



## Using your plan

### Welcome to DeltaCare USA

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

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

2034-0005	Enhanced
2034-0006	Enhanced Direct Pay
2034-0007	Enhanced Cobra
2034-0008	Enhanced Retiree

#### Quality

- Extensive benefits for you and your family
- No restrictions on pre-existing conditions, except for work in progress
- Large, stable network of dentists, so you can enjoy a long-term relationship with your dentist

#### Convenience

- No claim forms to complete
- Easy access to specialty care
- Expanded business hours for toll-free customer service, from 5 a.m. to 6 p.m., Pacific time

#### Cost savings

- No deductibles
- Out-of-pocket costs are clearly defined
- Out-of-area dental emergency coverage up to \$100 per emergency
- No annual or lifetime dollar maximum

## "What if I have questions about my DeltaCare USA Program?"

### **Eligibility for you and your family**

If you meet your group's eligibility requirements for dental coverage, you can enroll in the DeltaCare USA program. You may also enroll eligible dependents, including your spouse or registered domestic partner and unmarried children (which includes natural, step, legally adopted and/or foster children to the age of 23). Contact your benefits administrator if you have any questions.

### **Easy enrollment**

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

### **How your DeltaCare USA program works**

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

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

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

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

### **Provisions for emergency care**

Under your DeltaCare USA program, you and your eligible dependents are covered for out-of-network dental emergencies. Your program pays up to \$100 under the [Enhanced Plan](#) for out-of-network emergency dental expenses per emergency for each enrollee.

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

You must receive treatment from your selected DeltaCare USA contract dentist. Please note that Delta Dental dentists are not necessarily DeltaCare USA dentists. With more than 3,800 general and specialist dentists, the DeltaCare USA network is one of the largest dental networks in California.

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

Under the [Enhanced Plan](#), you and your eligible dependents have the option to receive care from the same contract dentist, or if you prefer, you may collectively select up to a maximum of three individual contract dental facilities to meet individual needs within your family.

### **Can I change my contract dentist?**

You may change contract dentists by notifying us either by phone or in writing, or by visiting our web site ([www.deltadentalca.org/csu](http://www.deltadentalca.org/csu)). If you contact us by the 21st of the month, the change will become effective the first of the following month.

### **How do I know DeltaCare USA dentists provide quality care?**

DeltaCare USA dentists are reviewed for quality, availability and safety before joining the panel. Delta Dental maintains quality standards by visiting each contract dental facility every three months.

### **How are DeltaCare USA dentists compensated?**

A contract dentist is compensated by Delta Dental through monthly capitation (an amount based on the number of enrollees assigned to the dentist), and by enrollees through required copayments for treatment received. A contract specialist is compensated by Delta Dental through an agreed-upon amount for each covered procedure, less the applicable copayment paid by the enrollee. In no event does Delta Dental pay a contract dentist or a specialist any incentive as an inducement to deny, reduce, limit or delay any appropriate treatment. You may obtain further information concerning compensation by calling Delta Dental's Customer Service department at 800-422-4234.

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

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

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

Treatment for pre-existing conditions, such as extracted teeth, is covered under the DeltaCare USA program. However, benefits are not provided for any dental treatment started before joining the program (that is, work in progress, such as preparations for crowns, root canals and impressions for dentures).

### **I have treatment in progress. What should I do?**

You must continue treatment through the provider who started your work. The provider is required to complete the treatment at the original agreed upon fee. As much as possible, please plan to start and conclude treatment under your current provider prior to your DeltaCare USA effective date. All future treatment must be provided by your assigned DeltaCare USA provider.

Any expense related to the completion of work in progress is not a benefit under the DeltaCare USA program.

### **How does the DeltaCare USA program encourage preventive care?**

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

### **Does my DeltaCare USA program cover specialists' services?**

Your contract dentist will coordinate your specialty care needs for oral surgery, endodontics, periodontics or pediatric dentistry with an approved contract specialist. If there is no contract specialist within your service area, a referral to an out-of-network specialist will be authorized at no extra cost, other than the applicable copayment. If you or your dependent is assigned to a dental school clinic for specialty services, those services may be provided by a dentist, a dental student, a clinician or a dental instructor.

### **What if I have questions about my DeltaCare USA program?**

Call Delta Dental Customer Service at 800-422-4234. We have multilingual representatives available from 5 a.m. to 6 p.m. Pacific time, Monday through Friday. Our Customer Service representatives have worked in dental facilities and can answer benefits questions, as well as arrange facility transfers and urgent care referrals.

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

## SCHEDULE A

## Description of Benefits and Copayments

The benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the program. Please refer to *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>
<b>D0100-D0999 I. DIAGNOSTIC</b>		
D0120	Periodic oral evaluation - established patient .....	No Cost
D0140	Limited oral evaluation - problem focused .....	No Cost
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver.....	No Cost
D0150	Comprehensive oral evaluation - new or established patient .....	No Cost
D0160	Detailed and extensive oral evaluation - problem focused, by report.....	No Cost
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit) .....	No Cost
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
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
D0330	Panoramic film .....	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
<b>D1000-D1999 II. PREVENTIVE</b>		
D1110	Prophylaxis <i>cleaning</i> - adult - <i>1 per 6 month period</i> .....	No Cost
D1120	Prophylaxis <i>cleaning</i> - child - <i>1 per 6 month period</i> .....	No Cost
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
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.....	\$55.00
D1515	Space maintainer - fixed - bilateral .....	\$55.00
D1520	Space maintainer - removable - unilateral.....	\$55.00
D1525	Space maintainer - removable - bilateral.....	\$55.00
D1550	Re-cementation of space maintainer.....	\$10.00
D1555	Removal of fixed space maintainer .....	\$10.00

**D2000-D2999 III. RESTORATIVE**

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

D2140	Amalgam - one surface, primary or permanent .....	\$20.00
D2150	Amalgam - two surfaces, primary or permanent .....	\$22.00
D2160	Amalgam - three surfaces, primary or permanent .....	\$24.00
D2161	Amalgam - four or more surfaces, primary or permanent .....	\$26.00
D2330	Resin-based composite - one surface, anterior.....	\$21.00
D2331	Resin-based composite - two surfaces, anterior .....	\$26.00
D2332	Resin-based composite - three surfaces, anterior.....	\$30.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior) .....	\$35.00
D2390	Resin-based composite crown, anterior .....	\$50.00
D2391	Resin-based composite - one surface, posterior.....	\$45.00
D2392	Resin-based composite - two surfaces, posterior .....	\$50.00
D2393	Resin-based composite - three surfaces, posterior.....	\$55.00
D2394	Resin-based composite - four or more surfaces, posterior .....	\$65.00
D2510	Inlay - metallic - one surface <sup>1,2</sup> .....	\$180.00
D2520	Inlay - metallic - two surfaces <sup>1,2</sup> .....	\$190.00
D2530	Inlay - metallic - three or more surfaces <sup>1,2</sup> .....	\$200.00
D2542	Onlay - metallic - two surfaces <sup>1,2</sup> .....	\$196.00
D2543	Onlay - metallic - three surfaces <sup>1,2</sup> .....	\$206.00
D2544	Onlay - metallic - four or more surfaces <sup>1,2</sup> .....	\$212.00
D2610	Inlay - porcelain/ceramic - one surface <sup>2,3</sup> .....	\$245.00
D2620	Inlay - porcelain/ceramic - two surfaces <sup>2,3</sup> .....	\$265.00
D2630	Inlay - porcelain/ceramic - three or more surfaces <sup>2,3</sup> .....	\$280.00
D2642	Onlay - porcelain/ceramic - two surfaces <sup>2,3</sup> .....	\$280.00
D2643	Onlay - porcelain/ceramic - three surfaces <sup>2,3</sup> .....	\$300.00
D2644	Onlay - porcelain/ceramic - four or more surfaces <sup>2,3</sup> .....	\$325.00
D2650	Inlay - resin-based composite - one surface <sup>2,3</sup> .....	\$150.00
D2651	Inlay - resin-based composite - two surfaces <sup>2,3</sup> .....	\$190.00
D2652	Inlay - resin-based composite - three or more surfaces <sup>2,3</sup> .....	\$220.00
D2662	Onlay - resin-based composite - two surfaces <sup>2,3</sup> .....	\$230.00
D2663	Onlay - resin-based composite - three surfaces <sup>2,3</sup> .....	\$245.00
D2664	Onlay - resin-based composite - four or more surfaces <sup>2,3</sup> .....	\$275.00
D2710	Crown - resin-based composite (indirect) <sup>2,3</sup> .....	\$120.00
D2712	Crown - ¾ resin-based composite (indirect) <sup>2,3</sup> .....	\$120.00
D2720	Crown - resin with high noble metal <sup>2,3</sup> .....	\$325.00
D2721	Crown - resin with predominantly base metal <sup>2,3</sup> .....	\$225.00
D2722	Crown - resin with noble metal <sup>2,3</sup> .....	\$225.00
D2740	Crown - porcelain/ceramic substrate <sup>2,3</sup> .....	\$225.00
D2750	Crown - porcelain fused to high noble metal <sup>2,3</sup> .....	\$325.00
D2751	Crown - porcelain fused to predominantly base metal <sup>2,3</sup> .....	\$225.00
D2752	Crown - porcelain fused to noble metal <sup>2,3</sup> .....	\$225.00
D2780	Crown - ¾ cast high noble metal <sup>2</sup> .....	\$325.00
D2781	Crown - ¾ cast predominantly base metal <sup>2</sup> .....	\$225.00
D2782	Crown - ¾ cast noble metal <sup>2</sup> .....	\$225.00
D2790	Crown - full cast high noble metal <sup>2</sup> .....	\$325.00
D2791	Crown - full cast predominantly base metal <sup>2</sup> .....	\$225.00
D2792	Crown - full cast noble metal <sup>2</sup> .....	\$225.00
D2794	Crown - titanium .....	\$325.00
D2910	Recement inlay, onlay or partial coverage restoration .....	\$10.00
D2915	Recement cast or prefabricated post and core .....	\$10.00
D2920	Recement crown .....	\$10.00
D2930	Prefabricated stainless steel crown - primary tooth .....	\$55.00
D2931	Prefabricated stainless steel crown - permanent tooth .....	\$55.00
D2932	Prefabricated resin crown - anterior primary tooth .....	\$65.00
D2933	Prefabricated stainless steel crown with resin window - anterior primary tooth .....	\$55.00
D2940	Sedative filling .....	\$16.00
D2950	Core buildup, including any pins .....	\$20.00
D2951	Pin retention - per tooth, in addition to restoration.....	\$20.00
D2952	Post and core in addition to crown, indirectly fabricated - includes canal preparation <sup>1</sup> .....	\$20.00

D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i> <sup>1</sup> .....	\$20.00
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> .....	\$20.00
D2970	Temporary crown (fractured tooth) - <i>palliative treatment only</i> .....	\$15.00
D2971	Additional procedures to construct new crown under existing partial denture framework.....	\$45.00
D2980	Crown repair, by report .....	\$20.00

**D3000-D3999 IV. ENDODONTICS**

D3110	Pulp cap - direct (excluding final restoration) .....	\$12.00
D3120	Pulp cap - indirect (excluding final restoration) .....	\$12.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament .....	\$16.00
D3221	Pulpal debridement, primary and permanent teeth .....	\$28.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration).....	\$28.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration).....	\$28.00
D3310	<i>Root canal</i> - anterior (excluding final restoration) <sup>4</sup> .....	\$60.00
D3320	<i>Root canal</i> - bicuspid (excluding final restoration) <sup>4</sup> .....	\$120.00
D3330	<i>Root canal</i> - molar (excluding final restoration) <sup>4</sup> .....	\$180.00
D3346	Retreatment of previous root canal therapy - anterior <sup>4</sup> .....	\$80.00
D3347	Retreatment of previous root canal therapy - bicuspid <sup>4</sup> .....	\$140.00
D3348	Retreatment of previous root canal therapy - molar <sup>4</sup> .....	\$200.00
D3410	Apicoectomy/periradicular surgery - anterior <sup>4</sup> .....	\$100.00
D3421	Apicoectomy/periradicular surgery - bicuspid (first root) <sup>4</sup> .....	\$100.00
D3425	Apicoectomy/periradicular surgery - molar (first root) <sup>4</sup> .....	\$100.00
D3426	Apicoectomy/periradicular surgery (each additional root) <sup>4</sup> .....	\$50.00
D3430	Retrograde filling - per root <sup>4</sup> .....	\$50.00
D3450	Root amputation, per root - <i>not covered in conjunction with a hemisection</i> <sup>4</sup> .....	\$60.00

**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 .....	\$175.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant.....	\$35.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant .....	\$150.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant .....	\$150.00
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant .....	\$300.00
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant .....	\$300.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i> .....	\$45.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i> .....	\$45.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis - <i>limited to 1 treatment in any 12 consecutive months</i> .....	\$45.00
D4910	Periodontal maintenance - <i>limited to 1 treatment each 6 month period</i> .....	\$36.00

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

D5110	Complete denture - maxillary <sup>5,6</sup> .....	\$250.00
D5120	Complete denture - mandibular <sup>5,6</sup> .....	\$250.00
D5130	Immediate denture - maxillary <sup>5,6</sup> .....	\$325.00
D5140	Immediate denture - mandibular <sup>5,6</sup> .....	\$325.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) <sup>5,6</sup> .....	\$270.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) <sup>5,6</sup> .....	\$270.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) <sup>5,6</sup> .....	\$295.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) <sup>5,6</sup> .....	\$295.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth) <sup>5,6</sup> .....	\$345.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth) <sup>5,6</sup> .....	\$345.00
D5410	Adjust complete denture - maxillary <sup>6</sup> .....	\$10.00

D5411	Adjust complete denture - mandibular <sup>6</sup>	\$10.00
D5421	Adjust partial denture - maxillary <sup>6</sup>	\$10.00
D5422	Adjust partial denture - mandibular <sup>6</sup>	\$10.00
D5510	Repair broken complete denture base	\$25.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$10.00
D5610	Repair resin denture base	\$25.00
D5620	Repair cast framework	\$25.00
D5630	Repair or replace broken clasp	\$25.00
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
D5710	Rebase complete maxillary denture <sup>7</sup>	\$50.00
D5711	Rebase complete mandibular denture <sup>7</sup>	\$50.00
D5720	Rebase maxillary partial denture <sup>7</sup>	\$50.00
D5721	Rebase mandibular partial denture <sup>7</sup>	\$50.00
D5730	Reline complete maxillary denture (chairside) <sup>7</sup>	\$30.00
D5731	Reline complete mandibular denture (chairside) <sup>7</sup>	\$30.00
D5740	Reline maxillary partial denture (chairside) <sup>7</sup>	\$30.00
D5741	Reline mandibular partial denture (chairside) <sup>7</sup>	\$30.00
D5750	Reline complete maxillary denture (laboratory) <sup>7</sup>	\$50.00
D5751	Reline complete mandibular denture (laboratory) <sup>7</sup>	\$50.00
D5760	Reline maxillary partial denture (laboratory) <sup>7</sup>	\$50.00
D5761	Reline mandibular partial denture (laboratory) <sup>7</sup>	\$50.00
D5820	Interim partial denture (maxillary) - <i>limited to initial placement of interim partial denture /stayplate to replace extracted anterior teeth during healing</i> <sup>6</sup>	No Cost
D5821	Interim partial denture (mandibular) - <i>limited to initial placement of interim partial denture /stayplate to replace extracted anterior teeth during healing</i> <sup>6</sup>	No Cost
D5850	Tissue conditioning, maxillary <sup>6,7</sup>	\$25.00
D5851	Tissue conditioning, mandibular <sup>6,7</sup>	\$25.00

**D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered****D6000-D6199 VIII. IMPLANT SERVICES - Not Covered****D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])**

D6210	Pontic - cast high noble metal <sup>8</sup>	\$325.00
D6211	Pontic - cast predominantly base metal <sup>8</sup>	\$225.00
D6212	Pontic - cast noble metal <sup>8</sup>	\$225.00
D6240	Pontic - porcelain fused to high noble metal <sup>3,8</sup>	\$325.00
D6241	Pontic - porcelain fused to predominantly base metal <sup>3,8</sup>	\$225.00
D6242	Pontic - porcelain fused to noble metal <sup>3,8</sup>	\$225.00
D6245	Pontic - porcelain/ceramic <sup>3,8</sup>	\$325.00
D6250	Pontic - resin with high noble metal <sup>3,8</sup>	\$325.00
D6251	Pontic - resin with predominantly base metal <sup>3,8</sup>	\$225.00
D6252	Pontic - resin with noble metal <sup>3,8</sup>	\$225.00
D6600	Inlay - porcelain/ceramic, two surfaces <sup>3,8</sup>	\$325.00
D6601	Inlay - porcelain/ceramic, three or more surfaces <sup>3,8</sup>	\$335.00
D6602	Inlay - cast high noble metal, two surfaces <sup>1,8</sup>	\$190.00
D6603	Inlay - cast high noble metal, three or more surfaces <sup>1,8</sup>	\$200.00
D6604	Inlay - cast predominantly base metal, two surfaces <sup>8</sup>	\$190.00
D6605	Inlay - cast predominantly base metal, three or more surfaces <sup>8</sup>	\$200.00
D6606	Inlay - cast noble metal, two surfaces <sup>8</sup>	\$190.00
D6607	Inlay - cast noble metal, three or more surfaces <sup>8</sup>	\$200.00
D6608	Onlay - porcelain/ceramic, two surfaces <sup>3,8</sup>	\$325.00
D6609	Onlay - porcelain/ceramic, three or more surfaces <sup>3,8</sup>	\$335.00
D6610	Onlay - cast high noble metal, two surfaces <sup>1,8</sup>	\$206.00
D6611	Onlay - cast high noble metal, three or more surfaces <sup>1,8</sup>	\$206.00
D6612	Onlay - cast predominantly base metal, two surfaces <sup>8</sup>	\$206.00
D6613	Onlay - cast predominantly base metal, three or more surfaces <sup>8</sup>	\$206.00
D6614	Onlay - cast noble metal, two surfaces <sup>8</sup>	\$206.00
D6615	Onlay - cast noble metal, three or more surfaces <sup>8</sup>	\$206.00
D6720	Crown - resin with high noble metal <sup>3,8</sup>	\$325.00

D6721	Crown - resin with predominantly base metal <sup>3,8</sup> .....	\$225.00
D6722	Crown - resin with noble metal <sup>3,8</sup> .....	\$225.00
D6740	Crown - porcelain/ceramic <sup>3,8</sup> .....	\$325.00
D6750	Crown - porcelain fused to high noble metal <sup>3,8</sup> .....	\$325.00
D6751	Crown - porcelain fused to predominantly base metal <sup>3,8</sup> .....	\$225.00
D6752	Crown - porcelain fused to noble metal <sup>3,8</sup> .....	\$225.00
D6780	Crown - ¾ cast high noble metal <sup>8</sup> .....	\$325.00
D6781	Crown - ¾ cast predominantly base metal <sup>8</sup> .....	\$225.00
D6782	Crown - ¾ cast noble metal <sup>8</sup> .....	\$225.00
D6790	Crown - full cast high noble metal <sup>8</sup> .....	\$325.00
D6791	Crown - full cast predominantly base metal <sup>8</sup> .....	\$225.00
D6792	Crown - full cast noble metal <sup>8</sup> .....	\$225.00
D6930	Recement fixed partial denture .....	\$15.00
D6940	Stress breaker <sup>8</sup> .....	\$35.00
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated - <i>includes canal preparation</i> <sup>1</sup> .....	\$30.00
D6972	Prefabricated post and core in addition to fixed partial denture retainer - <i>base metal post; includes canal preparation</i> <sup>1</sup> .....	\$20.00
D6973	Core buildup for retainer, including any pins.....	\$20.00
D6976	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i> <sup>1</sup> .....	\$20.00
D6977	Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i> .....	\$20.00
D6980	Fixed partial denture repair, by report .....	\$25.00

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

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

D7111	Extraction, coronal remnants - deciduous tooth .....	\$18.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal).....	\$18.00
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth .....	\$30.00
D7220	Removal of impacted tooth - soft tissue .....	\$50.00
D7230	Removal of impacted tooth - partially bony .....	\$75.00
D7240	Removal of impacted tooth - completely bony.....	\$100.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications .....	\$100.00
D7250	Surgical removal of residual tooth roots (cutting procedure) .....	No Cost
D7286	Biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i> .....	\$25.00
D7310	Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant .....	\$65.00
D7311	Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant .....	\$65.00
D7320	Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant .....	\$85.00
D7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant .....	\$85.00
D7471	Removal of lateral exostosis (maxilla or mandible) .....	\$65.00
D7510	Incision and drainage of abscess - intraoral soft tissue.....	No Cost
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure .....	No Cost

**D8000-D8999 XI. ORTHODONTICS**

D8070	Comprehensive orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i> <sup>9</sup> .....	\$1,800.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i> <sup>9</sup> .....	\$1,800.00
D8090	Comprehensive orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i> <sup>9</sup> .....	\$2,000.00
D8660	Pre-orthodontic treatment visit - <i>not to be charged with any other consultation procedure(s)</i> <sup>10</sup> .....	No Cost
D8680	Orthodontic retention (removal of appliances, construction and placement of retainers) <sup>11</sup> .....	No Cost
D8999	Unspecified orthodontic procedure, by report - <i>includes the START-UP FEE, which includes initial examination, diagnosis, consultation and initial banding</i> .....	\$350.00

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

D9110	Palliative (emergency) treatment of dental pain - minor procedure.....	\$15.00
D9211	Regional block anesthesia.....	No Cost
D9212	Trigeminal division block anesthesia .....	No Cost
D9215	Local anesthesia .....	No Cost
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician .....	\$25.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed.....	\$5.00
D9440	Office visit - after regularly scheduled hours .....	\$20.00
D9450	Case presentation, detailed and extensive treatment planning .....	No Cost
D9999	Unspecified adjunctive procedure, by report - <i>includes failed appointment without 24 hour notice - per 15 minutes of appointment time - up to an overall maximum of \$40.00</i> .....	\$10.00



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 Delta Dental. Questions regarding these fees should be directed to Delta Dental's Customer Service department at 800-422-4234.

## FOOTNOTES

- <sup>1</sup> *Base or noble metal is the benefit. If an inlay, onlay or indirectly fabricated post and core is made of high noble metal, an additional fee up to \$100.00 per tooth will be charged for the upgrade.*
- <sup>2</sup> *Replacement is subject to a limitation requiring the existing restoration to be 5+ years old.*
- <sup>3</sup> *Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150.00.*
- <sup>4</sup> *A benefit for permanent teeth only.*
- <sup>5</sup> *Replacement is subject to a limitation requiring the existing denture to be 5+ years old.*
- <sup>6</sup> *Includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement, if the Enrollee continues to be eligible and the service is provided at the Contract Dentist's facility where the denture was originally delivered.*
- <sup>7</sup> *Limited to 1 per denture during any 12 consecutive months.*
- <sup>8</sup> *Replacement is subject to a limitation requiring the existing bridge to be 5+ years old.*
- <sup>9</sup> *Listed Copayment covers up to 24 months of active orthodontic treatment excluding the services listed for D8999 (Start-up fee). Beyond 24 months of active treatment, an additional monthly fee of \$75.00 applies.*
- <sup>10</sup> *In the event comprehensive orthodontic treatment is not required or is declined by the Enrollee, a fee of \$25.00 will apply. The Enrollee is also responsible for any incurred orthodontic diagnostic record fees.*
- <sup>11</sup> *Includes adjustments and/or office visits up to 24 months. After 24 months, a monthly fee of \$75.00 applies.*

## SCHEDULE B

### Limitations of Benefits

1. Prophylaxis is limited to two treatments in a 12 month period (includes periodontal maintenance).
2. Full maxillary and/or mandibular dentures including immediate dentures are not to exceed one each in any three year period from initial placement.
3. Partial dentures are not to be replaced within any three year period from initial placement, unless necessary due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible.
4. Crown(s) and bridges are not to be replaced within any three year period from initial placement.
5. Denture relines are limited to one per denture during any 12 consecutive months.
6. Periodontal scaling and root planing are limited to four quadrants during any 12 consecutive month period.
7. Full mouth debridement (gross scale) is limited to one treatment in any 12 consecutive month period.
8. Bitewing x-rays are limited to not more than one series of four films in any six month period.
9. Full mouth x-rays are limited to one set every 24 consecutive months.
10. Sealant benefits include the application of sealants only to permanent first and second molars with no decay, with no restorations and with the occlusal surface intact, for first molars up to age nine and second molars up to age 14. Sealant benefits do not include the repair or replacement of a sealant on any tooth within three years of its application.
11. General anesthesia and the services of a special anesthesiologist are limited to extractions only and only when medically necessary.
12. Accidental injury, except as noted in the Accident Injury Rider. Accidental injury is defined as damage to the hard and soft tissues of the oral cavity resulting from forces external to the mouth. Damages to the hard and soft tissues of the oral cavity from normal masticatory (chewing) function will be covered at the normal schedule of benefits.
4. Treatment of fractures and dislocations.
5. Loss or theft of fixed and removable prosthetics (crowns, bridges, full or partial dentures).
6. Dental expenses incurred in connection with any dental procedures started after termination of eligibility for coverage.
7. Any service that is not specifically listed as a covered expense.
8. Dental expenses incurred in connection with any dental procedure started before the Enrollee's eligibility with the DeltaCare USA program. Examples include: teeth prepared for crowns, root canals in progress.
9. Congenital malformations (e.g. congenitally missing teeth, supernumerary).
10. Cysts and malignancies, except as noted under *Schedule A, Description of Benefits and Copayments*.
11. Dispensing of drugs not normally supplied in a dental facility.
12. Cases in which, in the professional judgment of the attending Dentist, a satisfactory result cannot be obtained or where the prognosis is poor or guarded.
13. Dental services received from any dental facility other than the assigned dental facility, unless expressly authorized in writing by Delta Dental or as cited under *Emergency Services*.
14. Prophylactic removal of impactions (asymptomatic, nonpathological).
15. "Specialist consultations" for noncovered benefits.
16. Implant placement or removal, appliances placed on or services associated with implants, including but not limited to prophylaxis and periodontal treatment.
17. Crown lengthening procedures.

### Exclusions of Benefits

1. Cosmetic dental care.
2. Dental conditions arising out of and due to Enrollee's employment for which Workers' Compensation is paid. Services which are provided to the Enrollee by state government or agency thereof, or are provided without cost to the Enrollee by any municipality, county or other subdivision, except as provided in Section 1373(a) of the California Health and Safety Code.
3. Dental services performed in a hospital and related hospital fees.

### Orthodontic Limitations

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

1. Orthodontic treatment must be provided by a Contract Orthodontist.
2. Plan benefits cover 24 months of usual and customary orthodontic treatment.

3. Should an Enrollee's coverage be cancelled or terminated for any reason, and at the time of cancellation or termination be receiving any orthodontic treatment, the Enrollee and not Delta Dental will be responsible for payment of balance due for treatment provided after cancellation or termination. In such a case the Enrollee's payment shall be based on a maximum of \$2,300 for dependent children to age 23 and \$2,500 for adults. The amount will be pro-rated over the number of months to completion of the treatment and, will be payable by the Enrollee on such terms and conditions as are arranged between the Enrollee and the Contract Orthodontist.  
**Start-up fees are included in these amounts.**
4. Start-up fees cover the initial examination, diagnosis, consultation and the retention phase of treatment of up to two years maximum. This includes initial construction, placement and adjustments to retainers and office visits for a maximum period of two years.
5. If treatment is not required or the Enrollee chooses not to start treatment after the diagnosis and consultation has been completed by the Contract Orthodontist, the Enrollee will be charged a consultation fee of \$25.00 in addition to diagnostic record fees.
6. Three (3) recementations or replacements of a bracket/band on the same tooth or a total of five (5) rebracketings/rebandings on different teeth during the covered course of treatment is a benefit. If any additional recementations or replacements of brackets/bands are performed, the Enrollee is responsible for the cost.
7. Comprehensive orthodontic treatment (Phase II) consists of repositioning all or nearly all of the permanent teeth in an effort to make the Enrollee's occlusion as ideal as possible. This treatment usually requires complete fixed appliances; however, when the Contract Orthodontist deems it suitable, a European or removable appliance therapy may be substituted at the same Copayment amounts as for fixed appliances.

### Orthodontic Exclusions

1. Pre-, mid- and post-treatment records which include cephalometric x-rays, tracings, photographs and study models.
2. Lost, stolen or broken orthodontic appliances, functional appliances, headgear, retainers and expansion appliances.
3. Retreatment of orthodontic cases.
4. Changes in treatment necessitated by accident of any kind, and/or lack of patient cooperation.
5. Surgical procedures incidental to orthodontic treatment.
6. Myofunctional therapy.
7. Surgical procedures related to cleft palate, micrognathia or macrognathia.
8. Treatment related to temporomandibular joint disturbances and/or hormonal imbalance.
9. Supplemental appliances not routinely utilized in typical Phase II orthodontics.
10. Treatment that extends more than 24 months from the point of banding dentition will be subject to a per office visit charge of \$25.00.
11. Restorative work caused by orthodontic treatment.
12. Phase I orthodontics is an exclusion as well as activator appliances and minor treatment for tooth guidance and/or arch expansion. Phase I orthodontics is defined as early treatment including interceptive orthodontia prior to the development of late mixed dentition.
13. Extractions solely for the purpose of orthodontics.
14. Treatment in progress at inception of eligibility.
15. Transfer after banding has been initiated.
16. Lingually placed direct banded appliances, brackets and arch wires (invisible braces).

### SCHEDULE C

#### Governing Administrative Policies

Unlike medical care where the diagnosis dictates more specifically the method of treatment to be rendered, in dental care, the dentist and patient frequently consider various treatment plans.

The following guidelines are an integral part of the dental program and are consistent with the principles of accepted dental practice and the continued maintenance of good dental health.

In all cases in which the Enrollee selects a more expensive plan of treatment than is customarily provided, the more expensive treatment is considered optional. The Enrollee must pay the difference in cost between the Contract Dentist's "filed fees" for the two plans of treatment plus any copayment for covered procedures.

Replacement of prosthetic appliances (crowns, bridges, partials and full dentures) shall be considered only if the existing appliance is no longer functional or cannot be made functional by repair or adjustment and meets the three year limitation for replacement.

#### A. PARTIAL DENTURES

A removable cast metal partial denture is considered an adequate restoration. If the Enrollee selects another course of treatment, the Enrollee must pay the difference in cost between the Contract Dentist's "filed fees" for the covered benefit and the optional treatment, plus any copayment for the covered benefit.

If an cast metal partial denture will restore the case, the Contract Dentist will apply the difference of the cost of such procedure toward a more complicated precision appliance which the Enrollee and dentist may choose to

use. The Enrollee must pay the difference in cost between the Contract Dentist's "filed fees" for the covered benefit and the optional treatment plus any copayment for the covered benefit.

An acrylic partial denture is the covered benefit in cases involving extensive periodontal disease.

### B. COMPLETE DENTURES

If, in the construction of a denture, the Enrollee and the Contract Dentist decide on personalized restorations or employ specialized techniques as opposed to standard procedures, the Enrollee must pay the difference in cost between the Contract Dentist's "filed fees" for the covered benefit and optional treatment, plus any copayment for the covered benefit.

Full upper and/or lower dentures are not to exceed one each in any three-year period. The Enrollee is entitled to a new upper or lower denture only if the existing denture is more than three years old and cannot be made satisfactory by either relining or repair.

### C. FILLINGS AND CROWNS

Crowns will be covered only if there is not enough retentive quality left in the tooth to hold a filling. For example, the buccal or lingual walls are either fractured or decayed to the extent that they will not hold a filling.

The DeltaCare USA program provides amalgam and resin restorations for treatment of caries. If the tooth can be restored with such materials, any other restoration such as a crown or jacket is considered optional, and if provided, the Enrollee must pay the difference in cost between the Contract Dentist's "filed fees" for the covered benefit and optional treatment, plus any copayment for the covered benefit.

A restoration is a covered benefit only when required for restorative reasons (radiographic evidence of decay or missing tooth structure). Restorations placed for any other purposes including but not limited to cosmetics, abrasion, attrition, erosion, restoring or altering vertical dimension, congenital or developmental malformation of teeth, or the anticipation of future fractures, are not covered benefits.

Composite resin restorations in posterior teeth are considered optional treatment. If provided, the Enrollee must pay the difference in cost between the Contract Dentist's "filed fees" for the covered benefit and optional treatment, plus any copayment for the covered benefit.

Porcelain crowns, porcelain fused to metal or plastic processed to metal type crowns are not a benefit for children under 16 years of age. An allowance will be made for an acrylic crown. If performed, the Enrollee must pay the difference in cost between the Contract Dentist's "filed fees" for the covered benefit and optional treatment, plus any copayment for the covered benefit.

A crown placed on a specific tooth is allowable only once in a three-year period.

A pulp cap is a benefit only on a permanent tooth with an open apex.

### D. FIXED BRIDGES

A fixed bridge is considered standard dental treatment when it is necessary to replace one missing permanent anterior tooth in a person 16 years old or older. Such treatment will be covered if the Enrollee's oral health and general dental condition permits.

Fixed bridges used to replace missing posterior teeth are considered optional when the abutment teeth are dentally sound and would be crowned only for the purpose of supporting a pontic. A fixed bridge used under these circumstances is considered optional dental treatment. The Enrollee must pay the difference in cost between the Contract Dentist's "filed fees" for the covered benefit and optional treatment, plus any copayment for the covered benefit.

Fixed bridges are not a benefit when provided in connection with a partial denture on the same arch. If provided, the Enrollee must pay the difference in cost between the Contract Dentist's "filed fees" for the covered benefit and optional treatment, plus any copayment for the covered benefit.

Replacement of an existing nonfunctional bridge is limited to once in a three year period from initial placement and shall be covered only when the replacement duplicates the original bridge.

Fixed bridges are not a benefit for Enrollees under the age of 16. A fixed bridge under these circumstances is considered optional dental treatment. If performed, the Enrollee must pay the difference in cost between the Contract Dentist's "filed fees" for the covered benefit and optional treatment, plus any copayment for the covered benefit.

### E. RECONSTRUCTION

The DeltaCare USA program provides coverage for procedures necessary to eliminate oral disease and to replace missing teeth. Appliances or restorations necessary to increase vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth, periodontal splinting, gnathologic recordings, equilibration or treatment of disturbances of the temporomandibular joint (TMJ) are not covered benefits. Extensive treatment plans involving 10 or more crowns or units of fixed bridgework is considered full mouth reconstruction and is not a benefit of the DeltaCare USA program. The program will allow for complete or partial denture(s).

### F. SPECIALIZED TECHNIQUES

Precious metal for removable appliances, precision abutments for partials or bridges (overlays, implants, and appliances associated therewith), personalization and characterization, are all considered optional treatment. If performed, the Enrollee must pay the difference in cost between the Contract Dentist's "filed fees" for the covered benefit and optional treatment, plus any copayment for the covered benefit.

### G. PREVENTIVE CONTROL PROGRAMS

Soft tissue management programs are not covered. The periodontal pocket charting, root planing/scaling/curettage, oral hygiene instruction and prophylaxis are covered benefits and, if performed as part of a soft tissue management program, will be provided for listed copayments, if any. Irrigation, infusion, special tooth brush, etc., is considered as optional treatment. If performed, the Enrollee is responsible for the cost.

### H. STAYPLATES

Stayplates are only a benefit to replace extracted anterior teeth for adults during a healing period and as anterior space maintainers for children.

### I. FRENECTOMY

The frenum can be excised when the tongue has limited mobility; or has a large diastema between teeth; or when the frenum interferes with a prosthetic appliance.

### J. PEDODONTIA

Pedodontic referrals must be preauthorized by Delta Dental. Benefits for dependent children to age 19 are covered at 100% of the Specialist's fee less any applicable

copayments for covered benefits to a maximum of \$500 per child in a calendar year.

### K. CORRECTION OF OCCLUSION

Selective equilibration of the dentition or restorations, not to include treatment of full mouth occlusal dysfunction.

### L. TREATMENT PLANNING

The objective of this Program is to see that all Enrollees are brought to a good level of oral health and that this level of oral health is maintained. To achieve this objective takes careful treatment planning. Priorities have been established on the following basis:

1. Priority attention is given to those procedures that, if not done first, could have an immediate effect on the Enrollee's overall oral health.
2. Priority is next given to work such as active dental decay and periodontal problems that would not have an immediate effect on the Enrollee's oral health.
3. Priority is then given to replacement of missing teeth not causing a gross lack of function.

Exceptions are made to this treatment planning concept based on individual circumstances.

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

### Accident Injury Benefit

Delta Dental shall pay or otherwise discharge 100% of the Contract Dentist's "filed fees" not to exceed the "Prevailing Fee" as determined by Delta Dental or of Fees Actually Charged, whichever is less, less any applicable Enrollee copayments, for the following dental accident benefits:

Services described in the Schedule of Benefits and Copayments, Schedule A, and in paragraph II of this Rider, Schedule F are subject to the following maximum, limitation and exclusions when provided for conditions caused directly and independently of all other causes, by external, violent and accidental means.

### I. DEFINITIONS

For the purpose of this Rider, the following additional definitions shall apply:

- A. "Attending Dentist's Statement" means the standard form used to file a claim.
- B. "Dental Accident Benefits" means those dental

services which are provided under the terms of this Rider for conditions caused directly and independently of all other causes, by external, violent and accidental means.

- C. "Fee Actually Charged" means the "filed fee" for a particular dental service or procedure which a Contract Dentist reports to Delta Dental on an Attending Dentist's Statement, less any portion of such fee which is discounted, waived, rebated or which the Dentist does not in good faith attempt to collect.
- D. "Prevailing Fee" means the fee for a Single Procedure which satisfies the majority of Dentists in California, as determined by Delta Dental.
- E. "Single Procedure" means a dental procedure listed on a separate line in Schedule A and in paragraph II of this Rider, Schedule F.
- F. "Usual Fee" - A usual fee is the fee regularly charged and received by an individual Dentist, (i.e., his own usual fee). If more than one fee is charged for a given service, the fee determined to be the usual fee shall not exceed the lowest fee which is regularly charged or which is offered to Enrollee.

### II. DENTAL ACCIDENT BENEFITS

For the purpose of this Rider, the following additional benefits shall apply:

- A. Intra-oral grafting
- B. Reimplantation
- C. Splinting
- D. Stayplate

### III. MAXIMUM

The program shall provide Dental Accident Benefits for an Eligible Person up to a maximum of \$1,600 per Enrollee per any 12 month period.

### IV. LIMITATION

Dental Accident Benefits shall be limited to services provided to an Eligible Person within 180 days following the date of accident, and shall not include any services for conditions caused by an accident occurring prior to the Enrollee's eligibility date.

### V. EXCLUSIONS

The following services are not Dental Accident Benefits:

- A. Services for injuries or conditions which are benefits provided to the eligible Enrollee through a medical carrier or are compensable under Workers' Compensation or Employers' Liability Laws; services which are provided to the Enrollee by any federal or state government agency or are provided without cost to the Enrollee by any municipality, county or other political subdivision, except as provided in Section 1373 (a) of the California Health and Safety Code.
- B. Services with respect to congenital (hereditary) or developmental (following birth) malformations or cosmetic surgery or dentistry for purely cosmetic reasons, including but not limited to: cleft palate, maxillary and mandibular (upper and lower jaw) malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth), and anodontia (congenitally missing teeth).
- C. Services for restoring or stabilizing tooth structure lost from wear, or for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion. Such services include but are not limited to: equilibration and periodontal splinting.
- D. Prosthodontic services or any Single Procedure started prior to the date the Enrollee became eligible for such services under this Contract.
- E. Prescribed drugs, pre-medication or analgesia.
- F. Experimental procedures.
- G. Prophylaxis.
- H. All hospital costs and any additional fees charged by the Dentist for hospital treatment.
- I. Charges for general anesthesia.
- J. Extra-oral grafts (grafting of tissues from outside the mouth to oral tissue).

- K. Implants (materials implanted into or on bone or soft tissue), the removal of implants or procedures related to the placement or removal of implants.
- L. Diagnosis or treatment by any method of any condition related to the temporomandibular (jaw) joint or associated musculature, nerves and other tissues.
- M. Replacement of existing restorations due to carious lesions.
- N. Orthodontic services (treatment of malalignment of teeth and/or jaws).

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

The Group Dental Service Contract must be consulted to determine the exact terms and conditions of coverage. An Evidence of Coverage will be sent to you upon enrollment. **If you wish to review an Evidence of Coverage prior to enrollment, you may request a copy by calling the Customer Service department at 800-422-4234.**

*In California, DeltaCare USA is underwritten and administered by Delta Dental of California.*

**Customer Service**

800-422-4234

Monday through Friday

5 a.m. to 6 p.m., Pacific time

*Provided and Administered by:*

**Delta Dental of California**

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