

Choosing your plan



 **DELTA DENTAL**®

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

Your Two Delta Dental Plan Options

The choice is yours. When it comes to dental health, you want benefits that provide you with the best balance of value and coverage. **Delta Dental PPOSM*** and **DeltaCare[®] USA** both offer comprehensive dental coverage, quality care and excellent customer service. Each plan has its own advantages.**

The PPO plan gives you the freedom to choose any dentist, and the opportunity for meaningful savings on your treatment costs when you visit a PPO dentist. With a DeltaCare USA plan, when you receive treatment from your assigned dentist you have the convenience of knowing what your copayment is for covered procedures before your visit.

You have the option to select either one of these two outstanding dental benefits plans, both administered by one of the foremost dental benefits organizations in the United States. Select either Delta Dental PPO or DeltaCare USA. Whichever plan you choose, we look forward to providing you with the excellent dentist access, great coverage and friendly service that so many enrollees have come to expect.

* In Texas, Delta Dental offers a Dental Provider Organization (DPO) Plan.

** See back page for the underwriters of these plans in your state.

Compare Program Features

Plan Features	Delta Dental PPO	DeltaCare USA
Copayments/coinsurance	<ul style="list-style-type: none"> Covered services paid at applicable percentage — for example, fillings are covered at 80% of allowed amount — you pay the remaining 20% 	<ul style="list-style-type: none"> Covered procedures have predetermined dollar copayments for services provided by network dentists (this means out-of-pocket costs are predictable)
Coverage	<ul style="list-style-type: none"> Wide range of covered services No exclusions for most pre-existing conditions 	<ul style="list-style-type: none"> Plan covers nearly 300 procedures No copayments or low copayments for most diagnostic and preventive services No exclusions for pre-existing conditions or missing teeth
Dentist network	<ul style="list-style-type: none"> Freedom to choose any licensed dentist No referral required for specialty care 	<ul style="list-style-type: none"> You must select a dentist from a list of network dental facilities and you must visit this dentist to receive benefits Easy referrals to a large specialty care network
Changing your dentist	<ul style="list-style-type: none"> Change dentists any time without contacting Delta Dental 	<ul style="list-style-type: none"> Ability to change selected or assigned network dentists via telephone or Internet
Transitions from previous plan	<ul style="list-style-type: none"> Coverage is provided only for treatment started and completed after your effective date of coverage under the Delta Dental plan 	<ul style="list-style-type: none"> Coverage is provided only for treatment started and completed after your effective date of coverage under the plan
Orthodontic treatment in progress (when covered under prior plan)	<ul style="list-style-type: none"> Plan will pay the remaining amount of the total case fee not paid by your former dental plan (when plan includes orthodontic coverage) 	<ul style="list-style-type: none"> Covers new enrollees who, on the effective date of their coverage, are in active treatment started under their previous employer-sponsored dental plan Enrollees are responsible for all copayments and fees subject to the provisions of their prior dental plan
Authorization for specialty care treatment	<ul style="list-style-type: none"> Preauthorization is not required 	<ul style="list-style-type: none"> Preauthorization is required for treatment provided by a specialist Your DeltaCare USA dentist will coordinate your specialty care treatment authorization
Out-of-area coverage	<ul style="list-style-type: none"> Visit any licensed dentist 	<ul style="list-style-type: none"> Limited to emergency care provision
Deductibles and maximums	<ul style="list-style-type: none"> Deductibles and annual maximums apply to most plan designs 	<ul style="list-style-type: none"> No annual deductible or annual dollar maximums
Claims	<ul style="list-style-type: none"> Delta Dental dentists file claim forms and accept payment directly from Delta Dental Non-Delta Dental dentists may require payment up front, and require you to file a claim for reimbursement 	<ul style="list-style-type: none"> No claim forms required You only need to pay the specified copayment at the time of your visit

Delta Dental PPOSM — Benefit highlights

DELTA DENTAL PPOSM

Easy
Friendly
Accessible



Greatest potential savings when you visit a Delta Dental PPO dentist

OUT-OF-POCKET COSTS

SAVE LESS SAVE MORE



AMOUNT YOU **SAVE**

AMOUNT YOU **PAY**

Illustration showing sample enrollee share of cost for information purposes only. Actual dentist fees and contract allowances will vary by region, procedure and by group contract.

We're pleased to be your partner in maintaining great oral health. The Delta Dental PPO* plan makes it easy for you to find a dentist, and easy to control your costs when you visit a network dentist. Here are some of the great things you'll need to know about enrolling with Delta Dental:

- **Save money with a Delta Dental PPO dentist.** Our PPO network dentists accept reduced fees for covered services they provide you, so you'll usually pay the least when you visit a PPO network dentist. This also ensures Delta Dental dentists won't balance bill you the difference between the contracted amount and their usual fee.
- **Visit the dentist of your choice.** Want to visit a non-Delta Dental dentist? No problem. You can visit any licensed dentist, but your costs are usually lowest when you see a PPO dentist.
- **Many network dentists to choose from.** Since Delta Dental offers access to some of the largest dentist networks in the U.S., chances are there's a wide choice of network dentists near your home or office. Four out of five dentists nationwide are contracted Delta Dental dentists, giving more enrollees convenient access to more dentists. Visit us at deltadentalins.com to search our dentist directory by location or specialty.
- **Easy to use your benefits.** When you visit a Delta Dental dentist, pay only your portion for services. Delta Dental dentists will file claim forms for you and receive payment directly from us. Many non-Delta Dental dentists ask that you pay the entire cost up front and wait for reimbursement.
- **Delta Dental's Online Services make getting information quick and easy.** Access your benefits and eligibility, print ID cards and get information about your claims. And check out Delta Dental's oral health resources for tips and information that can help keep your smile healthy.

* In Texas, Delta Dental Insurance Company offers a Dental Provider Organization (DPO) plan.

DELTA DENTAL PPO

Plan Benefit Highlights for: COUNTY OF TULARE

Group No: 16128

Effective Date: 1/1/2014

DELTA DENTAL PPOSM

BENEFIT HIGHLIGHTS

Eligibility	Primary enrollee, spouse and eligible dependent children to age 26		
Deductibles Deductibles waived for D & P?	In-network:	Not Applicable	
	Out-of-network:	\$25 per person / \$75 per family each calendar year	
	In-network:	Not Applicable	
	Out-of-network:	Yes	
Maximums	\$1,000 per person each calendar year		
Waiting Period(s)	Basic Benefits	Major Benefits	Orthodontics
	None	None	None

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays	100 %	100 %
Basic Services Fillings, simple tooth extractions	80 %	80 %
Endodontics (root canals) Covered Under Basic Services	80 %	80 %
Periodontics (gum treatment) Covered Under Basic Services	80 %	80 %
Oral Surgery Covered Under Basic Services	80 %	80 %
Major Services Crowns, inlays, onlays and cast restorations, bridges and dentures, implants	50 %	50 %
Orthodontic Benefits adults and dependent children	50 %	50 %
Orthodontic Maximums	\$ 1,500 Lifetime maximum per person	\$ 1500 Lifetime maximum per person
Dental Accident Benefits	100 % (separate \$1,000 maximum per person per calendar year)	100 % (separate \$1,000 maximum per person per calendar year)

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental of California 100 First St. San Francisco, CA 94105	Customer Service 800-765-6003	Claims Address P.O. Box 997330 Sacramento, CA 95899-7330
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deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative

Getting the most from your plan

DELTA DENTAL PPOSM

*Easy
Friendly
Accessible*

With PPO there are no claim forms to submit.



Select a PPO dentist



Schedule an appointment



Receive dental care



Pay only patient's share to dentist

**No paperwork.
No hassle.**

Save money with a Delta Dental PPOSM dentist

Although you can visit any dentist, you'll usually pay less when you visit a Delta Dental PPO dentist.

- PPO dentists agree to accept Delta Dental contracted fees as full payment.
- Your share of the bill will likely be lower than when you visit a non-Delta Dental dentist.

Find a Delta Dental PPO dentist

Delta Dental PPO, our preferred provider organization (PPO) plan,* provides access to the largest network of its kind nationwide.

Your out-of-pocket costs are usually lowest when you visit a PPO dentist.

To find the most current listing of our network dental offices:

- Visit our website and click on "Find a Dentist" on our home page.
- Select "Delta Dental PPO" as your plan network.

Is your dentist a Delta Dental PPO dentist?

We recommend that you verify your current dentist's participation in the Delta Dental PPO network. Simply asking if a dentist "accepts Delta Dental" does not guarantee he or she is a PPO dentist.

- Ask specifically if he or she is a contracted Delta Dental PPO dentist.
- You should verify your dentist's participation before each dental appointment.

* In Texas, Delta Dental Insurance Company offers a Dental Provider Organization (DPO) plan.

** Please review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan's dentist network.

Maximum choice

The Delta Dental Premier[®] network — our larger network consisting of nearly 80 percent of dentists nationwide — provides cost-saving features and is the next best option if you can't find a PPO dentist. You can find a Premier dentist using our online dentist directory.

- Premier dentists' contracted fees are usually somewhat higher than PPO dentists' contracted fees.
- Premier dentists will not bill you above their contracted fees, so you still receive cost protections not available with a non-Delta Dental dentist.**

Easy to use

- No ID card is required to receive services; simply provide the dental office with your name, date of birth and social security or enrollee ID number.
- No claim forms to file — Delta Dental dentists file claim forms for you and accept payment directly from Delta Dental.
- After a claim has been processed, you will receive a dental benefits statement from Delta Dental. This document lists the services provided, the costs of the dental treatment and the amount of any fees you owe your dentist.

Dual coverage/Coordination of benefits

If your spouse has coverage with another dental plan, you or your family members may be covered by both dental plans.*

- The two plans will likely coordinate benefits to potentially lower your out-of-pocket costs.
- Ask your dentist to submit the other plan's Explanation of Benefits with the Delta Dental claim form and we'll take it from there.

Orthodontic treatment in progress

If your Delta Dental plan includes orthodontic benefits, payment for orthodontic treatment in progress depends on the specific provisions of your plan. Typically, treatment in progress is covered and Delta Dental begins paying during the first eligible month. Under some plans, however, you may not be eligible for work in progress or you may lose eligibility if your coverage has lapsed for more than 30 or 60 days.

Transitioning from another plan?

Delta Dental covers treatment started and completed after your plan's effective date of coverage. If you have any dental treatment in progress when your coverage begins — such as root canals, crowns and bridgework — those expenses are not covered by Delta Dental. Those costs may either be your responsibility or that of your previous dental carrier.

Visit our website: deltadentalins.com

On our website, you can:

- Find a dentist in our online directory
- Review benefits
- Check claim status
- Print an ID card and much more

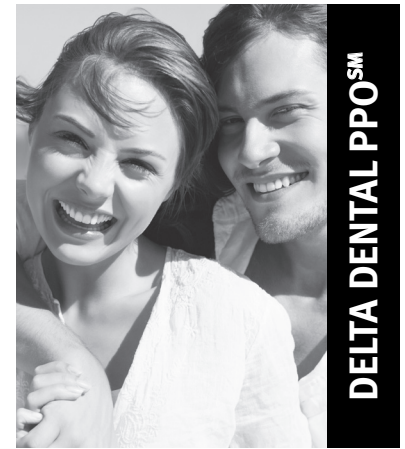
To access some services, you'll need to log in: simply enter your user name and password in the designated boxes and submit. If you are visiting our website for the first time, you'll need to complete a quick one-time registration process by clicking the "Register Today" link.

Talk to your dentist about your health and treatment options

When you visit the dentist, be sure to share your dental and medical history and any prior complications. Dentists can identify signs of more serious health conditions and should be made aware of health information that may be critical to your dental care.

Questions about your plan?

If you have questions, you can check your benefits, eligibility and claims information on our website or on our interactive voice response telephone line. For more information, you may also contact us through our website or call one of our helpful multilingual Customer Service representatives toll-free during business hours.



Find all of our dental health resources, including risk assessment quizzes, articles, videos and a free newsletter subscription at: mysmileway.com.

*Group-specific exceptions may apply. Please review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan's coordination of benefits, including rules for determining primary and secondary coverage.

DeltaCare[®] USA – provided by Delta Dental of California

DELTACARE[®] USA

Quality
Convenience
Predictable
Costs



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

Find a DeltaCare USA dentist

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



Visit our website and click on “Find a Dentist” on our home page. Select “DeltaCare USA” as your plan network.

OR

Call Customer Service for help in finding a DeltaCare USA dentist.

Welcome to DeltaCare USA - quality, convenience, predictable costs

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

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

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

Quality

- Extensive benefits for you and your family
- 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

Predictable costs

- 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 maximums

DELTACARE USA

Administered by Delta Dental Insurance Company

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-2014 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association. The American Dental Association may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

<u>CODE</u>	<u>DESCRIPTION</u>	<u>ENROLLEE PAYS</u>
D0100-D0999	I. DIAGNOSTIC	
D0120	Periodic oral evaluation - established patient	No Cost
D0140	Limited oral evaluation - problem focused	No Cost
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No Cost
D0150	Comprehensive oral evaluation - new or established patient	No Cost
D0160	Detailed and extensive oral evaluation - problem focused, by report	No Cost
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	No Cost
D0180	Comprehensive periodontal evaluation - new or established patient	No Cost
D0190	Screening of a patient	No Cost
D0191	Assessment of a patient	No Cost
D0210	Intraoral - complete series of radiographic images - <i>limited to 1 series every 24 months</i>	No Cost
D0220	Intraoral - periapical first radiographic image	No Cost
D0230	Intraoral - periapical each additional radiographic image	No Cost
D0240	Intraoral - occlusal radiographic image	No Cost
D0250	Extraoral - first radiographic image	No Cost
D0260	Extraoral - each additional radiographic image	No Cost
D0270	Bitewing - single radiographic image	No Cost
D0272	Bitewings - two radiographic images	No Cost
D0273	Bitewings three radiographic images	No Cost
D0274	Bitewings - four radiographic images - <i>limited to 1 series every 6 months</i>	No Cost
D0277	Vertical bitewings - 7 to 8 radiographic images	No Cost
D0330	Panoramic radiographic image	No Cost
D0415	Collection of microorganisms for culture and sensitivity	No Cost
D0425	Caries susceptibility tests	No Cost
D0460	Pulp vitality tests	No Cost
D0470	Diagnostic casts	No Cost
D0472	Accession of tissue, gross examination, preparation and transmission of written report - <i>available only when performed in conjunction with a covered biopsy</i>	No Cost
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report - <i>available only when performed in conjunction with a covered biopsy</i>	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 - <i>available only when performed in conjunction with a covered biopsy</i>	No Cost
D0601	Caries risk assessment and documentation, with a finding of low risk	No Cost
D0602	Caries risk assessment and documentation, with a finding of moderate risk	No Cost
D0603	Caries risk assessment and documentation, with a finding of high risk	No Cost
D0999	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit (in addition to other services)</i>	No Cost
D1000-D1999	II. PREVENTIVE	
D1110	Prophylaxis <i>cleaning</i> - adult - <i>1 per 6 month period</i>	No Cost
D1110	<i>Additional prophylaxis cleaning</i> - adult (<i>within the 6 month period</i>)	\$45.00
D1120	Prophylaxis <i>cleaning</i> - child - <i>1 per 6 month period</i>	No Cost
D1120	<i>Additional prophylaxis cleaning</i> - child (<i>within the 6 month period</i>)	\$35.00
D1206	Topical application of fluoride varnish - <i>1 per 6 month period</i>	No Cost
D1208	Topical application of fluoride - <i>1 per 6 month period</i>	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 - <i>limited to permanent molars through age 15</i>	No Cost
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - <i>limited to permanent molars through age 15</i>	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-cementation of space maintainer	No Cost
D1555	Removal of fixed space maintainer	No Cost

D2000-D2999 III. RESTORATIVE

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

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

- Replacement of crowns, inlays and onlays 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 \$325.00 in addition to the listed Copayment. Refer to Limitation of Benefits #4 for additional information.

D2140	Amalgam - one surface, primary or permanent	No Cost
D2150	Amalgam - two surfaces, primary or permanent	No Cost
D2160	Amalgam - three surfaces, primary or permanent	No Cost
D2161	Amalgam - four or more surfaces, primary or permanent	No Cost
D2330	Resin-based composite - one surface, anterior	No Cost
D2331	Resin-based composite - two surfaces, anterior	No Cost
D2332	Resin-based composite - three surfaces, anterior	No Cost
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	No Cost
D2390	Resin-based composite crown, anterior	No Cost
D2391	Resin-based composite - one surface, posterior	\$25.00
D2392	Resin-based composite - two surfaces, posterior	\$30.00
D2393	Resin-based composite - three surfaces, posterior	\$35.00
D2394	Resin-based composite - four or more surfaces, posterior	\$40.00
D2510	Inlay - metallic - one surface	No Cost
D2520	Inlay - metallic - two surfaces	No Cost
D2530	Inlay - metallic - three or more surfaces	No Cost
D2542	Onlay - metallic - two surfaces	No Cost
D2543	Onlay - metallic - three surfaces	No Cost
D2544	Onlay - metallic - four or more surfaces	No Cost
D2610	Inlay - porcelain/ceramic - one surface*	\$50.00
D2620	Inlay - porcelain/ceramic - two surfaces*	\$60.00
D2630	Inlay - porcelain/ceramic - three or more surfaces*	\$65.00
D2642	Onlay - porcelain/ceramic - two surfaces*	\$55.00
D2643	Onlay - porcelain/ceramic - three surfaces*	\$65.00
D2644	Onlay - porcelain/ceramic - four or more surfaces*	\$70.00
D2650	Inlay - resin-based composite - one surface	\$15.00
D2651	Inlay - resin-based composite - two surfaces	\$20.00
D2652	Inlay - resin-based composite - three or more surfaces	\$30.00
D2662	Onlay - resin-based composite - two surfaces	\$25.00
D2663	Onlay - resin-based composite - three surfaces	\$35.00
D2664	Onlay - resin-based composite - four or more surfaces	\$50.00
D2710	Crown - resin-based composite (indirect)	No Cost
D2712	Crown - $\frac{3}{4}$ resin-based composite (indirect)	No Cost
D2720	Crown - resin with high noble metal	\$30.00
D2721	Crown - resin with predominantly base metal	\$15.00
D2722	Crown - resin with noble metal	\$20.00
D2740	Crown - porcelain/ceramic substrate*	\$85.00
D2750	Crown - porcelain fused to high noble metal*	\$70.00
D2751	Crown - porcelain fused to predominantly base metal	\$55.00

D2752	Crown - porcelain fused to noble metal	\$60.00
D2780	Crown - ¾ cast high noble metal	\$70.00
D2781	Crown - ¾ cast predominantly base metal	\$55.00
D2782	Crown - ¾ cast noble metal	\$60.00
D2783	Crown - ¾ porcelain/ceramic*	\$70.00
D2790	Crown - full cast high noble metal	\$70.00
D2791	Crown - full cast predominantly base metal	\$55.00
D2792	Crown - full cast noble metal	\$60.00
D2794	Crown - titanium	\$70.00
D2910	Recement inlay, onlay or partial coverage restoration	No Cost
D2915	Recement cast or prefabricated post and core	No Cost
D2920	Recement crown	No Cost
D2921	Reattachment of tooth fragment, incisal edge or cusp (<i>anterior</i>)	No Cost
D2929	Prefabricated porcelain/ceramic crown - primary tooth - <i>anterior primary tooth</i>	No Cost
D2930	Prefabricated stainless steel crown - primary tooth	No Cost
D2931	Prefabricated stainless steel crown - permanent tooth	No Cost
D2932	Prefabricated resin crown - <i>anterior primary tooth</i>	No Cost
D2933	Prefabricated stainless steel crown with resin window - <i>anterior primary tooth</i>	No Cost
D2940	Protective restoration	No Cost
D2941	Interim therapeutic restoration - primary dentition	No Cost
D2949	Restorative foundation for an indirect restoration	No Cost
D2950	Core buildup, including any pins when required	No Cost
D2951	Pin retention - per tooth, in addition to restoration	No Cost
D2952	Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i>	No Cost
D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i>	No Cost
D2954	Prefabricated post and core in addition to crown - <i>base metal post; includes canal preparation</i>	No Cost
D2955	Post removal	No Cost
D2957	Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i>	No Cost
D2960	Labial veneer (resin laminate) - chairside - <i>limited to replacement of significant tooth structure loss due to caries or fracture</i>	\$245.00
D2961	Labial veneer (resin laminate) - laboratory - <i>limited to replacement of significant tooth structure loss due to caries or fracture</i>	\$295.00
D2962	Labial veneer (porcelain laminate) - laboratory - <i>limited to replacement of significant tooth structure loss due to caries or fracture</i>	\$345.00
D2970	Temporary crown (fractured tooth) - <i>palliative treatment only</i>	No Cost
D2971	Additional procedures to construct new crown under existing partial denture framework	\$14.00
D2980	Crown repair necessitated by restorative material failure	No Cost
D2981	Inlay repair necessitated by restorative material failure	No Cost
D2982	Onlay repair necessitated by restorative material failure	No Cost
D2990	Resin infiltration of incipient smooth surface lesions - <i>limited to permanent molars through age 15</i>	No Cost
D3000-D3999 IV. ENDODONTICS		
D3110	Pulp cap - direct (excluding final restoration)	No Cost
D3120	Pulp cap - indirect (excluding final restoration)	No Cost
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	No Cost
D3221	Pulpal debridement, primary and permanent teeth	No Cost
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	No Cost
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	No Cost
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	No Cost
D3310	<i>Root canal</i> - endodontic therapy, anterior tooth (excluding final restoration)	\$20.00
D3320	<i>Root canal</i> - endodontic therapy, bicuspid tooth (excluding final restoration)	\$40.00
D3330	<i>Root canal</i> - endodontic therapy, molar (excluding final restoration)	\$60.00
D3331	Treatment of root canal obstruction; non-surgical access	\$40.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$40.00
D3333	Internal root repair of perforation defects	\$40.00
D3346	Retreatment of previous root canal therapy - anterior	\$35.00

D3347	Retreatment of previous root canal therapy - bicuspid	\$50.00
D3348	Retreatment of previous root canal therapy - molar	\$95.00
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$55.00
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$45.00
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$45.00
D3410	Apicoectomy - anterior	No Cost
D3421	Apicoectomy - bicuspid (first root)	No Cost
D3425	Apicoectomy - molar (first root)	No Cost
D3426	Apicoectomy (each additional root)	No Cost
D3427	Periradicular surgery without apicoectomy	No Cost
D3430	Retrograde filling - per root	No Cost
D3450	Root amputation, per root	No Cost
D3920	Hemisection (including any root removal), not including root canal therapy	No Cost

D4000-D4999 V. PERIODONTICS

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

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	No Cost
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4245	Apically positioned flap	\$45.00
D4249	Clinical crown lengthening - hard tissue	\$45.00
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$75.00
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$60.00
D4263	Bone replacement graft - first site in quadrant	\$125.00
D4264	Bone replacement graft - each additional site in quadrant	\$45.00
D4266	Guided tissue regeneration - resorbable barrier, per site	\$100.00
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	\$140.00
D4270	Pedicle soft tissue graft procedure	\$125.00
D4273	Subepithelial connective tissue graft procedures, per tooth	\$75.00
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	No Cost
D4275	Soft tissue allograft	\$115.00
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	\$125.00
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	\$125.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	No Cost
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	No Cost
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis - <i>limited to 1 treatment in any 12 consecutive months</i>	No Cost
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth - <i>for each of the first two teeth treated within a quadrant following root planing or periodontal maintenance</i> ..	\$60.00
D4381	<i>Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth - for an additional tooth treated in the same quadrant following root planing or periodontal maintenance</i>	No Cost
D4910	Periodontal maintenance - <i>limited to 1 treatment each 6 month period</i>	No Cost
D4910	<i>Additional periodontal maintenance (within the 6 month period)</i>	\$55.00
D4921	Gingival irrigation - per quadrant	No Cost

D5000-D5899 VI. PROSTHODONTICS (removable)

- For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.

- Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.

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

D5110	Complete denture - maxillary	\$75.00
D5120	Complete denture - mandibular	\$75.00
D5130	Immediate denture - maxillary	\$85.00
D5140	Immediate denture - mandibular	\$85.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$80.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$80.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$95.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$95.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$195.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$195.00
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth)	\$80.00
D5410	Adjust complete denture - maxillary	No Cost
D5411	Adjust complete denture - mandibular	No Cost
D5421	Adjust partial denture - maxillary	No Cost
D5422	Adjust partial denture - mandibular	No Cost
D5510	Repair broken complete denture base	No Cost
D5520	Replace missing or broken teeth - complete denture (each tooth)	No Cost
D5610	Repair resin denture base	No Cost
D5620	Repair cast framework	No Cost
D5630	Repair or replace broken clasp	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	No Cost
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$65.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$65.00
D5710	Rebase complete maxillary denture	\$30.00
D5711	Rebase complete mandibular denture	\$30.00
D5720	Rebase maxillary partial denture	\$30.00
D5721	Rebase mandibular partial denture	\$30.00
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)	\$25.00
D5751	Reline complete mandibular denture (laboratory)	\$25.00
D5760	Reline maxillary partial denture (laboratory)	\$25.00
D5761	Reline mandibular partial denture (laboratory)	\$25.00
D5820	Interim partial denture (maxillary) - limited to 1 in any 12 consecutive months	No Cost
D5821	Interim partial denture (mandibular) - limited to 1 in any 12 consecutive months	No Cost
D5850	Tissue conditioning, maxillary	No Cost
D5851	Tissue conditioning, mandibular	No Cost

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

- When a 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 \$325.00 in addition to the listed Copayment. Refer to Limitation of Benefits #4 for additional information.

D6205	Pontic - indirect resin based composite	\$30.00
D6210	Pontic - cast high noble metal	\$70.00
D6211	Pontic - cast predominantly base metal	\$55.00
D6212	Pontic - cast noble metal	\$60.00
D6214	Pontic - titanium	\$70.00
D6240	Pontic - porcelain fused to high noble metal*	\$70.00
D6241	Pontic - porcelain fused to predominantly base metal	\$55.00
D6242	Pontic - porcelain fused to noble metal	\$60.00
D6245	Pontic - porcelain/ceramic*	\$70.00
D6250	Pontic - resin with high noble metal	\$30.00
D6251	Pontic - resin with predominantly base metal	\$15.00
D6252	Pontic - resin with noble metal	\$20.00
D6600	Inlay - porcelain/ceramic, two surfaces	\$60.00
D6601	Inlay - porcelain/ceramic, three or more surfaces	\$65.00
D6602	Inlay - cast high noble metal, two surfaces	\$70.00
D6603	Inlay - cast high noble metal, three or more surfaces	\$70.00
D6604	Inlay - cast predominantly base metal, two surfaces	No Cost
D6605	Inlay - cast predominantly base metal, three or more surfaces	No Cost
D6606	Inlay - cast noble metal, two surfaces	\$60.00
D6607	Inlay - cast noble metal, three or more surfaces	\$60.00
D6608	Onlay - porcelain/ceramic, two surfaces	\$55.00
D6609	Onlay - porcelain/ceramic, three or more surfaces	\$65.00
D6610	Onlay - cast high noble metal, two surfaces	\$70.00
D6611	Onlay - cast high noble metal, three or more surfaces	\$70.00
D6612	Onlay - cast predominantly base metal, two surfaces	No Cost
D6613	Onlay - cast predominantly base metal, three or more surfaces	No Cost
D6614	Onlay - cast noble metal, two surfaces	\$60.00
D6615	Onlay - cast noble metal, three or more surfaces	\$60.00
D6710	Crown - indirect resin based composite	\$30.00
D6720	Crown - resin with high noble metal	\$30.00
D6721	Crown - resin with predominantly base metal	\$15.00
D6722	Crown - resin with noble metal	\$20.00
D6740	Crown - porcelain/ceramic*	\$70.00
D6750	Crown - porcelain fused to high noble metal*	\$70.00
D6751	Crown - porcelain fused to predominantly base metal	\$55.00
D6752	Crown - porcelain fused to noble metal	\$60.00
D6780	Crown - ¾ cast high noble metal	\$70.00
D6781	Crown - ¾ cast predominantly base metal	\$55.00
D6782	Crown - ¾ cast noble metal	\$60.00
D6783	Crown - ¾ porcelain/ceramic*	\$70.00
D6790	Crown - full cast high noble metal	\$70.00
D6791	Crown - full cast predominantly base metal	\$50.00
D6792	Crown - full cast noble metal	\$60.00
D6794	Crown - titanium	\$70.00
D6930	Recement fixed partial denture	No Cost

D6940	Stress breaker	No Cost
D6980	Fixed partial denture repair necessitated by restorative material failure	No Cost

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

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

D7111	Extraction, coronal remnants - deciduous tooth	No Cost
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	No Cost
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$10.00
D7220	Removal of impacted tooth - soft tissue	\$15.00
D7230	Removal of impacted tooth - partially bony	\$25.00
D7240	Removal of impacted tooth - completely bony	\$35.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$50.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	No Cost
D7251	Coronectomy - intentional partial tooth removal	\$50.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$35.00
D7280	Surgical access of an unerupted tooth	\$25.00
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$25.00
D7283	Placement of device to facilitate eruption of impacted tooth	No Cost
D7286	Biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i>	No Cost
D7310	Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	No Cost
D7311	Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	No Cost
D7320	Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	No Cost
D7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	No Cost
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	No Cost
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	No Cost
D7471	Removal of lateral exostosis (maxilla or mandible)	No Cost
D7472	Removal of torus palatinus	No Cost
D7473	Removal of torus mandibularis	No Cost
D7510	Incision and drainage of abscess - intraoral soft tissue	No Cost
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	No Cost
D7970	Excision of hyperplastic tissue - per arch	No Cost
D7971	Excision of pericoronal gingiva	No Cost
D8694	Repair of fixed retainers, includes reattachment - <i>limited to 2 per 6 month period</i>	No Cost

D8000-D8999 XI. ORTHODONTICS

- The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed \$125.00, may apply.

- The Retention Copayment includes adjustments and/or office visits up to 24 months.

Pre and post orthodontic records include:

	<i>The benefit for pre-treatment records and diagnostic services includes:</i>	\$200.00
D0210	Intraoral - complete series of radiographic images	
D0322	Tomographic survey	
D0330	Panoramic radiographic image	
D0340	Cephalometric radiographic image	
D0350	Oral/facial photographic images obtained intraorally or extraorally	
D0470	Diagnostic casts	
	<i>The benefit for post-treatment records includes:</i>	\$70.00
D0210	Intraoral - complete series of radiographic images	
D0470	Diagnostic casts	
D8010	Limited orthodontic treatment of the primary dentition	\$725.00
D8020	Limited orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i>	\$725.00
D8030	Limited orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i>	\$725.00
D8040	Limited orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i>	\$925.00
D8050	Interceptive orthodontic treatment of the primary dentition	\$725.00
D8060	Interceptive orthodontic treatment of the transitional dentition	\$725.00
D8070	Comprehensive orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i>	\$1,700.00

D8080	Comprehensive orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i>	\$1,700.00
D8090	Comprehensive orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i> ..	\$1,900.00
D8660	Pre-orthodontic treatment visit	\$25.00
D8670	Periodic orthodontic treatment visit (as part of contract)- <i>included in comprehensive case fee</i>	No Cost
D8680	Orthodontic retention (removal of appliances, construction and placement of <i>removable</i> retainers)	\$275.00
D8693	Rebonding or recementing of fixed retainers - <i>limited to 2 per 6 month period</i>	No Cost
D8999	Unspecified orthodontic procedure, by report - <i>includes treatment planning session</i>	\$100.00

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain - minor procedure	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
D9220	Deep sedation/general anesthesia - first 30 minutes	\$165.00
D9221	Deep sedation/general anesthesia - each additional 15 minutes	\$80.00
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	\$165.00
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	\$80.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	No Cost
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	No Cost
D9440	Office visit - after regularly scheduled hours	\$20.00
D9450	Case presentation, detailed and extensive treatment planning	No Cost
D9940	Occlusal guard, by report - <i>limited to 1 in 3 years</i>	\$75.00
D9951	Occlusal adjustment, limited	No Cost
D9952	Occlusal adjustment, complete	No Cost
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays - <i>limited to one bleaching tray and gel for two weeks of self-treatment</i>	\$125.00
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

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 preauthorized in writing by Delta Dental. The Enrollee pays the Copayment specified for such services.

Procedures not listed above are not covered, however, may be available at the Contract Dentist's "filed fees." "Filed fees" mean the Contract Dentist's fees on file with Delta Dental. Questions regarding these fees should be directed to the Customer Service department at 800-422-4234.

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 \$100.00 above the listed Copayment for each of these services after the sixth unit has been provided.
3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241).
4. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon prior authorization by Delta Dental, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
5. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.
6. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Delta Dental is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

Exclusions of Benefits

1. Any procedure that is not specifically listed under *Schedule A, Description of Benefits and Copayments*.
2. Any procedure that in the professional opinion of the Contract Dentist:
 - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**
 - b. is inconsistent with generally accepted standards for dentistry.
3. Services solely for cosmetic purposes, with the exception of procedure D9975 (External bleaching for home application, per arch), or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).
6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
9. Consultations for non-covered benefits.
10. Dental services received from any dental facility other than the assigned Contract Dentist, a preauthorized dental specialist, or a Contract Orthodontist except for *Emergency Services* as described in the Contract and/or Evidence of Coverage.
11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
12. Prescription drugs.

13. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with the DeltaCare USA program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.
14. Lost, stolen or broken orthodontic appliances.
15. Changes in orthodontic treatment necessitated by accident of any kind.
16. Myofunctional and parafunctional appliances and/or therapies.
17. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
18. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

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When you enroll, you choose from many conveniently located DeltaCare USA contracted general dentists to receive benefits under your plan. To find the most current listing of DeltaCare USA network dental offices:

- Visit our website and click on “Find a Dentist” on our home page.
- Select “DeltaCare USA” as your plan network.

You can also call Customer Service for help in finding a dentist.

Visit your DeltaCare USA dentist

You must visit your selected DeltaCare USA dentist to receive benefits under your plan.

- If you do not select a dentist, we will select a dentist for you.
- Family members may select a different dentist for treatment within the covered service area. Refer to your plan booklet for details.
- You can change your selected network dentist by telephone or through our website.
- Changes received by the 21st of the month will be effective the first day of the following month.

Easy to use

- We will notify your DeltaCare USA dentist about your enrollment in the plan and other important details about your coverage such as dependent information, group number and enrollee ID number.
- No ID card is required to receive services; simply provide the dental office with your name, date of birth and social security or enrollee ID number.
- With DeltaCare USA, there are no claim forms to submit. And, since you are responsible only for the copayment at the time of treatment, you will not receive a claims statement.
- Predictable costs: you’ll find a complete list of covered procedures, copayments, plan limitations and exclusions in your plan booklet.

Specialty care and authorizations

If you require treatment from a specialist, your DeltaCare USA general dentist will coordinate any referrals for you.

In some states, Delta Dental must pre-authorize any dental services, with the exception of emergency treatment, that are not performed by your DeltaCare USA general dentist. Please refer to your plan booklet for specific details about your plan.

DELTACARE USA

Dual coverage/Coordination of benefits

If your spouse has coverage with another dental plan, you or your family members may be covered by both dental plans.*

- We do not coordinate benefits with the other plan when you receive treatment from your DeltaCare USA general dentist. However, if you receive authorized treatment from a specialist (such as an oral surgeon), we will coordinate benefits with the other carrier.
- Ask your specialist to submit the other plan's explanation of benefits with the DeltaCare USA claim form and we'll take it from there.

Orthodontic treatment in progress

DeltaCare USA has an orthodontic treatment-in-progress provision that allows new enrollees to continue treatment with their current orthodontist, as long as the enrollee is in active treatment started under his or her previous employer-sponsored dental plan. Enrollees are responsible for all copayments and fees subject to the provisions of their prior dental plan.**

Transitioning from another plan?

Your DeltaCare USA plan covers treatment started and completed only after your plan's effective date of coverage. If you have any dental treatment in progress when your coverage begins — root canals in progress, teeth prepared for crowns and dentures for which an impression has been taken — those expenses are not covered by your DeltaCare USA plan. However, DeltaCare USA plans have no exclusion for pre-existing dental conditions or missing teeth.

* Group-specific exceptions may apply. Please review your plan booklet for specific details about your plan's coordination of benefits, including rules for determining primary and secondary coverage.

** This provision may not apply to all plans. Please refer to your plan booklet for specific coverage details.

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If you have questions, you can check your benefits and eligibility information on our website or on our interactive voice response telephone line. For more information, you may also contact us through our website or call one of our helpful multilingual Customer Service representatives toll-free during business hours.



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Orthodontic treatment
in progress provision

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