title 11, United States Code, benefits may be substantially reduced or eliminated for retired employees and their dependents, or the surviving spouse of a deceased retired employee. If this benefit reduction or elimination occurs within one year before or one year after filing, it is considered a Qualifying Event. If the Primary Enrollee is a retiree, and has lost coverage because of this Qualifying Event, he or she may choose to continue coverage until his or her death. The Primary Enrollee's dependents who have lost coverage because of this Qualifying Event may choose to continue coverage for up to 36 months following the Primary Enrollee's death.

ELECTION OF CONTINUED COVERAGE

Your employer shall notify Alpha within 30 days of Qualifying Event 1. A Qualified Beneficiary must notify his or her employer in writing within 60 days of Qualifying Events 2, 3, 4 or 5, or within 60 days of receiving the election notice from the employer. Otherwise, the option of continued coverage will be lost.

Within 14 days of receiving notice of a Qualifying Event, the employer will provide a Qualified Beneficiary with the necessary benefits information, monthly premium charge, enrollment forms, and instructions to allow election of continued coverage.

A Qualified Beneficiary will then have 60 days to give his or her employer written notice of the election to continue coverage. Failure to provide this written notice of election to the employer within 60 days will result in loss of the right to continue coverage.

A Qualified Beneficiary has 45 days from the written election of continued coverage to pay the initial premium to his or her employer, which includes the premium for each month since the loss of coverage. Failure to pay the required premium within the 45 days will result in loss of the right to continue coverage and any premium received after that will be returned to the Qualified Beneficiary.

CONTINUED COVERAGE BENEFITS

The Benefits under the continued coverage will be the same as those provided to active employees and their dependents who are still enrolled in the dental plan. If the employer changes the coverage for active employees, the continued coverage will change as well. Premiums will be adjusted to reflect the changes made.

TERMINATION OF CONTINUED COVERAGE

A Qualified Beneficiary's coverage will terminate at the end of the month in which any of the following events first occur:

- 1) the allowable number of consecutive months of continued coverage is reached;
- 2) failure to pay the required premiums in a timely manner;
- 3) the employer ceases to provide any group dental plan to its employees;

- 4) the individual moves out of the plan's service area;
- 5) the individual first obtains coverage for dental benefits, after the date of the election of continued coverage, under another group health plan (as an employee or dependent) which does not contain or apply any exclusion or limitation with respect to any pre-existing condition of such a person, if that pre-existing condition is covered under this plan; or
- 6) entitlement to Medicare.

The employer shall notify Alpha within 30 days of the occurrence of any of the above events. Once continued coverage ends, it cannot be reinstated.

TERMINATION OF THE EMPLOYER'S DENTAL CONTRACT

If the dental contract between the employer and Alpha terminates prior to the time that the continuation coverage would otherwise terminate, the employer shall notify a Qualified Beneficiary either 30 days prior to the termination or when all Enrollees are notified, whichever is later, of the ability to elect continuation of coverage under the employer's subsequent dental plan, if any. The continuation coverage will be provided only for the balance of the period that a Qualified Beneficiary would have remained covered under the Alpha plan had such plan with the former employer not terminated. The employer shall notify the successor plan in writing of the Qualified Beneficiaries receiving continuation coverage so they may be notified of how to continue coverage. The continuation coverage will terminate if a Qualified Beneficiary fails to comply with the requirements pertaining to enrollment in and payment of premiums to the new group benefit plan.

OPEN ENROLLMENT CHANGE OF COVERAGE

A Qualified Beneficiary may elect to change continuation coverage during any subsequent open enrollment period, if the employer has contracted with another plan to provide coverage to its active employees. The continuation coverage under the other plan will be provided only for the balance of the period that a Qualified Beneficiary would have remained under the Alpha plan.

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-2007 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	
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
D0180	Comprehensive periodontal evaluation - new or established patient.....	No Cost
D0210	Intraoral <i>radiographs</i> - complete series (including bitewings) - <i>limited to 1 series every 24 months</i>	No Cost
D0220	Intraoral - periapical first film.....	No Cost
D0230	Intraoral - periapical each additional film.....	No Cost
D0240	Intraoral - occlusal film.....	No Cost
D0250	Extraoral - first film	No Cost
D0260	Extraoral - each additional film	No Cost
D0270	Bitewing <i>radiograph</i> - single film	No Cost
D0272	Bitewings <i>radiographs</i> - two films	No Cost
D0273	Bitewings <i>radiographs</i> - three films.....	No Cost
D0274	Bitewings <i>radiographs</i> - four films - <i>limited to 1 series every 6 months</i>	No Cost
D0277	Vertical bitewings - 7 to 8 films	No Cost
D0330	Panoramic film.....	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
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
D1110	<i>Additional prophylaxis cleaning - adult (within the 6 month period)</i>	\$45.00
D1120	Prophylaxis <i>cleaning</i> - child - <i>1 per 6 month period</i>	No Cost
D1120	<i>Additional prophylaxis cleaning - child (within the 6 month period)</i>	\$35.00
D1203	Topical application of fluoride (prophylaxis not included) - child - <i>to age 19; 1 per 6 month period</i>	No Cost
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients - <i>child to age 19; 1 per 6 month period</i>	No Cost
D1310	Nutritional counseling for control of dental disease.....	No Cost
D1330	Oral hygiene instructions.....	No Cost
D1351	Sealant - per tooth - <i>limited to permanent molars through age 15</i>	\$10.00
D1510	Space maintainer - fixed - unilateral.....	\$25.00
D1515	Space maintainer - fixed - bilateral.....	\$25.00
D1520	Space maintainer - removable - unilateral.....	\$25.00
D1525	Space maintainer - removable - bilateral.....	\$25.00
D1550	Re-cementation of space maintainer.....	No Cost
D1555	Removal of fixed space maintainer.....	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 \$100.00 per crown, beyond the 6th unit.

- 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	\$35.00
D2391	Resin-based composite - one surface, posterior.....	\$55.00
D2392	Resin-based composite - two surfaces, posterior.....	\$65.00
D2393	Resin-based composite - three surfaces, posterior	\$75.00
D2394	Resin-based composite - four or more surfaces, posterior.....	\$85.00
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.....	\$165.00
D2620	Inlay - porcelain/ceramic - two surfaces.....	\$190.00
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$200.00
D2642	Onlay - porcelain/ceramic - two surfaces	\$185.00
D2643	Onlay - porcelain/ceramic - three surfaces	\$205.00
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$220.00
D2650	Inlay - resin-based composite - one surface.....	\$105.00
D2651	Inlay - resin-based composite - two surfaces.....	\$120.00
D2652	Inlay - resin-based composite - three or more surfaces	\$145.00
D2662	Onlay - resin-based composite - two surfaces	\$140.00
D2663	Onlay - resin-based composite - three surfaces	\$155.00
D2664	Onlay - resin-based composite - four or more surfaces	\$185.00
D2710	Crown - resin-based composite (indirect).....	\$50.00
D2712	Crown - ¾ resin-based composite (indirect).....	\$50.00

D2720	Crown - resin with high noble metal.....	\$195.00
D2721	Crown - resin with predominantly base metal	\$95.00
D2722	Crown - resin with noble metal.....	\$135.00
D2740	Crown - porcelain/ceramic substrate	\$240.00
D2750	Crown - porcelain fused to high noble metal	\$240.00
D2751	Crown - porcelain fused to predominantly base metal	\$140.00
D2752	Crown - porcelain fused to noble metal.....	\$180.00
D2780	Crown - $\frac{3}{4}$ cast high noble metal	\$210.00
D2781	Crown - $\frac{3}{4}$ cast predominantly base metal.....	\$110.00
D2782	Crown - $\frac{3}{4}$ cast noble metal	\$150.00
D2783	Crown - $\frac{3}{4}$ porcelain/ceramic.....	\$240.00
D2790	Crown - full cast high noble metal.....	\$210.00
D2791	Crown - full cast predominantly base metal	\$110.00
D2792	Crown - full cast noble metal.....	\$150.00
D2794	Crown - titanium	\$240.00
D2910	Recement inlay, onlay or partial coverage restoration.....	No Cost
D2915	Recement cast or prefabricated post and core.....	No Cost
D2920	Recement crown.....	No Cost
D2930	Prefabricated stainless steel crown - primary tooth	\$15.00
D2931	Prefabricated stainless steel crown - permanent tooth.....	\$15.00
D2932	Prefabricated resin crown - <i>anterior primary tooth</i>	\$25.00
D2933	Prefabricated stainless steel crown with resin window - <i>anterior primary tooth</i>	\$20.00
D2940	Sedative filling.....	\$5.00
D2950	Core buildup, including any pins.....	\$15.00
D2951	Pin retention - per tooth, in addition to restoration.....	\$10.00
D2952	Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i>	\$35.00
D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i>	\$25.00
D2954	Prefabricated post and core in addition to crown - <i>base metal post; includes canal preparation</i>	\$20.00
D2957	Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i>	\$15.00
D2970	Temporary crown (fractured tooth) - <i>palliative treatment only</i>	\$5.00
D2971	Additional procedures to construct new crown under existing partial denture framework.....	\$28.00
D2980	Crown repair, by report.....	\$15.00

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.....	No Cost
D3221	Pulpal debridement, primary and permanent teeth	\$10.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration).....	\$20.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration).....	\$20.00
D3310	Root canal - anterior (excluding final restoration)	\$55.00
D3320	Root canal - bicuspid (excluding final restoration)	\$120.00
D3330	Root canal - molar (excluding final restoration).....	\$250.00
D3331	Treatment of root canal obstruction; non-surgical access.....	\$55.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.....	\$55.00
D3333	Internal root repair of perforation defects.....	\$55.00
D3346	Retreatment of previous root canal therapy - anterior	\$85.00
D3347	Retreatment of previous root canal therapy - bicuspid	\$150.00
D3348	Retreatment of previous root canal therapy - molar	\$280.00
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.).....	\$75.00
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.).....	\$50.00
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$50.00
D3410	Apicoectomy/periradicular surgery - anterior.....	\$60.00
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$70.00
D3425	Apicoectomy/periradicular surgery - molar (first root)	\$80.00
D3426	Apicoectomy/periradicular surgery (each additional root).....	\$50.00
D3430	Retrograde filling - per root	\$60.00
D3450	Root amputation, per root	No Cost
D3920	Hemisection (including any root removal), not including root canal therapy	\$30.00

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 bounded teeth spaces per quadrant	\$130.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	\$80.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant.....	\$130.00

D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant.....	\$80.00
D4245	Apically positioned flap.....	\$125.00
D4249	Clinical crown lengthening - hard tissue	\$125.00
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant.....	\$280.00
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant.....	\$225.00
D4263	Bone replacement graft - first site in quadrant.....	\$205.00
D4264	Bone replacement graft - each additional site in quadrant.....	\$70.00
D4270	Pedicle soft tissue graft procedure	\$205.00
D4271	Free soft tissue graft procedure (including donor site surgery)	\$205.00
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area).....	\$45.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	\$25.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	\$20.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis - <i>limited to 1 treatment in any 12 consecutive months</i>	\$25.00
D4910	Periodontal maintenance - <i>limited to 1 treatment each 6 month period</i>	\$15.00
D4910	<i>Additional periodontal maintenance (within the 6 month period)</i>	\$55.00

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	\$145.00
D5120	Complete denture - mandibular	\$145.00
D5130	Immediate denture - maxillary.....	\$165.00
D5140	Immediate denture - mandibular.....	\$165.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth).....	\$120.00

D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth).....	\$120.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$160.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$160.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$210.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$210.00
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.....	\$20.00
D5520	Replace missing or broken teeth - complete denture (each tooth).....	\$10.00
D5610	Repair resin denture base.....	\$20.00
D5620	Repair cast framework	\$20.00
D5630	Repair or replace broken clasp.....	\$20.00
D5640	Replace broken teeth - per tooth	\$10.00
D5650	Add tooth to existing partial denture	\$10.00
D5660	Add clasp to existing partial denture	\$10.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary).....	\$135.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular).....	\$135.00
D5710	Rebase complete maxillary denture	\$55.00
D5711	Rebase complete mandibular denture	\$55.00
D5720	Rebase maxillary partial denture	\$55.00
D5721	Rebase mandibular partial denture.....	\$55.00
D5730	Reline complete maxillary denture (chairside).....	\$20.00
D5731	Reline complete mandibular denture (chairside)	\$20.00
D5740	Reline maxillary partial denture (chairside).....	\$20.00
D5741	Reline mandibular partial denture (chairside).....	\$20.00
D5750	Reline complete maxillary denture (laboratory).....	\$60.00
D5751	Reline complete mandibular denture (laboratory)	\$60.00
D5760	Reline maxillary partial denture (laboratory)	\$60.00
D5761	Reline mandibular partial denture (laboratory).....	\$60.00

D5820	Interim partial denture (maxillary) - limited to 1 in any 12 consecutive months	\$75.00
D5821	Interim partial denture (mandibular) - limited to 1 in any 12 consecutive months	\$75.00
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])

- When a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional \$100.00 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.

D6210	Pontic - cast high noble metal.....	\$210.00
D6211	Pontic - cast predominantly base metal	\$110.00
D6212	Pontic - cast noble metal	\$150.00
D6240	Pontic - porcelain fused to high noble metal	\$240.00
D6241	Pontic - porcelain fused to predominantly base metal	\$140.00
D6242	Pontic - porcelain fused to noble metal.....	\$180.00
D6245	Pontic - porcelain/ceramic	\$240.00
D6250	Pontic - resin with high noble metal	\$195.00
D6251	Pontic - resin with predominantly base metal.....	\$95.00
D6252	Pontic - resin with noble metal	\$135.00
D6600	Inlay - porcelain/ceramic, two surfaces	\$190.00
D6601	Inlay - porcelain/ceramic, three or more surfaces.....	\$200.00
D6602	Inlay - cast high noble metal, two surfaces.....	\$100.00
D6603	Inlay - cast high noble metal, three or more surfaces	\$100.00
D6604	Inlay - cast predominantly base metal, two surfaces	No Cost
D6605	Inlay - cast predominantly base metal, three or more surfaces	No Cost
D6606	Inlay - cast noble metal, two surfaces.....	\$40.00
D6607	Inlay - cast noble metal, three or more surfaces	\$40.00
D6608	Onlay - porcelain/ceramic, two surfaces.....	\$185.00
D6609	Onlay - porcelain/ceramic, three or more surfaces	\$205.00
D6610	Onlay - cast high noble metal, two surfaces	\$100.00
D6611	Onlay - cast high noble metal, three or more surfaces.....	\$100.00
D6612	Onlay - cast predominantly base metal, two surfaces.....	No Cost
D6613	Onlay - cast predominantly base metal, three or more surfaces	No Cost

D6614	Onlay - cast noble metal, two surfaces	\$40.00
D6615	Onlay - cast noble metal, three or more surfaces.....	\$40.00
D6720	Crown - resin with high noble metal.....	\$195.00
D6721	Crown - resin with predominantly base metal	\$95.00
D6722	Crown - resin with noble metal.....	\$135.00
D6740	Crown - porcelain/ceramic.....	\$240.00
D6750	Crown - porcelain fused to high noble metal.....	\$240.00
D6751	Crown - porcelain fused to predominantly base metal	\$140.00
D6752	Crown - porcelain fused to noble metal.....	\$180.00
D6780	Crown - $\frac{3}{4}$ cast high noble metal	\$210.00
D6781	Crown - $\frac{3}{4}$ cast predominantly base metal.....	\$110.00
D6782	Crown - $\frac{3}{4}$ cast noble metal	\$150.00
D6783	Crown - $\frac{3}{4}$ porcelain/ceramic.....	\$240.00
D6790	Crown - full cast high noble metal.....	\$210.00
D6791	Crown - full cast predominantly base metal	\$110.00
D6792	Crown - full cast noble metal.....	\$150.00
D6930	Recement fixed partial denture	No Cost
D6940	Stress breaker	No Cost
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated - <i>includes canal preparation</i>	\$35.00
D6972	Prefabricated post and core in addition to fixed partial denture retainer - <i>base metal post; includes canal preparation</i>	\$20.00
D6973	Core buildup for retainer, including any pins	\$15.00
D6976	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i>	\$25.00
D6977	Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i>	\$15.00
D6980	Fixed partial denture repair, by report	\$15.00

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

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

D7111	Extraction, coronal remnants - deciduous tooth	No Cost
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$5.00
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$25.00
D7220	Removal of impacted tooth - soft tissue	\$50.00
D7230	Removal of impacted tooth - partially bony	\$70.00
D7240	Removal of impacted tooth - completely bony.....	\$90.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$110.00

D7250	Surgical removal of residual tooth roots (cutting procedure)	No Cost
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth.....	\$85.00
D7280	Surgical access of an unerupted tooth.....	\$90.00
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$90.00
D7283	Placement of device to facilitate eruption of impacted tooth.....	No Cost
D7286	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	\$50.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$50.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.....	\$70.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.....	\$70.00
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
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
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	No Cost
D7970	Excision of hyperplastic tissue - per arch	\$55.00
D7971	Excision of pericoronal gingiva	\$55.00

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 (including bitewings)
D0322	Tomographic survey
D0330	Panoramic film
D0340	Cephalometric film
D0350	Oral/facial photographic images
D0470	Diagnostic casts

	<i>The benefit for post-treatment records includes:</i>	\$70.00
D0210	Intraoral - complete series (including bitewings)	
D0470	Diagnostic casts	
D8010	Limited orthodontic treatment of the primary dentition	\$950.00
D8020	Limited orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i>	\$950.00
D8030	Limited orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i>	\$950.00
D8040	Limited orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i>	\$1,150.00
D8050	Interceptive orthodontic treatment of the primary dentition.....	\$950.00
D8060	Interceptive orthodontic treatment of the transitional dentition	\$950.00
D8070	Comprehensive orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i>	\$1,700.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i>	\$1,700.00
D8090	Comprehensive orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i>	\$1,900.00
D8660	Pre-orthodontic treatment visit	\$25.00
D8680	Orthodontic retention (removal of appliances, construction and placement of <i>removable</i> retainers).....	\$275.00
D8999	Unspecified orthodontic procedure, by report - <i>includes treatment planning session</i>	\$100.00

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain - minor procedure.....	\$5.00
D9211	Regional block anesthesia.....	No Cost
D9212	Trigeminal division block anesthesia.....	No Cost
D9215	Local anesthesia	No Cost
D9220	Deep sedation/general anesthesia - first 30 minutes	\$165.00
D9221	Deep sedation/general anesthesia - each additional 15 minutes	\$80.00
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	\$165.00
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	\$80.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$10.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed.....	\$5.00
D9440	Office visit - after regularly scheduled hours	\$25.00
D9450	Case presentation, detailed and extensive treatment planning.....	No Cost

D9940	Occlusal guard, by report - <i>limited to 1 in 3 years</i>	\$100.00
D9951	Occlusal adjustment, limited.....	\$35.00
D9952	Occlusal adjustment, complete	\$55.00
D9972	External bleaching - per arch - <i>limited to one bleaching tray and gel for two weeks of self treatment</i>	\$125.00
D9999	Unspecified adjunctive procedure, by report - <i>includes failed appointment without 24 hour notice - per 15 minutes of appointment time</i>	\$10.00

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 authorized by Alpha. 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." "Filed fees" means the Contract Dentist's fees on file with Alpha. Questions regarding these fees should be directed to the Customer Service department at 800-422-4234.

SCHEDULE B

Limitations of Benefits

Limitations

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 \$100.00 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 Authorization by Alpha, 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. Alpha is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

Exclusions of Benefits

Exclusions

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 D9972, External bleaching, 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 and 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.
9. Consultations for non-covered benefits.
10. Dental services received from any dental facility other than the assigned Contract Dentist, an authorized 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.

If you have any questions or need additional information, call or write:

Toll Free

800-422-4234

Administered by:

Delta Dental Insurance Company

12898 Towne Center Drive

Cerritos, CA 90703-8546