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

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under the DeltaCare USA Program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2018 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Enrollee Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0100-D0999</td>
<td><strong>I. DIAGNOSTIC</strong></td>
<td></td>
</tr>
<tr>
<td>D0120</td>
<td>Periodic oral evaluation - established patient</td>
<td>No Cost</td>
</tr>
<tr>
<td>D0140</td>
<td>Limited oral evaluation - problem focused</td>
<td>No Cost</td>
</tr>
<tr>
<td>D0145</td>
<td>Oral evaluation for a patient under three years of age and counseling with primary caregiver</td>
<td>No Cost</td>
</tr>
<tr>
<td>D0150</td>
<td>Comprehensive oral evaluation - new or established patient</td>
<td>No Cost</td>
</tr>
<tr>
<td>D0160</td>
<td>Detailed and extensive oral evaluation - problem focused, by report – limited to</td>
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<tr>
<td></td>
<td>2 per calendar year; only covered in conjunction with Temporomandibular Joint (TMJ) evaluation</td>
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<tr>
<td>D0170</td>
<td>Re-evaluation - limited, problem focused (established patient; not post-operative visit)</td>
<td>No Cost</td>
</tr>
<tr>
<td>D0180</td>
<td>Comprehensive periodontal evaluation - new or established patient</td>
<td>No Cost</td>
</tr>
<tr>
<td>D0210</td>
<td>Intraoral - complete series of radiographic images - limited to 1 series every 36 months, or more frequently if medically necessary</td>
<td>No Cost</td>
</tr>
<tr>
<td>D0220</td>
<td>Intraoral - periapical first radiographic image</td>
<td>No Cost</td>
</tr>
<tr>
<td>D0230</td>
<td>Intraoral - periapical each additional radiographic image</td>
<td>No Cost</td>
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<tr>
<td>D0240</td>
<td>Intraoral - occlusal radiographic image</td>
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<tr>
<td>D0250</td>
<td>Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector</td>
<td>No Cost</td>
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<tr>
<td>D0251</td>
<td>Extraoral posterior dental radiographic image</td>
<td>No Cost</td>
</tr>
<tr>
<td>D0270</td>
<td>Bitewing - single radiographic image</td>
<td>No Cost</td>
</tr>
<tr>
<td>D0272</td>
<td>Bitewings - two radiographic images</td>
<td>No Cost</td>
</tr>
<tr>
<td>D0273</td>
<td>Bitewings three radiographic images</td>
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</tr>
<tr>
<td>D0274</td>
<td>Bitewings - four radiographic images</td>
<td>No Cost</td>
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<tr>
<td>D0277</td>
<td>Vertical bitewings - 7 to 8 radiographic images</td>
<td>No Cost</td>
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<tr>
<td>D0330</td>
<td>Panoramic radiographic image - limited to 1 every 36 months, or more frequently if medically necessary</td>
<td>No Cost</td>
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<tr>
<td>D0350</td>
<td>2D oral/facial photographic image obtained intra-orally or extra-orally</td>
<td>No Cost</td>
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<tr>
<td>D0368</td>
<td>Cone beam CT capture and interpretation for TMJ series including two or more exposures – limited to 1 per calendar year; only covered in conjunction with Temporomandibular Joint (TMJ) evaluation</td>
<td>No Cost</td>
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<tr>
<td>D0414</td>
<td>Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report</td>
<td>No Cost</td>
</tr>
<tr>
<td>D0415</td>
<td>Collection of microorganisms for culture and sensitivity</td>
<td>No Cost</td>
</tr>
<tr>
<td>D0425</td>
<td>Caries susceptibility tests</td>
<td>No Cost</td>
</tr>
<tr>
<td>D0431</td>
<td>Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities</td>
<td></td>
</tr>
</tbody>
</table>
including premalignant and malignant lesions, not to include cytology or biopsy
procedures ....................................................................................................................................................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 - available only when performed in conjunction with a covered biopsy...........................................No Cost
D0473 Accession of tissue, gross and microscopic examination, preparation and
transmission of written report - available only when performed in conjunction with
a covered biopsy...........................................................................................................................................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 - available only when performed in conjunction with a covered biopsy...........................................No Cost
D0486 Laboratory accession of transepithelial cytologic sample, microscopic
examination, preparation and transmission of written report........................................................................No Cost
D0600 Non-ionizing diagnostic procedure capable of quantifying, monitoring, and
recording changes in structure of enamel, dentin, and cementum.................................................................No Cost
D0999 Unspecified diagnostic procedure, by report - includes office visit, per visit
(in addition to other services)..........................................................................................................................No Cost

D1000-D1999 II. PREVENTIVE
D1110 Prophylaxis cleaning - adult – 2 D1110, D1120 or D4346 per calendar year, or more frequently if medically
necessary ..........................................................................................................................................................No Cost
D1110 Additional prophylaxis cleaning - adult (within the calendar year).............................................................No Cost
D1120 Prophylaxis cleaning - child - 2 D1110, D1120 or D4346 per calendar year, or more frequently if medically
necessary ..........................................................................................................................................................No Cost
D1120 Additional prophylaxis cleaning - child (within the calendar year) ..............................................................No Cost
D1206 Topical application of fluoride varnish – 2 D1206 or D1208 per calendar year, or
more frequently if medically necessary ...........................................................................................................No Cost
D1206 Additional topical application of fluoride varnish (within the calendar year)................................................No Cost
D1208 Topical application of fluoride - excluding varnish - 2 D1206 or D1208 per calendar
year, or more frequently if medically necessary .............................................................................................No Cost
D1208 Additional topical application of fluoride – excluding varnish (within the calendar
year)..............................................................................................................................................................No Cost
D1310 Nutritional counseling for control of dental disease....................................................................................No Cost
D1320 Tobacco counseling for the control and prevention of oral disease...........................................................No Cost
D1330 Oral hygiene instructions ..........................................................................................................................No Cost
D1351 Sealant - per tooth ...................................................................................................................................No Cost
D1352 Preventive resin restoration in a moderate to high caries risk patient - permanent
tooth .................................................................................................................................................................No Cost
D1353 Sealant repair - per tooth ...........................................................................................................................No Cost
D1510 Space maintainer - fixed - unilateral ..........................................................................................................No Cost
D1515 Space maintainer - fixed - bilateral .............................................................................................................No Cost
D1520 Space maintainer - removable - unilateral ..................................................................................................No Cost
D1525 Space maintainer - removable - bilateral ..................................................................................................No Cost
D1550 Re-cement or re-bond space maintainer ..................................................................................................No Cost
D1555 Removal of fixed space maintainer ...........................................................................................................No Cost
D1575 Distal shoe space maintainer - fixed - unilateral - child to age 9.................................................................No Cost

D2000-D2999 III. RESTORATIVE
- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.
- When there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional $125.00
per crown, beyond the 6th unit.
- Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>D2792</td>
<td>Crown - full cast noble metal</td>
<td>No Cost</td>
</tr>
<tr>
<td>D2790</td>
<td>Crown - full cast high noble metal</td>
<td>No Cost</td>
</tr>
<tr>
<td>D2783</td>
<td>Crown - ¾ porcelain/ceramic</td>
<td>No Cost</td>
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<tr>
<td>D2782</td>
<td>Crown - ¾ cast noble metal</td>
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<tr>
<td>D2781</td>
<td>Crown - ¾ cast predominantly base metal</td>
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<td>D2780</td>
<td>Crown - ¾ cast high noble metal</td>
<td>No Cost</td>
</tr>
<tr>
<td>D2752</td>
<td>Crown - porcelain fused to noble metal</td>
<td>No Cost</td>
</tr>
<tr>
<td>D2751</td>
<td>Crown - porcelain fused to predominantly base metal</td>
<td>No Cost</td>
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<tr>
<td>D2750</td>
<td>Crown - porcelain fused to high noble metal</td>
<td>No Cost</td>
</tr>
<tr>
<td>D2642</td>
<td>Onlay - porcelain/ceramic - two surfaces</td>
<td>No Cost</td>
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<tr>
<td>D2721</td>
<td>Crown - resin with predominantly base metal</td>
<td>No Cost</td>
</tr>
<tr>
<td>D2720</td>
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<td>Crown - ¾ resin-based composite (indirect)</td>
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<td>Crown - resin-based composite (indirect)</td>
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</tr>
<tr>
<td>D2663</td>
<td>Onlay - resin-based composite - three surfaces</td>
<td>No Cost</td>
</tr>
<tr>
<td>D2662</td>
<td>Onlay - resin-based composite - two surfaces</td>
<td>No Cost</td>
</tr>
<tr>
<td>D2652</td>
<td>Inlay - resin-based composite - three or more surfaces</td>
<td>No Cost</td>
</tr>
<tr>
<td>D2651</td>
<td>Inlay - resin-based composite - two surfaces</td>
<td>No Cost</td>
</tr>
<tr>
<td>D2650</td>
<td>Inlay - resin-based composite - one surface</td>
<td>No Cost</td>
</tr>
<tr>
<td>D2644</td>
<td>Onlay - porcelain/ceramic - three surfaces</td>
<td>No Cost</td>
</tr>
<tr>
<td>D2643</td>
<td>Onlay - porcelain/ceramic - two surfaces</td>
<td>No Cost</td>
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<tr>
<td>D2642</td>
<td>Onlay - porcelain/ceramic - two surfaces</td>
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<td>D2641</td>
<td>Onlay - porcelain/ceramic - one surface</td>
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<tr>
<td>D2620</td>
<td>Inlay - porcelain/ceramic - two surfaces</td>
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<td>D2619</td>
<td>Inlay - porcelain/porcelain - one surface</td>
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<td>Inlay - porcelain/porcelain - one surface</td>
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<td>D2543</td>
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<tr>
<td>D2394</td>
<td>Resin-based composite - four or more surfaces, posterior</td>
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<tr>
<td>D2393</td>
<td>Resin-based composite - three surfaces, posterior</td>
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<tr>
<td>D2392</td>
<td>Resin-based composite - two surfaces, posterior</td>
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<tr>
<td>D2391</td>
<td>Resin-based composite - one surface, posterior</td>
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<tr>
<td>D2390</td>
<td>Resin-based composite crown, anterior</td>
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<tr>
<td>D2352</td>
<td>Crown - resin-based composite (indirect)</td>
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<td>D2332</td>
<td>Resin-based composite - three surfaces, anterior</td>
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<tr>
<td>D2335</td>
<td>Resin-based composite - four or more surfaces or involving incisal angle (anterior)</td>
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<tr>
<td>D2333</td>
<td>Resin-based composite - two surfaces, anterior</td>
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<tr>
<td>D2330</td>
<td>Resin-based composite - one surface, anterior</td>
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</tr>
<tr>
<td>D2292</td>
<td>Crown - full cast predominantly base metal</td>
<td>No Cost</td>
</tr>
<tr>
<td>D2291</td>
<td>Crown - full cast base metal</td>
<td>No Cost</td>
</tr>
<tr>
<td>D2290</td>
<td>Crown - full cast high noble metal</td>
<td>No Cost</td>
</tr>
<tr>
<td>D2294</td>
<td>Crown - titanium</td>
<td>No Cost</td>
</tr>
<tr>
<td>D2299</td>
<td>Provisional crown - further treatment or completion of diagnosis necessary prior to final impression</td>
<td>No Cost</td>
</tr>
<tr>
<td>D2290</td>
<td>Crown - full cast high noble metal</td>
<td>No Cost</td>
</tr>
<tr>
<td>D2291</td>
<td>Crown - full cast predominantly base metal</td>
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<tr>
<td>D2292</td>
<td>Crown - full cast noble metal</td>
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</tr>
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<td>D2294</td>
<td>Crown - titanium</td>
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<td>Provisional crown - further treatment or completion of diagnosis necessary prior to final impression</td>
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</tr>
<tr>
<td>D2290</td>
<td>Crown - full cast high noble metal</td>
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</tr>
<tr>
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<td>D2292</td>
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<td>No Cost</td>
</tr>
<tr>
<td>D2294</td>
<td>Crown - titanium</td>
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<td>Provisional crown - further treatment or completion of diagnosis necessary prior to final impression</td>
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<td>Crown - full cast predominantly base metal</td>
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</tr>
<tr>
<td>D2292</td>
<td>Crown - full cast noble metal</td>
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</tr>
<tr>
<td>D2294</td>
<td>Crown - titanium</td>
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</tr>
<tr>
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<td>Provisional crown - further treatment or completion of diagnosis necessary prior to final impression</td>
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<tr>
<td>D2290</td>
<td>Crown - full cast high noble metal</td>
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<tr>
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<td>D2292</td>
<td>Crown - full cast noble metal</td>
<td>No Cost</td>
</tr>
<tr>
<td>D2294</td>
<td>Crown - titanium</td>
<td>No Cost</td>
</tr>
<tr>
<td>D2299</td>
<td>Provisional crown - further treatment or completion of diagnosis necessary prior to final impression</td>
<td>No Cost</td>
</tr>
<tr>
<td>D2290</td>
<td>Crown - full cast high noble metal</td>
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</tr>
<tr>
<td>D2291</td>
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<td>D2294</td>
<td>Crown - titanium</td>
<td>No Cost</td>
</tr>
<tr>
<td>D2299</td>
<td>Provisional crown - further treatment or completion of diagnosis necessary prior to final impression</td>
<td>No Cost</td>
</tr>
</tbody>
</table>

*S-CA-C22-R18*
D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core .................................................................No Cost
D2920 Re-cement or re-bond crown ...........................................................................................................................................No Cost
D2929 Prefabricated porcelain/ceramic crown - primary tooth - anterior ..............................................................................No Cost
D2930 Prefabricated stainless steel crown - primary tooth ........................................................................................................No Cost
D2931 Prefabricated stainless steel crown - permanent tooth ..................................................................................................No Cost
D2932 Prefabricated resin crown - anterior primary tooth .......................................................................................................No Cost
D2933 Prefabricated stainless steel crown with resin window - anterior primary tooth .........................................................No Cost
D2934 Prefabricated esthetic coated stainless steel crown - primary tooth ..............................................................................No Cost
D2940 Protective restoration ......................................................................................................................................................No Cost
D2950 Core buildup, including any pins when required ..............................................................................................................No Cost
D2951 Pin retention - per tooth, in addition to restoration ........................................................................................................No Cost
D2952 Post and core in addition to crown, indirectly fabricated - includes canal preparation ...............................................................No Cost
D2953 Each additional indirectly fabricated post - same tooth - includes canal preparation ............................................................No Cost
D2954 Prefabricated post and core in addition to crown - base metal post; includes canal preparation ...............................................No Cost
D2957 Each additional prefabricated post - same tooth - base metal post; includes canal preparation ...............................................No Cost
D2960 Labial veneer (resin laminate) - chairside - limited to replacement of significant tooth structure loss due to caries or fracture ............................................................................................................................................No Cost
D2971 Additional procedures to construct new crown under existing partial denture framework .................................................................................................................................................................................................................No Cost
D2980 Crown repair necessitated by restorative material failure ...........................................................................................................No Cost

IV. ENDO-DONTICS

D3110 Pulp cap - direct (excluding final restoration) ....................................................................................................................No Cost
D3120 Pulp cap - indirect (excluding final restoration) ...................................................................................................................No Cost
D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament ..............................................................................................................No Cost
D3221 Pulpal debridement, primary and permanent teeth ...........................................................................................................No Cost
D3222 Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development .........................................................................................................................No Cost
D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) .................................................................No Cost
D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) .................................................................No Cost
D3310 Root canal - endodontic therapy, anterior tooth (excluding final restoration) .................................................................No Cost
D3320 Root canal - endodontic therapy, premolar tooth (excluding final restoration) ......................................................................No Cost
D3330 Root canal - endodontic therapy, molar tooth (excluding final restoration) ........................................................................No Cost
D3331 Treatment of root canal obstruction; non-surgical access ........................................................................................................No Cost
D3332 Incomplete endodontic therapy; inoperable, unerestorable or fractured tooth ....................................................................No Cost
D3333 Internal root repair of perforation defects ..............................................................................................................................No Cost
D3346 Retreatment of previous root canal therapy - anterior .........................................................................................................No Cost
D3347 Retreatment of previous root canal therapy - premolar .........................................................................................................No Cost
D3348 Retreatment of previous root canal therapy - molar ..................................................................................................................No Cost
D3351 Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.) ............................................................................................................................................No Cost
D3352 Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.) ............................................................................................................................................No Cost
D3353 Apexification/recalcification - final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.) ............................................................................................................................................No Cost
D3410 Apicoectomy - anterior ...............................................................................................................................................................No Cost
D3421 Apicoectomy - premolar (first root) ..............................................................................................................................................No Cost
D3425 Apicoectomy - molar (first root) ................................................................................................................................................No Cost
D3426 Apicoectomy (each additional root)........................................................................................................No Cost
D3427 Periradicular surgery without apicoectomy .........................................................................................No Cost
D3430 Retrograde filling - per root ..................................................................................................................No Cost
D3450 Root amputation - per root ..................................................................................................................No Cost
D3920 Hemisection (including any root removal), not including root canal therapy ......................................No Cost

D4000-D4999 V. PERIODONTICS
- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.
- Periodontal regenerative procedures, D4263 D4264, D4266 and D4267, are limited to 1 per site (or per tooth, if applicable).
- Periodontal maintenance copay includes periodontal charting for planning treatment of periodontal disease and periodontal hygiene instruction.
D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant .........................................................................................................................No Cost
D4211 Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant .........................................................................................................................No Cost
D4212 Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth ........................................................................................................................................................................No Cost
D4240 Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant ...........................................................................................................No Cost
D4241 Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant ...........................................................................................................No Cost
D4245 Apically positioned flap ......................................................................................................................No Cost
D4249 Clinical crown lengthening - hard tissue ...............................................................................................No Cost
D4260 Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant .................................................................................No Cost
D4261 Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant .................................................................................No Cost
D4263 Bone replacement graft - retained natural tooth - first site in quadrant .................................................No Cost
D4264 Bone replacement graft - retained natural tooth - each additional site in quadrant ..........................No Cost
D4265 Biologic materials to aid in soft and osseous tissue regeneration ...........................................................No Cost
D4266 Guided tissue regeneration - resorbable barrier, per site ....................................................................No Cost
D4267 Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal) ...........No Cost
D4270 Pedicle soft tissue graft procedure ........................................................................................................No Cost
D4273 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft ..........................................................No Cost
D4274 Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) ......................................................................................No Cost
D4275 Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft ...........................................................................No Cost
D4277 Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft ..............................................................................................No Cost
D4278 Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site ..................................................................................No Cost
D4341 Periodontal scaling and root planing - four or more teeth per quadrant – limited to 4 quadrants during any 12 consecutive months .........................................................................................No Cost
D4342 Periodontal scaling and root planing - one to three teeth per quadrant – limited to 4 quadrants during any 12 consecutive months .........................................................................................No Cost
D4346 Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation – 2 D1110, D1120 or D4346 per 12 month period, or more frequently if medically necessary ...........................................................................................................No Cost
D4355  Full mouth debridement to enable comprehensive evaluation and diagnosis on subsequent visit - limited to 1 treatment per lifetime .................................................................No Cost

D4381  Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth – limited to 8 teeth (or 8 sites, if applicable) per 12 consecutive months.....................................................................................................................No Cost

D4910  Periodontal maintenance - following active periodontal therapy, limited to 4 treatments per calendar year........................................................................................................No Cost

D4910  Additional Periodontal maintenance – (within the calendar year) .................................................................................................................................No Cost

D5000-D5899  VI. PROSTHODONTICS (removable)
- For all listed dentures and partial dentures, Copayment includes 4 after delivery adjustments, 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 36 consecutive months.

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

D5110  Complete denture - maxillary ...............................................................................................................................No Cost

D5120  Complete denture - mandibular ............................................................................................................................No Cost

D5130  Immediate denture - maxillary .............................................................................................................................No Cost

D5140  Immediate denture - mandibular .............................................................................................................................No Cost

D5211  Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) .................................................................No Cost

D5212  Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) .................................................................No Cost

D5213  Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) ...........................................................................................................No Cost

D5214  Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) ...........................................................................................................No Cost

D5221  Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth) .................................................................................................................................No Cost

D5222  Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth) .................................................................................................................................No Cost

D5223  Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) ...........................................................................................................No Cost

D5224  Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) ...........................................................................................................No Cost

D5225  Maxillary partial denture - flexible base (including any clasps, rests and teeth) .................................................................................................................................No Cost

D5226  Mandibular partial denture - flexible base (including any clasps, rests and teeth) .................................................................................................................................No Cost

D5281  Removable unilateral partial denture - one piece cast metal (including clasps and teeth) .................................................................................................................................No Cost

D5410  Adjust complete denture - maxillary .............................................................................................................................No Cost

D5411  Adjust complete denture - mandibular .............................................................................................................................No Cost

D5421  Adjust partial denture - maxillary .............................................................................................................................No Cost

D5422  Adjust partial denture - mandibular .............................................................................................................................No Cost

D5510  Repair broken complete denture base, mandibular .............................................................................................................................No Cost

D5512  Repair broken complete denture base, maxillary .............................................................................................................................No Cost

D5520  Replace missing or broken teeth - complete denture (each tooth) .............................................................................................................................No Cost

D5611  Repair resin partial denture base, mandibular .............................................................................................................................No Cost

D5612  Repair resin partial denture base, maxillary .............................................................................................................................No Cost

D5621  Repair cast partial framework, mandibular .............................................................................................................................No Cost

D5622  Repair cast partial framework, maxillary .............................................................................................................................No Cost

D5630  Repair or replace broken clasp - per tooth .............................................................................................................................No Cost

D5640  Replace broken teeth - per tooth .............................................................................................................................No Cost

D5650  Add tooth to existing partial denture .............................................................................................................................No Cost

D5660  Add clasp to existing partial denture - per tooth .............................................................................................................................No Cost

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D5670 Replace all teeth and acrylic on cast metal framework (maxillary) ................................................................. No Cost
D5671 Replace all teeth and acrylic on cast metal framework (mandibular) ................................................................. No Cost
D5710 Rebase complete maxillary denture .................................................................................................................... No Cost
D5711 Rebase complete mandibular denture ................................................................................................................ No Cost
D5720 Rebase maxillary partial denture ........................................................................................................................ No Cost
D5721 Rebase mandibular partial denture .................................................................................................................... No Cost
D5730 Reline complete maxillary denture (chairside) ................................................................................................ No Cost
D5731 Reline complete mandibular denture (chairside) ................................................................................................. No Cost
D5740 Reline maxillary partial denture (chairside) ........................................................................................................ No Cost
D5741 Reline mandibular partial denture (chairside) .................................................................................................... No Cost
D5750 Reline complete maxillary denture (laboratory) ................................................................................................. No Cost
D5751 Reline complete mandibular denture (laboratory) ............................................................................................... No Cost
D5760 Reline maxillary partial denture (laboratory) .................................................................................................... No Cost
D5761 Reline mandibular partial denture (laboratory) ................................................................................................. No Cost
D5810 Interim complete denture (maxillary) ................................................................................................................. No Cost
D5811 Interim complete denture (mandibular) ............................................................................................................... No Cost
D5820 Interim partial denture (maxillary) - limited to 1 in any 5 years ........................................................................ No Cost
D5821 Interim partial denture (mandibular) - limited to 1 in any 5 years ................................................................. No Cost
D5850 Tissue conditioning, maxillary ......................................................................................................................... No Cost
D5851 Tissue conditioning, mandibular ...................................................................................................................... No Cost
D5862 Precision attachment, by report ....................................................................................................................... No Cost

**VII. MAXILLOFACIAL PROSTHETICS - Not Covered**

**VIII. IMPLANT SERVICES**

- When there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional $125.00 per crown, beyond the 6th unit.

- Replacement of crowns, bridges and implant supported dentures requires the existing restoration to be 5+ years old.

* Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed $150.00 in addition to the listed Copayment. Refer to Limitation of Benefits #4 for additional information.

D6058 Abutment supported porcelain/ceramic crown ............................................................................................... No Cost
D6059 Abutment supported porcelain fused to metal crown (high noble metal) .................................................. No Cost
D6060 Abutment supported porcelain fused to metal crown (predominantly base metal) ..................................... No Cost
D6061 Abutment supported porcelain fused to metal crown (noble metal) ............................................................ No Cost
D6062 Abutment supported cast metal crown (high noble metal) ......................................................................... No Cost
D6063 Abutment supported cast metal crown (predominantly base metal) ............................................................. No Cost
D6064 Abutment supported cast metal crown (noble metal) .................................................................................... No Cost
D6065 Implant supported porcelain/ceramic crown ................................................................................................. No Cost
D6066 Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal) ................. No Cost
D6067 Implant supported metal crown (titanium, titanium alloy, high noble metal) ............................................... No Cost
D6068 Abutment supported retainer for porcelain/ceramic FPD ............................................................................ No Cost
D6069 Abutment supported retainer for porcelain fused to metal FPD (high noble metal) No Cost
D6070 Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) ..................... No Cost
D6071 Abutment supported retainer for porcelain fused to metal FPD (noble metal) ................................................ No Cost
D6072 Abutment supported retainer for cast metal FPD (high noble metal) ............................................................. No Cost
D6073 Abutment supported retainer for cast metal FPD (predominantly base metal) .............................................. No Cost
D6074 Abutment supported retainer for cast metal FPD (noble metal) .................................................................. No Cost
D6075 Implant supported retainer for ceramic FPD ............................................................................................... No Cost
D6076 Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal) No Cost

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<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td>D6200</td>
<td>Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)</td>
<td>No Cost</td>
</tr>
<tr>
<td>D6081</td>
<td>Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure</td>
<td>No Cost</td>
</tr>
<tr>
<td>D6085</td>
<td>Provisional implant crown</td>
<td>No Cost</td>
</tr>
<tr>
<td>D6092</td>
<td>Re-cement or re-bond implant/abutment supported crown</td>
<td>No Cost</td>
</tr>
<tr>
<td>D6093</td>
<td>Re-cement or re-bond implant/abutment supported fixed partial denture</td>
<td>No Cost</td>
</tr>
<tr>
<td>D6094</td>
<td>Abutment supported crown - (titanium)</td>
<td>No Cost</td>
</tr>
<tr>
<td>D6109</td>
<td>Pontic supported fixed denture for edentulous arch - maxillary</td>
<td>No Cost</td>
</tr>
<tr>
<td>D6111</td>
<td>Implant /abutment supported removable denture for edentulous arch – mandibular</td>
<td>No Cost</td>
</tr>
<tr>
<td>D6112</td>
<td>Implant /abutment supported removable denture for partially edentulous arch – maxillary</td>
<td>No Cost</td>
</tr>
<tr>
<td>D6113</td>
<td>Implant /abutment supported removable denture for partially edentulous arch – mandibular</td>
<td>No Cost</td>
</tr>
<tr>
<td>D6114</td>
<td>Implant /abutment supported fixed denture for edentulous arch – maxillary</td>
<td>No Cost</td>
</tr>
<tr>
<td>D6115</td>
<td>Implant /abutment supported fixed denture for edentulous arch – mandibular</td>
<td>No Cost</td>
</tr>
<tr>
<td>D6116</td>
<td>Implant /abutment supported fixed denture for partially edentulous arch – maxillary</td>
<td>No Cost</td>
</tr>
<tr>
<td>D6117</td>
<td>Implant /abutment supported fixed denture for partially edentulous arch – mandibular</td>
<td>No Cost</td>
</tr>
<tr>
<td>D6194</td>
<td>Abutment supported retainer crown for FPD (titanium)</td>
<td>No Cost</td>
</tr>
</tbody>
</table>

**IX. PROSTHODONTICS, fixed**

(each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])

- When a retainer crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional $125.00 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.

* Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed $150.00 in addition to the listed Copayment. Refer to Limitation of Benefits #4 for additional information.

- D6210 Pontic - cast high noble metal
- D6211 Pontic - cast predominantly base metal
- D6212 Pontic - cast noble metal
- D6214 Pontic - titanium
- D6240 Pontic - porcelain fused to high noble metal
- D6241 Pontic - porcelain fused to predominantly base metal
- D6242 Pontic - porcelain fused to noble metal
- D6245 Pontic - porcelain/ceramic
- D6250 Pontic - resin with high noble metal
- D6251 Pontic - resin with predominantly base metal
- D6252 Pontic - resin with noble metal
- D6253 Provisional pontic - further treatment or completion of diagnosis necessary prior to final impression
- D6545 Retainer - cast metal for resin bonded fixed prosthesis
- D6600 Retainer inlay - porcelain/ceramic, two surfaces
- D6601 Retainer inlay - porcelain/ceramic, three or more surfaces
- D6602 Retainer inlay - cast high noble metal, two surfaces
- D6603 Retainer inlay - cast high noble metal, three or more surfaces
- D6604 Retainer inlay - cast predominantly base metal, two surfaces
- D6605 Retainer inlay - cast predominantly base metal, three or more surfaces
- D6606 Retainer inlay - cast noble metal, two surfaces
- D6607 Retainer inlay - cast noble metal, three or more surfaces
- D6608 Retainer onlay - porcelain/ceramic, two surfaces
D6950 Precision attachment ....................................................................................................................................No Cost
D6794 Retainer crown - titanium ................................................................................................................................No Cost
D6791 Retainer crown - full cast predominantly base metal ..................................................................................No Cost
D6790 Retainer crown - full cast high noble metal ..................................................................................................No Cost
D6783 Retainer crown - ¾ porcelain/ceramic .........................................................................................................No Cost
D6782 Retainer crown - ¾ cast noble metal ............................................................................................................No Cost
D6781 Retainer crown - ¾ cast predominantly base metal .....................................................................................No Cost
D6722 Retainer crown - resin with noble metal ......................................................................................................No Cost
D6740 Retainer crown - porcelain/ceramic .............................................................................................................No Cost
D6750 Retainer crown - porcelain fused to high noble metal ..................................................................................No Cost
D6751 Retainer crown - porcelain fused to predominantly base metal .....................................................................No Cost
D6752 Retainer crown - porcelain fused to noble metal ........................................................................................No Cost
D6780 Retainer crown - ¼ cast high noble metal ....................................................................................................No Cost
D6781 Retainer crown - ¼ cast predominantly base metal ......................................................................................No Cost
D6782 Retainer crown - ¼ cast noble metal ............................................................................................................No Cost
D6783 Retainer crown - ¼ porcelain/ceramic ..........................................................................................................No Cost
D6790 Retainer crown - full cast high noble metal ................................................................................................No Cost
D6791 Retainer crown - full cast predominantly base metal ..................................................................................No Cost
D6792 Retainer crown - full cast noble metal ..........................................................................................................No Cost
D6794 Retainer crown - titanium ..........................................................................................................................No Cost
D6930 Re-cement or re-bond fixed partial denture .................................................................................................No Cost
D6950 Precision attachment ....................................................................................................................................No Cost

**D7000-D7999  X. ORAL AND MAXILLOFACIAL SURGERY**

- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.
- Extractions solely for orthodontic purposes are not covered.

D7111 Extraction, coronal remnants - primary tooth..............................................................................................No Cost
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)..............................................No Cost
D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated ..................................................................................................................No Cost
D7220 Removal of impacted tooth - soft tissue ........................................................................................................No Cost
D7230 Removal of impacted tooth - partially bony ................................................................................................No Cost
D7240 Removal of impacted tooth - completely bony ............................................................................................No Cost
D7241 Removal of impacted tooth - completely bony, with unusual surgical complications.................................................No Cost
D7250 Removal of residual tooth roots (cutting procedure) ....................................................................................No Cost
D7251 Coronectomy - intentional partial tooth removal ..........................................................................................No Cost
D7260 Oroantral fistula closure ...............................................................................................................................No Cost
D7261 Primary closure of a sinus perforation ...........................................................................................................No Cost
D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth ....................................No Cost
D7280 Exposure of an unerupted tooth .....................................................................................................................No Cost
D7283 Placement of device to facilitate eruption of impacted tooth .........................................................................No Cost
D7285 Incisional biopsy of oral tissue-hard (bone, tooth)...........................................................................................No Cost
D7286 Incisional biopsy of oral tissue - soft - does not include pathology laboratory procedures ......................................No Cost
D7287 Exfoliative cytological sample collection .......................................................................................................No Cost
D7288 Brush biopsy - transepithelial sample collection .............................................................................................No Cost
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>D7310</td>
<td>Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant</td>
<td>No Cost</td>
</tr>
<tr>
<td>D7311</td>
<td>Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant</td>
<td>No Cost</td>
</tr>
<tr>
<td>D7320</td>
<td>Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant</td>
<td>No Cost</td>
</tr>
<tr>
<td>D7321</td>
<td>Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant</td>
<td>No Cost</td>
</tr>
<tr>
<td>D7450</td>
<td>Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm</td>
<td>No Cost</td>
</tr>
<tr>
<td>D7451</td>
<td>Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm</td>
<td>No Cost</td>
</tr>
<tr>
<td>D7471</td>
<td>Removal of lateral exostosis (maxilla or mandible)</td>
<td>No Cost</td>
</tr>
<tr>
<td>D7472</td>
<td>Removal of torus palatinus</td>
<td>No Cost</td>
</tr>
<tr>
<td>D7473</td>
<td>Removal of torus mandibularis</td>
<td>No Cost</td>
</tr>
<tr>
<td>D7485</td>
<td>Reduction of osseous tuberosity</td>
<td>No Cost</td>
</tr>
<tr>
<td>D7510</td>
<td>Incision and drainage of abscess - intraoral soft tissue</td>
<td>No Cost</td>
</tr>
<tr>
<td>D7511</td>
<td>Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)</td>
<td>No Cost</td>
</tr>
<tr>
<td>D7520</td>
<td>Incision and drainage of abscess - extraoral soft tissue</td>
<td>No Cost</td>
</tr>
<tr>
<td>D7521</td>
<td>Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)</td>
<td>No Cost</td>
</tr>
<tr>
<td>D7880</td>
<td>Occlusal orthotic device, by report – limited to 1 per 24 months, only covered in conjunction with Temporomandibular Joint (TMJ) treatment</td>
<td>No Cost</td>
</tr>
<tr>
<td>D7910</td>
<td>Suture of recent small wounds up to 5 cm</td>
<td>No Cost</td>
</tr>
<tr>
<td>D7960</td>
<td>Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure</td>
<td>No Cost</td>
</tr>
<tr>
<td>D7963</td>
<td>Frenuloplasty</td>
<td>No Cost</td>
</tr>
</tbody>
</table>

**D8000-D8999 XI. ORTHODONTICS**
- The listed Copayment for orthodontic treatment covers up to 24 months of active treatment.
- The Retention Copayment includes adjustments and/or office visits up to 24 months.
- Treatment plans extending beyond 24 months of active treatment, or 24 months of the retention phase of treatment will be subject to a monthly office visit fee to the Enrollee at the Orthodontist's usual fee.

**Pre and post orthodontic records include:**
*The benefit for pre-treatment records and diagnostic services includes:* ............................................ No Cost

- **D0210** Intraoral - complete series of radiographic images
- **D0322** Tomographic survey
- **D0330** Panoramic radiographic image
- **D0340** 2D cephalometric radiographic image
- **D0350** 2D oral/facial photographic image obtained intra-orally or extra-orally
- **D0351** 3D photographic image
- **D0470** Diagnostic casts

*The benefit for post-treatment records includes:* ................................................................................. No Cost

- **D0210** Intraoral - complete series of radiographic images
- **D0470** Diagnostic casts

- **D8050** Interceptive orthodontic treatment of the primary dentition ................................................. No Cost
- **D8060** Interceptive orthodontic treatment of the transitional dentition ........................................... No Cost
- **D8070** Comprehensive orthodontic treatment of the transitional dentition - child or
adolescent to age 19............................................................................................................................No Cost

D8080 Comprehensive orthodontic treatment of the adolescent dentition - adolescent to age 19............................................................................................................................No Cost

D8090 Comprehensive orthodontic treatment of the adult dentition - adults, including covered dependent adult children.................................................................................................................No Cost

D8210 Removable appliance therapy .........................................................................................................No Cost

D8220 Fixed appliance therapy ....................................................................................................................No Cost

D8660 Pre-orthodontic treatment examination to monitor growth and development ............................................................No Cost

D8670 Periodic orthodontic treatment visit - included in comprehensive case fee ............................................No Cost

D8680 Orthodontic retention (removal of appliances, construction and placement of removable retainers) .............................................................................................................................No Cost

D8681 Removable orthodontic retainer adjustment ..............................................................................................No Cost

D8693 Re-cement or re-bond fixed retainer ........................................................................................................No Cost

D8999 Unspecified orthodontic procedure, by report - includes treatment planning session ..............................................No Cost

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

D9110 Palliative (emergency) treatment of dental pain - minor procedure ..............................................................................No Cost

D9120 Fixed partial denture sectioning .......................................................................................................................No Cost

D9211 Regional block anesthesia ...............................................................................................................................No Cost

D9212 Trigeminal division block anesthesia .......................................................................................................................No Cost

D9215 Local anesthesia in conjunction with operative or surgical procedures ..............................................................No Cost

D9222 Deep sedation/general anesthesia – first 15 minutes ..............................................................................................No Cost

D9223 Deep sedation/general anesthesia - each subsequent 15 minute increment .................................................................No Cost

D9239 Intravenous moderate (conscious) sedation/analgesia - first 15 minutes ..............................................................No Cost

D9243 Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment ...........................No Cost

D9311 Consultation with medical health care professional ..............................................................................................No Cost

D9310 Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician ..............................................................................................................................No Cost

D9311 Consultation with medical health care professional ..............................................................................................No Cost

D9430 Office visit for observation (during regularly scheduled hours) - no other services performed ....................................No Cost

D9440 Office visit - after regularly scheduled hours ........................................................................................................No Cost

D9450 Case presentation, detailed and extensive treatment planning ......................................................................................No Cost

D9460 Therapeutic parenteral drug, single administration ......................................................................................No Cost

D9461 Therapeutic parenteral drugs, two or more administrations, different medications ......................................................No Cost

D9630 Drugs or medicaments dispensed in the office for home use ..............................................................................No Cost

D9630 Drugs or medicaments dispensed in the office for home use ..............................................................................No Cost

D9640 Occlusal adjustment, complete ..........................................................................................................................No Cost

D9670 Periodic orthodontic treatment visit - included in comprehensive case fee ............................................No Cost

D9680 Orthodontic retention (removal of appliances, construction and placement of removable retainers) .............................................................................................................................No Cost

D9681 Removable orthodontic retainer adjustment ........................................................................................................No Cost

D9693 Re-cement or re-bond fixed retainer ...........................................................................................................No Cost

D9700 Occlusal adjustment, limited ..........................................................................................................................No Cost

D9705 External bleaching for home application, per arch; includes materials and fabrication of custom trays - limited to one bleaching tray and gel for two weeks of self-treatment ..............................................................................................................................No Cost

D9750 Office visit for observation (during regularly scheduled hours) - no other services performed ....................................No Cost

D9940 Occlusal guard, by report - limited to 1 per 24 months .................................................................................................No Cost

D9941 Fabrication of athletic mouthguard – limited to 1 per 12 month period .................................................................No Cost

D9942 Repair and/or reline of occlusal guard .......................................................................................................................No Cost

D9950 Office visit, for observation (during regularly scheduled hours) ......................................................................................No Cost

D9951 Occlusal adjustment, limited ..........................................................................................................................No Cost

D9952 Occlusal adjustment, complete ..........................................................................................................................No Cost

D9955 Occlusal adjustment, limited ..........................................................................................................................No Cost

D9956 Occlusal adjustment, complete ..........................................................................................................................No Cost

D9975 External bleaching for home application, per arch; includes materials and fabrication of custom trays - limited to one bleaching tray and gel for two weeks of self-treatment ..............................................................................................................................No Cost

D9987 Canceled appointment - without 24 hour notice .................................................................................................No Cost

D9991 Dental case management - addressing appointment compliance barriers ........................................................................No Cost

D9992 Dental case management - care coordination ........................................................................................................No Cost

D9993 Dental case management – motivational interviewing ..........................................................................................No Cost

D9994 Dental case management – patient education to improve oral health literacy ........................................................................No Cost

D9995 Teledentistry – synchronous; real-time encounter ........................................................................................................No Cost

D9996 Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review ..............................................................................................................................No Cost
If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide Specialist Services, and are referred by the assigned Contract Dentist, must be authorized by Delta Dental. The Enrollee pays the Copayment specified for such services.
SCHEDULE B
Limitations of Benefits

1. The frequency of certain Benefits is limited. All frequency limitations are listed in Schedule A, Description of Benefits and Copayments.

2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional $125.00 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. Contract Dentists may offer services that utilize brand or trade names at an additional fee. The Enrollee must be offered the plan benefits of a high quality laboratory processed crown/pontic that may include: porcelain/ceramic; porcelain with base, noble or high-noble metal. If the Enrollee chooses the alternative of a material upgrade (name brand laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials, including but not limited to: Captek, Procera, Lava, Empress and Cerec) the Contract Dentist may charge an additional fee not to exceed $150.00 in addition to the listed Copayment. Contact the Customer Service department at 800-422-4234 if you have questions regarding the additional fee or name brand services.

5. 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 Delta Dental, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.

6. 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.

7. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Delta Dental is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

Exclusions of Benefits

1. Any procedure that is not specifically listed under Schedule A, Description of Benefits and Copayments.

2. Any procedure that in the professional opinion of the Contract Dentist:
   a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or
   b. is inconsistent with generally accepted standards for dentistry.

3. Services solely for cosmetic purposes, with the exception of procedure D9975 (External bleaching for home application, per arch), or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.

4. Implant, implant supported crowns and appliances, porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).

6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).

7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.

8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant, unless listed as a covered benefit.


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.