

# SCHEDULE A

## Description of Benefits and Copayments

The Benefits shown below are performed as deemed appropriate by the Contract Dentist subject to the *Limitations and Exclusions* of the Plan. Please refer to *Schedule B* for further clarification of Benefits. **You should discuss all treatment options with Your 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 Plan and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2025 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

<u>CODE</u>	<u>DESCRIPTION</u>	<u>ENROLLEE PAYS</u>
<b>D0100-D0999</b>	<b>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
D0171	Re-evaluation - post-operative office 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 - comprehensive series of radiographic images - <i>limited to 1 of (D0210 or D0330) per 24 months. Either one (1) D0210 or one (1) D0330 permitted.</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 - 2D projection radiographic image created using a stationary radiation source, and detector .....	No Cost
D0251	Extraoral posterior dental 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 - <i>limited to 1 of (D0210 or D0330) per 24 months. Either one (1) D0210 or one (1) D0330 permitted</i> .....	No Cost
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis .....	No Cost
D0396	3D printing of a 3D dental surface scan .....	No Cost
D0425	Caries susceptibility tests .....	No Cost
D0460	Pulp vitality tests .....	No Cost
D0470	Diagnostic casts .....	No Cost
D0601	Caries risk assessment and documentation, with a finding of low risk - <i>1 every 12 months</i> .....	No Cost
D0602	Caries risk assessment and documentation, with a finding of moderate risk - <i>1 every 12 months</i> .....	No Cost
D0603	Caries risk assessment and documentation, with a finding of high risk - <i>1 every 12 months</i> .....	No Cost
D0701	Panoramic radiographic image - image capture only .....	No Cost
D0702	2-D cephalometric radiographic image - image capture only .....	No Cost
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only .....	No Cost
D0705	Extra-oral posterior dental radiographic image - image capture only .....	No Cost
D0706	Intraoral - occlusal radiographic image - image capture only .....	No Cost
D0707	Intraoral - periapical radiographic image - image capture only .....	No Cost

D0708	Intraoral - bitewing radiographic image - image capture only .....	No Cost
D0709	Intraoral - comprehensive series of radiographic images - image capture only .....	No Cost
D0999	Unspecified diagnostic procedure, by report .....	No Cost

**D1000-D1999                    II. PREVENTIVE**

D1110	Prophylaxis <i>cleaning</i> - adult - 2 D1110, D1120 or D4346 per calendar year .....	No Cost
D1110	<i>Additional prophylaxis cleaning</i> - adult (within the calendar year) .....	\$45.00
D1120	Prophylaxis <i>cleaning</i> - child - 2 D1110, D1120 or D4346 per calendar year .....	No Cost
D1120	<i>Additional prophylaxis cleaning</i> - child (within the calendar year) .....	\$35.00
D1206	Topical application of fluoride varnish - <i>child to age 19; 1 D1206 or D1208 per 6 month period</i> .....	No Cost
D1208	Topical application of fluoride - excluding varnish - <i>child to age 19; 1 D1206 or D1208 per 6 month period</i> .....	No Cost
D1310	Nutritional counseling for control of dental disease	No Cost
D1330	Oral hygiene instructions .....	No Cost
D1351	Sealant - per tooth - <i>limited to permanent molars through age 15</i> .....	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
D1353	Sealant repair - per tooth - <i>limited to permanent molars through age 15</i> .....	No Cost
D1354	Application of caries arresting medicament - per tooth - <i>child to age 19; 2 per calendar year</i> .....	\$15.00
D1510	Space maintainer - fixed - unilateral - per quadrant	No Cost
D1516	Space maintainer - fixed - bilateral, maxillary .....	No Cost
D1517	Space maintainer - fixed - bilateral, mandibular .....	No Cost
D1520	Space maintainer - removable - unilateral - per quadrant .....	No Cost
D1526	Space maintainer - removable - bilateral, maxillary .	No Cost
D1527	Space maintainer - removable - bilateral, mandibular .....	No Cost
D1551	Re-cement or re-bond bilateral space maintainer - maxillary .....	No Cost

D1552	Re-cement or re-bond bilateral space maintainer - mandibular .....	No Cost
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant .....	No Cost
D1556	Removal of fixed unilateral space maintainer - per quadrant .....	No Cost
D1557	Removal of fixed bilateral space maintainer - maxillary .....	No Cost
D1558	Removal of fixed bilateral space maintainer - mandibular .....	No Cost
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant - <i>child to age 9</i> .....	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, You may be charged an additional \$100.00 per crown, beyond the 6th unit.

- Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.

D2140	Amalgam - one surface, primary or permanent .....	No Cost
D2150	Amalgam - two surfaces, primary or permanent ....	No Cost
D2160	Amalgam - three surfaces, primary or permanent ..	No Cost
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 (anterior) .....	No Cost
D2391	Resin-based composite - one surface, posterior .....	\$50.00
D2392	Resin-based composite - two surfaces, posterior ...	\$50.00
D2393	Resin-based composite - three surfaces, posterior .	\$50.00
D2394	Resin-based composite - four or more surfaces, posterior .....	\$50.00
D2410	Gold foil - one surface .....	No Cost
D2420	Gold foil - two surfaces .....	No Cost
D2430	Gold foil - three surfaces .....	No Cost
D2510	Inlay - metallic - one surface .....	\$45.00
D2520	Inlay - metallic - two surfaces .....	\$45.00
D2530	Inlay - metallic - three or more surfaces .....	\$45.00

D2542	Onlay - metallic - two surfaces .....	\$45.00
D2543	Onlay - metallic - three surfaces .....	\$45.00
D2544	Onlay - metallic - four or more surfaces .....	\$45.00
D2710	Crown - resin-based composite (indirect) .....	No Cost
D2712	Crown - 3/4 resin-based composite (indirect) .....	No Cost
D2720	Crown - resin with high noble metal .....	No Cost
D2721	Crown - resin with predominantly base metal .....	No Cost
D2722	Crown - resin with noble metal .....	No Cost
D2740	Crown - porcelain/ceramic .....	No Cost
D2750	Crown - porcelain fused to high noble metal .....	\$45.00
D2751	Crown - porcelain fused to predominantly base metal .....	\$45.00
D2752	Crown - porcelain fused to noble metal .....	\$45.00
D2780	Crown - 3/4 cast high noble metal .....	\$45.00
D2781	Crown - 3/4 cast predominantly base metal .....	\$45.00
D2782	Crown - 3/4 cast noble metal .....	\$45.00
D2783	Crown - 3/4 porcelain/ceramic .....	\$45.00
D2790	Crown - full cast high noble metal .....	\$45.00
D2791	Crown - full cast predominantly base metal .....	\$45.00
D2792	Crown - full cast noble metal .....	\$45.00
D2794	Crown - titanium and titanium alloys .....	\$45.00
D2799	Interim crown - further treatment or completion of diagnosis necessary prior to final impression .....	No Cost
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration .....	No Cost
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core .....	No Cost
D2920	Re-cement or re-bond crown .....	No Cost
D2921	Reattachment of tooth fragment, incisal edge or cusp ( <i>anterior</i> ) .....	No Cost
D2928	Prefabricated porcelain/ceramic crown - permanent tooth .....	No Cost
D2929	Prefabricated porcelain/ceramic crown - primary tooth - <i>anterior</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
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth .....	No Cost
D2940	Placement of interim direct restoration .....	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
D2956	Removal of an indirect restoration on a natural tooth .....	No Cost
D2957	Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i> .....	No Cost
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework. ....	\$25.00
D2976	Band stabilization - per tooth - <i>limited to once in a lifetime per tooth</i> .....	No Cost
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
D2983	Veneer repair necessitated by restorative material failure .....	No Cost
D2989	Excavation of a tooth resulting in the determination of non-restorability .....	No Cost
D2990	Resin infiltration of incipient smooth surface lesions - <i>limited to 1 per 24 months</i> .....	No Cost
<b>D3000-D3999                    IV. ENDODONTICS</b>		
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) .....	No Cost
D3320	<i>Root canal</i> - endodontic therapy, premolar tooth (excluding final restoration) .....	No Cost
D3330	<i>Root canal</i> - endodontic therapy, molar tooth (excluding final restoration) .....	No Cost
D3346	Retreatment of previous root canal therapy - anterior .....	No Cost
D3347	Retreatment of previous root canal therapy - premolar .....	No Cost
D3348	Retreatment of previous root canal therapy - molar .....	No Cost
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.) .....	No Cost
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.) .....	No Cost
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	No Cost
D3355	Pulpal regeneration - initial visit .....	No Cost
D3356	Pulpal regeneration - interim medication replacement .....	No Cost
D3357	Pulpal regeneration - completion of treatment .....	No Cost
D3410	Apicoectomy - anterior .....	No Cost
D3421	Apicoectomy - premolar (first root) .....	No Cost
D3425	Apicoectomy - molar (first root) .....	No Cost
D3426	Apicoectomy (each additional root) .....	No Cost

D3430	Retrograde filling - per root .....	No Cost
D3450	Root amputation - per root .....	No Cost
D3471	Surgical repair of root resorption - anterior .....	No Cost
D3472	Surgical repair of root resorption - premolar .....	No Cost
D3473	Surgical repair of root resorption - molar .....	No Cost
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	No Cost
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar .....	No Cost
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar ...	No Cost
D3910	Surgical procedure for isolation of tooth with rubber dam .....	No Cost
D3911	Intraorifice barrier .....	No Cost
D3920	Hemisection (including any root removal), not including root canal therapy .....	No Cost
D3921	Decoronation or submergence of an erupted tooth	No Cost
D3950	Canal preparation and fitting of preformed dowel or post .....	No Cost

**D4000-D4999            V. PERIODONTICS**

*- Includes pre-operative and post-operative 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 .....	No Cost
D4249	Clinical crown lengthening - hard tissue .....	No Cost

D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant .....	No Cost
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant .....	No Cost
D4263	Bone replacement graft - retained natural tooth - first site in quadrant .....	No Cost
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant .....	No Cost
D4266	Guided tissue regeneration, natural teeth - resorbable barrier, per site .....	No Cost
D4267	Guided tissue regeneration, natural teeth - non-resorbable barrier, per site .....	No Cost
D4270	Pedicle soft tissue graft procedure .....	No Cost
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) .....	No Cost
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft .....	No Cost
D4276	Combined connective tissue and pedicle graft, per tooth .....	No Cost
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft .....	No Cost
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site .....	No Cost
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site .....	No Cost
D4286	Removal of non-resorbable barrier .....	No Cost
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns .....	No Cost
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns .....	No Cost

D4341	Periodontal scaling and root planing - four or more teeth per quadrant .....	No Cost
D4342	Periodontal scaling and root planing - one to three teeth per quadrant .....	No Cost
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - 2 D1110, D1120 or D4346 per calendar year .....	\$28.00
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit - <i>limited to 1 treatment in any 12 consecutive months</i> .....	No Cost
D4910	Periodontal maintenance - <i>limited to 1 treatment each 6 month period</i> .....	No Cost
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff) .....	No Cost
D4921	Gingival irrigation with a medicinal agent - per quadrant .....	\$25.00

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

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

- Rebases and relines are limited to 1 per denture during any 24 consecutive months and tissue conditioning 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 .....	No Cost
D5120	Complete denture - mandibular .....	No Cost
D5130	Immediate denture - maxillary .....	No Cost
D5140	Immediate denture - mandibular .....	No Cost
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) .....	No Cost
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) .....	No Cost

D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) .....	No Cost
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) .....	No Cost
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) .....	No Cost
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) .....	No Cost
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) .....	No Cost
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) .....	No Cost
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth) - prosthetic appliances will be replaced only after five years have elapsed from the time of delivery ...	No Cost
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth) .....	No Cost
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth) .....	No Cost
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth) .....	No Cost
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary .....	No Cost
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular .....	No Cost
D5410	Adjust complete denture - maxillary .....	No Cost
D5411	Adjust complete denture - mandibular .....	No Cost
D5421	Adjust partial denture - maxillary .....	No Cost
D5422	Adjust partial denture - mandibular .....	No Cost
D5511	Repair broken complete denture base, mandibular .	No Cost
D5512	Repair broken complete denture base, maxillary ....	No Cost
D5520	Replace missing or broken teeth - complete denture - per tooth .....	No Cost

D5611	Repair resin partial denture base, mandibular .....	No Cost
D5612	Repair resin partial denture base, maxillary .....	No Cost
D5621	Repair cast partial framework, mandibular .....	No Cost
D5622	Repair cast partial framework, maxillary .....	No Cost
D5630	Repair or replace broken retentive/clasping materials - per tooth .....	No Cost
D5640	Replace missing or broken teeth - partial denture - per tooth .....	No Cost
D5650	Add tooth to existing partial denture - per tooth ....	No Cost
D5660	Add clasp to existing partial denture - per tooth ....	No Cost
D5670	Replace all teeth and acrylic on cast metal framework (maxillary) .....	No Cost
D5671	Replace all teeth and acrylic on cast metal framework (mandibular) .....	No Cost
D5710	Rebase complete maxillary denture .....	No Cost
D5711	Rebase complete mandibular denture .....	No Cost
D5720	Rebase maxillary partial denture .....	No Cost
D5721	Rebase mandibular partial denture .....	No Cost
D5725	Rebase hybrid prosthesis .....	No Cost
D5730	Reline complete maxillary denture (chairside) .....	No Cost
D5731	Reline complete mandibular denture (chairside) ....	No Cost
D5740	Reline maxillary partial denture (chairside) .....	No Cost
D5741	Reline mandibular partial denture (chairside) .....	No Cost
D5750	Reline complete maxillary denture (laboratory) .....	No Cost
D5751	Reline complete mandibular denture (laboratory) ..	No Cost
D5760	Reline maxillary partial denture (laboratory) .....	No Cost
D5761	Reline mandibular partial denture (laboratory) .....	No Cost
D5765	Soft liner for complete or partial removable denture - indirect .....	No Cost
D5810	Interim complete denture (maxillary) .....	No Cost
D5811	Interim complete denture (mandibular) .....	No Cost
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary .....	No Cost
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular ....	No Cost
D5850	Tissue conditioning, maxillary .....	No Cost
D5851	Tissue conditioning, mandibular .....	No Cost
D5863	Overdenture - complete maxillary .....	No Cost

D5864	Overdenture - partial maxillary .....	No Cost
D5865	Overdenture - complete mandibular .....	No Cost
D5866	Overdenture - partial 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, You may be charged an additional \$100.00 per unit, beyond the 6th unit.*

*- Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.*

D6205	Pontic - indirect resin based composite .....	\$45.00
D6210	Pontic - cast high noble metal .....	\$45.00
D6211	Pontic - cast predominantly base metal .....	\$45.00
D6212	Pontic - cast noble metal .....	\$45.00
D6214	Pontic - titanium and titanium alloys .....	\$45.00
D6240	Pontic - porcelain fused to high noble metal .....	\$45.00
D6241	Pontic - porcelain fused to predominantly base metal .....	\$45.00
D6242	Pontic - porcelain fused to noble metal .....	\$45.00
D6245	Pontic - porcelain/ceramic .....	\$45.00
D6250	Pontic - resin with high noble metal .....	\$45.00
D6251	Pontic - resin with predominantly base metal .....	\$45.00
D6252	Pontic - resin with noble metal .....	\$45.00
D6545	Retainer - cast metal for resin bonded fixed prosthesis .....	\$45.00
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis .....	\$45.00
D6549	Retainer - for resin bonded fixed prosthesis .....	\$45.00
D6600	Retainer inlay - porcelain/ceramic, two surfaces .....	\$45.00
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces .....	\$45.00
D6602	Retainer inlay - cast high noble metal, two surfaces .....	\$45.00

D6603	Retainer inlay - cast high noble metal, three or more surfaces .....	\$45.00
D6604	Retainer inlay - cast predominantly base metal, two surfaces .....	\$45.00
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces .....	\$45.00
D6606	Retainer inlay - cast noble metal, two surfaces .....	\$45.00
D6607	Retainer inlay - cast noble metal, three or more surfaces .....	\$45.00
D6608	Retainer onlay - porcelain/ceramic, two surfaces ....	\$45.00
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces .....	\$45.00
D6610	Retainer onlay - cast high noble metal, two surfaces .....	\$45.00
D6611	Retainer onlay - cast high noble metal, three or more surfaces .....	\$45.00
D6612	Retainer onlay - cast predominantly base metal, two surfaces .....	\$45.00
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces .....	\$45.00
D6614	Retainer onlay - cast noble metal, two surfaces .....	\$45.00
D6615	Retainer onlay - cast noble metal, three or more surfaces .....	\$45.00
D6624	Retainer inlay - titanium .....	\$45.00
D6634	Retainer onlay - titanium .....	\$45.00
D6710	Retainer crown - indirect resin based composite ....	\$45.00
D6720	Retainer crown - resin with high noble metal .....	\$45.00
D6721	Retainer crown - resin with predominantly base metal .....	\$45.00
D6722	Retainer crown - resin with noble metal .....	\$45.00
D6740	Retainer crown - porcelain/ceramic .....	\$45.00
D6750	Retainer crown - porcelain fused to high noble metal .....	\$45.00
D6751	Retainer crown - porcelain fused to predominantly base metal .....	\$45.00
D6752	Retainer crown - porcelain fused to noble metal ....	\$45.00
D6780	Retainer crown - 3/4 cast high noble metal .....	\$45.00
D6781	Retainer crown - 3/4 cast predominantly base metal .....	\$45.00
D6782	Retainer crown - 3/4 cast noble metal .....	\$45.00

D6783	Retainer crown - 3/4 porcelain/ceramic .....	\$45.00
D6790	Retainer crown - full cast high noble metal .....	\$45.00
D6791	Retainer crown - full cast predominantly base metal .....	\$45.00
D6792	Retainer crown - full cast noble metal .....	\$45.00
D6794	Retainer crown - titanium and titanium alloys .....	\$45.00
D6930	Re-cement or re-bond fixed partial denture .....	No Cost
D6940	Stress breaker .....	No Cost
D6950	Precision attachment .....	No Cost
D6980	Fixed partial denture repair necessitated by restorative material failure .....	No Cost

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

*- Includes pre-operative and post-operative evaluations and treatment under a local anesthetic.*

D7111	Extraction, coronal remnants - primary tooth .....	No Cost
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) .....	No Cost
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated .....	No Cost
D7220	Removal of impacted tooth - soft tissue .....	No Cost
D7230	Removal of impacted tooth - partially bony .....	No Cost
D7240	Removal of impacted tooth - completely bony .....	No Cost
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications .....	No Cost
D7250	Removal of residual tooth roots (cutting procedure) .....	No Cost
D7251	Coronectomy - intentional partial tooth removal, impacted teeth only .....	No Cost
D7252	Partial extraction for immediate implant placement - <i>Once in a lifetime</i> .....	No Cost
D7280	Exposure of an unerupted tooth .....	No Cost
D7283	Placement of device to facilitate eruption of impacted tooth .....	No Cost
D7288	Brush biopsy - transepithelial sample collection .....	\$45.00
D7290	Surgical repositioning of teeth .....	No Cost
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report .....	No Cost

D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant .....	No Cost
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant ...	No Cost
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant ...	No Cost
D7961	Buccal/labial frenectomy (frenulectomy) .....	No Cost
D7962	Lingual frenectomy (frenulectomy) .....	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:***

*The Benefit for pre-treatment records and diagnostic services includes: .....* No Cost

D0210	Intraoral - comprehensive series of radiographic images - <i>limited to 1 of (D0210 or D0330) per 24 months. Either one (1) D0210 or one (1) D0330 permitted</i>	
D0322	Tomographic survey	
D0330	Panoramic radiographic image - <i>limited to 1 of (D0210 or D0330) per 24 months. Either one (1) D0210 or one (1) D0330 permitted</i>	
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	
D0350	2D oral/facial photographic images obtained intra-orally or extra-orally	
D0396	3D printing of a 3D dental surface scan	
D0470	Diagnostic casts	
D0801	3D intraoral surface scan - direct	
D0802	3D dental surface scan - indirect	
D0803	3D facial surface scan - direct	
D0804	3D facial surface scan - indirect	

	<i>The Benefit for post-treatment records includes: ....</i>	No Cost
D0210	Intraoral - comprehensive series of radiographic images - <i>limited to 1 of (D0210 or D0330) per 24 months. Either one (1) D0210 or one (1) D0330 permitted</i>	
D0470	Diagnostic casts	
D8010	Limited orthodontic treatment of the primary dentition .....	No Cost
D8020	Limited orthodontic treatment of the transitional dentition .....	No Cost
D8030	Limited orthodontic treatment of the adolescent dentition .....	No Cost
D8040	Limited orthodontic treatment of the adult dentition .....	\$1,995.00
D8070	Comprehensive orthodontic treatment of the transitional dentition .....	No Cost
D8080	Comprehensive orthodontic treatment of the adolescent dentition .....	No Cost
D8090	Comprehensive orthodontic treatment of the adult dentition .....	\$1,995.00
D8091	Comprehensive orthodontic treatment with orthognathic surgery .....	\$2,300.00
D8210	Removable appliance therapy .....	No Cost
D8220	Fixed appliance therapy .....	No Cost
D8660	Pre-orthodontic treatment examination to monitor growth and development .....	No Cost
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s)) .....	No Cost
D8681	Removable orthodontic retainer adjustment .....	No Cost
<b>D9000-D9999</b>	<b>XII. ADJUNCTIVE GENERAL SERVICES</b>	
D9110	Palliative treatment of dental pain - per visit .....	No Cost
D9210	Local anesthesia not in conjunction with operative or surgical procedures .....	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

D9219	Evaluation for moderate sedation, deep sedation or general anesthesia .....	No Cost
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis .....	No Cost
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician .....	No Cost
D9311	Consultation with a medical health care professional .....	No Cost
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed ....	No Cost
D9440	Office visit - after regularly scheduled hours .....	No Cost
D9912	Pre-visit patient screening .....	No Cost
D9932	Cleaning and inspection of removable complete denture, maxillary .....	No Cost
D9933	Cleaning and inspection of removable complete denture, mandibular .....	No Cost
D9934	Cleaning and inspection of removable partial denture, maxillary .....	No Cost
D9935	Cleaning and inspection of removable partial denture, mandibular .....	No Cost
D9990	Certified translation or sign-language services - per visit .....	No Cost
D9991	Dental case management - addressing appointment compliance barriers .....	No Cost
D9992	Dental case management - care coordination .....	No Cost
D9995	Teledentistry - synchronous; real-time encounter ...	No Cost
D9996	Teledentistry - asynchronous; information stored and forwarded to Dentist for subsequent review ....	No Cost
D9999	Unspecified adjunctive procedure, by report .....	No Cost

## Footnotes

NOTE: Copayments For Crowns, Pontics, Bridges Do Not Include Charges For The Use Of Porcelain/Ceramic On Molars. There is an additional charge for porcelain/ceramic on molars.

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide specialized services, and are referred by the assigned Contract Dentist, must be authorized by the Plan. The Enrollee pays the Copayment specified for such services.

## SCHEDULE B

### Limitations and Exclusions of Benefits

#### Limitations

1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments*.
2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, which are supported either by a natural tooth or dental implant, 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. When recommending covered crown(s), bridge pontic(s) and/or bridge retainers, which are supported either by a natural tooth or dental implant, Contract Dentists may offer services that utilize brand or trade names at an additional fee. You must be offered the plan Benefits of a high quality laboratory processed crown/pontic that may include: porcelain/ceramic; porcelain with base, noble or high-noble metal. If You choose the alternative of a material upgrade (name brand laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials, including but not limited to: Captek, Procera, Lava, Empress and Cerec) the Contract Dentist may charge an additional fee not to exceed \$100.00 in addition to the listed Copayment. Contact the Customer Service department at 800-422-4234 if you have questions regarding the additional fee or name brand services.
4. Benefits provided by a pediatric Dentist are limited to children through age 13 following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by Dentegra, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
5. Your cost for receiving orthodontic treatment when coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's submitted fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. You make 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. Dentegra is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

## Exclusions

1. Any procedure that is not specifically listed in *Schedule A, Description of Benefits and Copayments*.
2. Services for which benefits are otherwise provided under a surgical-medical plan of the employer.
3. Services or supplies that are cosmetic in nature, including charges for personalization or characterization of dentures.
4. Prosthetic devices (including bridges), crowns, inlays, onlays and dentures and the fitting thereof which are ordered while the individual is not covered under the EOC, or which are ordered while the individual is covered under the EOC, but are finally installed or delivered to such individual more than ninety (90) days after termination of coverage.
5. Replacement or repair of an orthodontic appliance.
6. Services which are compensated by Workers' Compensation or Employer's Liability.
7. Dental services which are obtained by an Enrollee outside of the office in which he is enrolled and which are not pre-authorized by such office. This does not apply to emergency dental services as they are described in the Emergency Services Section of the EOC.
8. Services or supplies from any governmental agency which are obtained by You without cost by compliance with laws or regulations enacted by any federal, state, municipal or other governmental body.
9. Services to the extent for which benefits are payable under any health care program supported in whole or in part by funds of the federal government or any state or political subdivision thereof.
10. Services for treatment of any automobile related injury to the extent to which You are covered under any no-fault automobile policy.
11. Services rendered through any facility provided or maintained by Your employer.
12. Services or supplies for treatment of any dental disease, defect, accident or injury due to an act of war, declared or undeclared, and Our inability to provide services occurs due to circumstances beyond Our control.

13. Elective surgery (unless the services are performed for correction of functional disorders or as a result of an accidental injury and are not otherwise excluded).
14. Services or supplies which do not meet accepted standards of dental practice, including services or supplies which are experimental in nature.
15. Treatment of cysts, fractures, dislocations, malignancies and neoplasms.
16. Treatment for temporomandibular joint dysfunction, except that orthodontic procedures shall be covered to the extent such coverage is available under the EOC.
17. Those procedures requiring appliances or restorations that are necessary for full-mouth rehabilitation, restoration of occlusion or to alter vertical dimension (except when involving full dentures and/or minor occlusal adjustment).
18. Treatment of congenital defects.
19. For implants, surgical insertion and/or removal of, and any appliances and/or crowns attached to implants.
20. Any duplicate prosthetic device or any other duplicate appliance.
21. Comprehensive orthodontic treatment plan is covered once per lifetime.
22. The relining or rebasing of dentures less than six (6) months after the installation of an initial or replacement denture, and not more than one (1) relining or rebasing in any period of twenty-four (24) consecutive months under the EOC.
23. Replacement of an existing individual crown, partial or fully removable denture or fixed bridgework by a new individual crown, denture or by new bridgework; or the addition of teeth to an existing partial removable denture or to bridgework, unless satisfactory evidence is presented that the replacement or addition of teeth is required to replace one or more teeth extracted after the existing individual crown, denture or bridgework was installed; or the existing individual crown, denture or bridgework cannot be made serviceable and at least five (5) years have elapsed prior to its replacement; or the existing denture is an immediate temporary denture which cannot be made permanent and re-placement by a permanent denture takes place within twelve (12) months from the date of initial installation of the immediate temporary denture.

24. Services or supplies for treatment of any dental disease, defect, accident or injury which We and/or Our dental offices cannot provide due to circumstances beyond Our and Our dental offices control.
25. Services, supplies and drugs not normally supplied by a dental office.
26. Hospitalization costs (and associated fees) for any dental procedure.
27. Services which cannot be performed because of the health of the patient.
28. The administration of a general anesthesia, unless medically necessary.
29. Surgery necessary to correct skeletal imbalances and/or malformations (i.e., orthognathic surgery).
30. Orthodontic treatment must be provided by a licensed dentist. Self-administered orthodontics are not covered.