

Delta Dental Insurance Company
P.O. Box 1803
Alpharetta, GA 30023
800-422-4234

DELTACARE® USA GROUP DENTAL SERVICE CONTRACT

Introduction

Contractholder has applied for a group dental service contract with Delta Dental Insurance Company ("Company"), on behalf of itself, and its affiliated companies, on the following terms:

- Contractholder will pay Us or Our Third Party Administrator ("Administrator"), the Premiums as shown on the *Group Information* section.
- Upon acceptance of the Contractholder's signed application and in consideration of payment of the first month's Premium, the term of this Contract will begin at 12:01 a.m. Standard Time on the Effective Date shown on the *Group Information* section and end on the Contract Term date at 12:00 a.m. Standard Time.

In consideration of payment of all Premium shown in the *Group Information* section, We agree to provide the Benefits described in the *Schedules* and any riders or attachments to the Certificate of Coverage ("COC") subject to the Contract terms. The COC and *Schedules* are attached and incorporated herein by reference. The parties will fulfill the obligations stated herein.

Terms such as "We," "Us" and "Our" refers to the Company or Our third party administrator. Additional terms have specific meanings and are described in the *Definitions* section of this Contract and the COC.

This Contract is issued and delivered in Florida and is governed by its laws.

We provide Benefits as a Prepaid Limited Health Service Organization, as described in Chapter 636 of the Florida Statutes.

City of Pembroke Pines

Executed this _____ day of _____, 20____

for the Contractholder at: _____

City and State

By: _____ Signature: _____

Delta Dental Insurance Company



Michael G. Hankinson, Esq., President

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Section 1. Definitions

Terms with capital letters appearing in this Contract will have the meaning given to them in the attached COC. In addition, the following terms will have these meanings:

Contract: This agreement between Us and the Contractholder including the COC and any attachments. This Contract constitutes the entire agreement between the parties.

Contract Term: The period during which this Contract is in effect, as shown in the *Group Information* section.

Contractholder: The entity that enters in to and executes this Contract to obtain dental benefits.

Effective Date: The date this Contract begins, as shown in the *Group Information* section.

Premium: The amount the Contractholder or an Enrollee, if applicable must pay for coverage and stated in the *Group Information* section.

Section 2. Duties of Company

2.01 We or Our third party administrator or other authorized representative will perform administrative functions necessary to ensure the provision of benefits for the Contractholder and its Enrollees. Such functions may include, but are not limited to, enrollment, premium billing, claims processing, providing a dental network, responding to inquiries and complaints that may arise under this Contract, and maintaining records.

2.02 In the absence of an amendment mutually agreed upon between the parties, no changes to this Contract will be made during a Contract Term.

Section 3. Duties of Contractholder

3.01 Reporting Enrollment

We will process enrollment as reported to Us by the Contractholder. On or before the Effective Date, the Contractholder will furnish Us, in writing or in an electronic format as agreed, a listing of eligible Primary Enrollees, and Dependent Enrollees, if applicable. Electronic format may be made by file transmissions, Our web tool or a combination of the two.

Thereafter, the Contractholder must furnish in an agreed format, a listing before the 10th day of each month indicating specific additions, changes or terminations made during the prior month. Otherwise, an Enrollee remains enrolled until We receive notice of the termination. If the Primary Enrollee loses coverage or makes any change that affects an Enrollee's eligibility, We must be promptly notified of such change.

The Contractholder will notify Us of, in writing or in an electronic format, any requests for Premium adjustments for Enrollees who should have been terminated but for which no notice was provided to Us. Adjustments will be applied retroactively up to the immediately preceding 3 months plus the current billing month. We will not make any payment for services provided to an Enrollee who is not reported as an Enrollee when the service is provided.

We will not pay services provided to an Enrollee if Premiums are not paid for the month in which the dental services are rendered, except as stated in the Grace Period provision. We will not be obligated to recover claims paid to a Dentist as a result of retroactive eligibility adjustments. The Contractholder agrees to reimburse Us for any erroneous claim payments as a result of incorrect eligibility reporting by the Contractholder.

3.02 Audit

Upon Our reasonable written notice, the Contractholder will permit Us to audit books and records to confirm compliance with these provisions.

3.03 Eligibility Requirements:

Eligibility requirements are determined by the Contractholder and described in the COC. For additional eligibility assistance, contact the Customer Service at 800-422-4234.

3.04. Premiums

This Contract will be effective when We receive the first month's Premium. Subsequent Premiums are due the first day of each month.

In accordance with the *Group Information* section, Contractholder agrees to:

Collect Premiums by means of payroll deductions for Primary Enrollees and Dependent Enrollees voluntarily enrolled for Benefits.

Contractholder will remit one check each period as required.

Should an Enrollee voluntarily cancel enrollment and subsequently desire to re-enroll, all Premiums retroactive to the date of cancellation (but not to exceed 12 months) must be paid before the Enrollee will be reenrolled.

For enrollment additions, Contractholder will remit a full month's Premium for Enrollees whose coverage is effective on the first through the fifteenth calendar day of a month. Premiums are not due to Us for Enrollees who are enrolled on the sixteenth through the last day of a month.

For enrollment terminations, Contractholder will remit a full month's Premium for Enrollees whose coverage is terminated on the sixteenth through the last calendar day of a respective month. Premiums are not due to Us for Enrollees whose enrollment is terminated on the first through the fifteenth day of a month.

In the event enrollment is cancelled by Us, We will return the pro-rata portion of the Premium which corresponds to any unexpired period for which payment had been received, less any amounts due on claims, if any, less any amounts owed to Us. This provision will not apply in instances of Enrollee fraud or deception in obtaining Benefits for themselves or others.

3.05 If this Contract is terminated before the end of a Contract Term, Contractholder will pay additional charges as provided under this Contract.

3.06 For each Premium after the first, a grace period of 30 days from the due date will be allowed for the payment of the Premium. This Contract will continue in force during this period. If the Premium remains unpaid at the end of the grace period, this Contract will terminate in accordance with the termination notice requirements. Any payment received after 90 days of the due date will be subject to interest charges at an annualized rate equal to one percentage point above the then current 3 month U.S. Treasury Bill rate, which interest will commence accruing as of the first day following the end of the grace period.

3.07 Certificates and Notices

We will furnish the Contract, COC, *Schedules* and any attachments to the Contractholder which will set forth the essential features of the dental coverage.

Contractholder will provide Primary Enrollee the COC supplied by the Us.

Contractholder will distribute any Enrollee notices from Us which may affect their rights under this Contract.

Section 4. Renewal and Termination

4.01 Renewal

The initial term of this Contract will be for the period set forth on the *Group Information* section and will renew thereafter on terms indicated in the renewal information provided to the Contractholder as long as We make this plan available at renewal.

4.02

Either party may elect not to renew this Contract provided proper notice is given in accordance with the terms of this Contract.

We may change the Premium amount whenever the terms of the Contract are either changed or Benefits are updated provided the current Premiums have been in effect for a minimum of 12 months and We have provided at least 45 days advance notice.

We will provide 60 days advance written renewal notice prior to the end of the Contract Term indicating if Premiums and/or coverage will change. In the absence of the Contractholder's notice to non-renew, receipt of the renewal Premium constitutes acceptance of the renewal and its terms. If the Contractholder fails to provide written notification to Us of non-renewal by the date indicated in the renewal letter and/or does not pay the Premiums indicated in the renewal notice with the new Contract Term, We will terminate this Contract.

4.03 Termination

This Contract may be terminated only for the following causes: By either party upon 60 days written notice at the expiration of a Contract Term.

- By Us:
 - Upon 30 days written notice, if the Contractholder fails to pay.
 - Upon 60 days written notice, in the event the minimum enrollment of 5 Primary Enrollees is not maintained or a reduction of 30% or more in the number of Primary Enrollees over 3 consecutive months occurs.
 - Immediately when there is fraud or misrepresentation by the Contractholder.

If termination is initiated by Delta, it will be without prejudice to any continuous loss which commenced while this Contract was in force.

4.04

In the event this Contract is terminated for nonpayment of Premium, all coverage will terminate and We will be released from all further obligations under this Contract, effective on the last day of the month in which written notice of termination is given. We will not be obligated to continue to provide coverage to any Enrollee except for completion of dental treatment commenced while this Contract was in effect.

4.05 Reinstatement

If any Premium is not paid in full within the time period granted for payment, a later acceptance of Premium in full by Us or by any agent duly authorized by Us to accept such premium, without requiring a reinstatement application in connection with the acceptance of the Premium in full, will reinstate this Contract; However, if We or such agent requires an application for reinstatement and issues a conditional receipt for the Premium tendered, this Contract will be reinstated upon approval of the application by Us or, lacking such approval, upon the 45th day following the date of such conditional receipt unless We have previously provided written notice of Our disapproval of such application.

The parties have the same rights thereunder as they had under the Contract immediately before the due date of the defaulted Premium, subject to any provisions endorsed herein or attached hereto in connection with the reinstatement. Any Premium accepted in connection with a reinstatement will be applied to a period for which Premium has not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.

Section 5. General Provisions

Entire Contract; Changes

This Contract, including the COC and any attachments, is the entire agreement between the parties. No agent has authority to change or waive any of its provisions. Changes are not valid unless approved by one of Our executive officers.

Severability

If any part of this Contract or an amendment of it is found to be illegal, void or not enforceable, all other portions of this Contract will remain in full force and effect.

Conformity with Applicable Laws

All legal questions will be governed by the laws of the state where this Contract was entered into and is to be performed. Any part of this Contract which conflicts with state or federal law is hereby amended to conform to the minimum requirements of such laws. We are subject to the requirements of Chapter 636 of the Florida Statutes.

Indemnification

Contractholder agrees to indemnify, defend and hold harmless the Company, its directors, officers, employees, agents and affiliated companies against any and all claims, demands, liabilities, costs, damages and causes of action or administrative proceedings whatsoever, including reasonable attorney's fees, arising from Contractholder's negligent performance or non-performance of its obligations under this Contract.

We agree to indemnify, defend and hold harmless the Contractholder, its directors, officers, employees, agents and affiliated companies against any and all claims, demands, liabilities, costs, damages and causes of action or administrative proceedings whatsoever, including reasonable attorney's fees, arising from Our negligent performance or non-performance of Our obligations under this Contract.

Misstatements on Application; Effect

In the absence of fraud or intentional misrepresentation of material fact in applying for or procuring coverage, all statements made by the Contractholder will be deemed representations and not warranties. No such statement will be used in defense to a claim under this Contract, unless it is contained in a written instrument signed by the Contractholder, a copy of which has been furnished to such Contractholder.]

Misstatement of Age

If the age of the Enrollee has been misstated, the Premium will be adjusted to the amount of Premium payable had the age not been misstated.

Legal Actions

No action at law or in equity will be brought to recover on this Contract before 60 days after written proof of loss has been filed in accordance with requirements of this Contract; nor will an action be brought after the expiration of 5 years after the time written proof of loss is required to be furnished.

Publications about Program

The parties agree to consult as is reasonably practical on all material published or distributed about this Contract. No material will be published or distributed which conflicts with the terms of this Contract.

Notice; Where Directed

All formal notices under this Contract must be in writing and sent by email, facsimile (fax), first-class United States mail, overnight delivery service or personal delivery. Notice by United States mail will be effective 48 hours after mailing with fully pre-paid postage.

Contractholder will designate, in writing, a representative for purposes of receiving notices from Us under this Contract. Contractholder may change its representative at any time with 30 days written notice to Us. The Contractholder's representative will provide notices to the Enrollees within 30 days of receipt.

Impossibility of Performance

Neither party will be liable to the other or be deemed to be in breach of this Contract for any failure or delay in performance arising out of causes beyond its reasonable control. Such causes are strictly limited to include acts of God or of a public enemy, explosion, fire or unusually severe weather. Dates and times of performance will be extended to the extent of the delays excused by this paragraph, provided that the party whose performance is affected notifies the other promptly of the existence and nature of the delay.

Compliance with Administrative Simplification, Security and Privacy Regulations

The parties will comply in all respects with applicable federal, state and local laws and regulations relating to administrative simplification, security and privacy of individually identifiable Enrollee information including executing any agreements as required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). The parties agree that this Contract incorporates terms as necessary and as applicable to execute the required agreements to comply with federal regulations issued under the HIPAA and HITECH Act or to comply with any other enacted administrative simplifications, security or privacy laws or regulations.

Not in Lieu of Workers' Compensation

This Contract is not in lieu of and does not affect any requirements for coverage by workers' compensation insurance.

Incontestability

After this Contract has been in force for 2 years from the Effective Date, no statement made by the Contractholder will be used to void this Contract. No statement by an Enrollee with respect to their insurability will be used to reduce or deny a claim or contest the validity of insurance for such Enrollee after that person's coverage has been in effect 2 years or more during his or her lifetime.

No claims for loss incurred or disability commencing after 2 years from the date of issue of this Contract will be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss existed prior to the Effective Date of this Contract.

Third Party Administrator ("Administrator")

We may use the services of an Administrator or other designated representative, duly registered under applicable state law, to provide services under this Contract. Any Administrator providing such services or receiving such information will enter into a separate Business Associate Agreement ("BAA") with Us, providing that the Administrator will meet HIPAA and HITECH requirements for the preservation of protected health information of Enrollees.

Mutual Confidentiality

The parties agree to maintain confidential information using the same degree of care (which will be no less than reasonable care) that each party uses to protect its own confidential information of a similar nature and to use confidential information only for specified purposes. Confidential information includes any information which the owner deems confidential, whether marked as confidential or otherwise clearly identifiable as confidential and includes information not generally known by the public or by parties which are competitive with or otherwise in an industry, trade or business similar to the owner of the confidential information. The recipient of confidential information will notify the owner of any unauthorized disclosure or breach of confidentiality as soon as possible after discovery and without unreasonable delay.

Trademarks; Service Marks

Unless specifically allowed in this Contract, neither party will use the name, trademarks, service marks or other proprietary branding of the other party without the advance written approval of the other party.

Section 6. Group Information

Contractholder Name: City of Pembroke Pines

Group Number: 79717

Effective Date: October 1, 2023

Contract Term: 36 Months

Premiums per Month:

Plan Type: FL16I

Enrollee Only	\$8.86
Enrollee + 1 Dependent	\$17.25
Enrollee + 2 or more Dependent	\$24.10

10/01/2025 - 09/30/2026 NTE Rate Multiplier

Enrollee Only	\$9.48
Enrollee + 1 Dependent	\$18.46
Enrollee + 2 or more Dependent	\$25.79

Remit Premium Payment to: Attn: Accounts Receivable
Delta Dental Insurance Company or Administrator
PO Box 647006
Dallas, TX 75264-7006

Section 7. Attachments

The following documents are incorporated by reference:

Certificate of Coverage

Schedule A - Description of Benefits and Copayments

Schedule B - Limitations and Exclusions of Benefits

OHCA Notice to Fully Insured Groups

OHCA Contract Notice for Fully Insured Groups

Delta Dental Insurance Company (“Delta Dental”) and the fully insured Group Health Plan (“Contractholder”) participate in an Organized Health Care Arrangement (as defined in 45 Code of Federal Regulations (C.F.R.) §164.501) (“OHCA”). The Contractholder hereby certifies that:

- The Contractholder will treat all PHI in accordance with the standards of the HIPAA Privacy Rules and update its plan documents to reflect that it will limit access to PHI to those employees and authorized representatives of the Contractholder whose access is necessary to perform the plan administration functions permitted under the HIPAA Privacy Rules and that PHI will not be used in the context of other benefit plans or in employment-related decisions.
- In order for PHI beyond summary health information to be disclosed, the fully insured Contractholder must: (1) provide a signed attestation that their plan documents have been amended to comply with the applicable HIPAA privacy administrative safeguard provisions; (2) have issued a HIPAA compliant privacy notice; and (3) provide individuals with the right to access, review, amend, and receive an accounting of disclosures.
- PHI requested is the minimum necessary for the Contractholder to perform its health care operations and/or payment activities related to the Contract herein.
- If Delta Dental is directed to release PHI to a third party, the third party has a HIPAA compliant BAA with the Contractholder.

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. **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 Program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2023 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>COPAYMENTS</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
D0171	Re-evaluation - post-operative office visit	No Cost
D0180	Comprehensive periodontal evaluation - new or established patient	\$33.00
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 series every 36 months, or more frequently if medically necessary</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 2 series every 12 months, or more frequently if medically necessary</i>	No Cost
D0277	Vertical bitewings - 7 to 8 radiographic images	No Cost
D0330	Panoramic radiographic image - <i>limited to 1 every 36 months, or more frequently if medically necessary</i>	No Cost
D0364	Cone beam CT capture and interpretation with limited field of view - less than one whole jaw	\$110.00

D0365	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible	\$110.00
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	\$110.00
D0367	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	\$150.00
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures - <i>limited to 1 per calendar year; only covered in conjunction with Temporomandibular Joint (TMJ) evaluation</i>	\$145.00
D0415	Collection of microorganisms for culture and sensitivity	No Cost
D0419	Assessment of salivary flow by measurement - <i>1 every 12 months</i>	No Cost
D0425	Caries susceptibility tests	No Cost
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	\$25.00
D0460	Pulp vitality tests	\$14.00
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 - <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 - <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>2 D1110, D1120 or D4346 per calendar year, or more frequently if medically necessary</i>	No Cost
D1110	<i>Additional prophylaxis cleaning</i> - adult (<i>within the calendar year</i>)	\$45.00
D1120	Prophylaxis <i>cleaning</i> - child - <i>2 D1110, D1120 or D4346 per calendar year, or more frequently if medically necessary</i>	No Cost
D1120	<i>Additional prophylaxis cleaning</i> - child (<i>within the calendar year</i>)	\$30.00
D1206	Topical application of fluoride varnish - <i>2 D1206 or D1208 per calendar year, or more frequently if medically necessary</i>	No Cost

D1206	<i>Additional topical application of fluoride varnish - (within the calendar year)</i>	\$15.00
D1208	<i>Topical application of fluoride - excluding varnish - 2 D1206 or D1208 per calendar year, or more frequently if medically necessary .</i>	No Cost
D1208	<i>Additional topical application of fluoride - excluding varnish (within the calendar year)</i>	\$15.00
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	\$12.00
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	\$12.00
D1353	Sealant repair - per tooth	\$12.00
D1354	Application of caries arresting medicament - per tooth - 2 per 12 month period, or more frequently if medically necessary	No Cost
D1510	Space maintainer - fixed - unilateral - per quadrant	\$110.00
D1516	Space maintainer - fixed - bilateral, maxillary	\$170.00
D1517	Space maintainer - fixed - bilateral, mandibular	\$170.00
D1520	Space maintainer - removable - unilateral - per quadrant	\$120.00
D1526	Space maintainer - removable - bilateral, maxillary	\$180.00
D1527	Space maintainer - removable - bilateral, mandibular	\$180.00
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	\$110.00

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, pontics and/or bridge retainers in the same treatment plan, an Enrollee may be charged an additional \$135.00 per unit, beyond the 6th covered 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 \$150.00 in addition to the listed Copayment. Refer to Limitations and Exclusions of Benefits 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)	\$88.00
D2390	Resin-based composite crown, anterior	\$88.00
D2391	Resin-based composite - one surface, posterior	\$47.00
D2392	Resin-based composite - two surfaces, posterior	\$59.00

D2393	Resin-based composite - three surfaces, posterior	\$82.00
D2394	Resin-based composite - four or more surfaces, posterior	\$115.00
D2510	Inlay - metallic - one surface	\$240.00
D2520	Inlay - metallic - two surfaces	\$290.00
D2530	Inlay - metallic - three or more surfaces	\$340.00
D2542	Onlay - metallic - two surfaces	\$470.00
D2543	Onlay - metallic - three surfaces	\$470.00
D2544	Onlay - metallic - four or more surfaces	\$470.00
D2610	Inlay - porcelain/ceramic - one surface	\$325.00
D2620	Inlay - porcelain/ceramic - two surfaces	\$350.00
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$395.00
D2642	Onlay - porcelain/ceramic - two surfaces	\$445.00
D2643	Onlay - porcelain/ceramic - three surfaces	\$480.00
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$500.00
D2650	Inlay - resin-based composite - one surface	\$205.00
D2651	Inlay - resin-based composite - two surfaces	\$240.00
D2652	Inlay - resin-based composite - three or more surfaces	\$260.00
D2662	Onlay - resin-based composite - two surfaces	\$370.00
D2663	Onlay - resin-based composite - three surfaces	\$395.00
D2664	Onlay - resin-based composite - four or more surfaces	\$440.00
D2710	Crown - resin-based composite (indirect)	\$290.00
D2712	Crown - 3/4 resin-based composite (indirect)	\$290.00
D2720	Crown - resin with high noble metal	\$440.00
D2721	Crown - resin with predominantly base metal	\$340.00
D2722	Crown - resin with noble metal	\$380.00
D2740	Crown - porcelain/ceramic	\$490.00
D2750	Crown - porcelain fused to high noble metal	\$450.00
D2751	Crown - porcelain fused to predominantly base metal	\$400.00
D2752	Crown - porcelain fused to noble metal	\$425.00
D2753	Crown - porcelain fused to titanium and titanium alloys	\$450.00
D2780	Crown - 3/4 cast high noble metal	\$460.00
D2781	Crown - 3/4 cast predominantly base metal	\$400.00
D2782	Crown - 3/4 cast noble metal	\$435.00
D2783	Crown - 3/4 porcelain/ceramic	\$460.00
D2790	Crown - full cast high noble metal	\$460.00
D2791	Crown - full cast predominantly base metal	\$410.00
D2792	Crown - full cast noble metal	\$435.00
D2794	Crown - titanium and titanium alloys	\$460.00
D2799	Interim crown - further treatment or completion of diagnosis necessary prior to final impression	\$95.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$43.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$43.00
D2920	Re-cement or re-bond crown	\$43.00
D2921	Reattachment of tooth fragment, incisal edge or cusp (<i>anterior</i>)	\$88.00
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	\$105.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth - <i>anterior</i>	\$165.00
D2930	Prefabricated stainless steel crown - primary tooth	\$105.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$105.00
D2932	Prefabricated resin crown - <i>anterior primary tooth</i>	\$135.00
D2933	Prefabricated stainless steel crown with resin window - <i>anterior primary tooth</i>	\$165.00
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth .	\$165.00

D2940	Protective restoration	\$13.00
D2941	Interim therapeutic restoration - primary dentition	\$13.00
D2949	Restorative foundation for an indirect restoration	\$92.00
D2950	Core buildup, including any pins when required	\$125.00
D2951	Pin retention - per tooth, in addition to restoration	\$13.00
D2952	Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i>	\$165.00
D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i>	\$110.00
D2954	Prefabricated post and core in addition to crown - <i>base metal post; includes canal preparation</i>	\$135.00
D2957	Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i>	\$80.00
D2960	Labial veneer (resin laminate) - direct - <i>limited to replacement of significant tooth structure loss due to caries or fracture</i>	\$94.00
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework.	\$83.00
D2980	Crown repair necessitated by restorative material failure	\$40.00
D2981	Inlay repair necessitated by restorative material failure	\$40.00
D2982	Onlay repair necessitated by restorative material failure	\$40.00
D2983	Veneer repair necessitated by restorative material failure	\$40.00
D2990	Resin infiltration of incipient smooth surface lesions	\$12.00

D3000-D3999 IV. ENDODONTICS

D3110	Pulp cap - direct (excluding final restoration)	\$14.00
D3120	Pulp cap - indirect (excluding final restoration)	\$14.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$72.00
D3221	Pulpal debridement, primary and permanent teeth	\$72.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$72.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$85.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$85.00
D3310	<i>Root canal</i> - endodontic therapy, anterior tooth (excluding final restoration)	\$210.00
D3320	<i>Root canal</i> - endodontic therapy, premolar tooth (excluding final restoration)	\$245.00
D3330	<i>Root canal</i> - endodontic therapy, molar tooth (excluding final restoration)	\$335.00
D3331	Treatment of root canal obstruction; non-surgical access	\$97.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$97.00
D3333	Internal root repair of perforation defects	\$97.00
D3346	Retreatment of previous root canal therapy - anterior	\$300.00
D3347	Retreatment of previous root canal therapy - premolar	\$345.00
D3348	Retreatment of previous root canal therapy - molar	\$430.00
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$97.00
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$77.00

D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$77.00
D3410	Apicoectomy - anterior	\$275.00
D3421	Apicoectomy - premolar (first root)	\$305.00
D3425	Apicoectomy - molar (first root)	\$340.00
D3426	Apicoectomy (each additional root)	\$110.00
D3430	Retrograde filling - per root	\$72.00
D3450	Root amputation - per root	\$95.00
D3471	Surgical repair of root resorption - anterior	\$225.00
D3472	Surgical repair of root resorption - premolar	\$225.00
D3473	Surgical repair of root resorption - molar	\$225.00
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	\$225.00
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	\$225.00
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	\$225.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$85.00
D3921	Decoronation or submergence of an erupted tooth	\$12.00

D4000-D4999 V. PERIODONTICS

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

- Periodontal regenerative procedures, D4263 D4264, D4266 and D4267, are limited to 1 per site (or per tooth, if applicable).

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$180.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$91.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$91.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$235.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$125.00
D4245	Apically positioned flap	\$235.00
D4249	Clinical crown lengthening - hard tissue	\$255.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$400.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$240.00
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	\$280.00
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	\$225.00
D4266	Guided tissue regeneration, natural teeth - resorbable barrier, per site	\$305.00
D4267	Guided tissue regeneration, natural teeth - non-resorbable barrier, per site	\$283.00
D4270	Pedicle soft tissue graft procedure	\$300.00

D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	\$650.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$225.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	\$310.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	\$310.00
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	\$155.00
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$410.00
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	\$155.00
D4286	Removal of non-resorbable barrier	\$0.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	\$83.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	\$42.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - 2 D1110, D1120 or D4346 per calendar year, or more frequently if medically necessary	No Cost
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>	\$65.00
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>	\$45.00
D4910	Periodontal maintenance - <i>following active periodontal therapy, limited to 4 treatments per calendar year</i>	\$53.00
D4921	Gingival irrigation with a medicinal agent - 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. For all listed immediate dentures and immediate removable partial dentures, Copayment includes other 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, 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	\$625.00
D5120	Complete denture - mandibular	\$625.00
D5130	Immediate denture - maxillary	\$680.00
D5140	Immediate denture - mandibular	\$680.00
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$525.00
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$525.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$715.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$715.00
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$525.00
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$525.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$715.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$715.00
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	\$605.00
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	\$605.00
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$525.00
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$525.00
D5410	Adjust complete denture - maxillary	\$43.00
D5411	Adjust complete denture - mandibular	\$43.00
D5421	Adjust partial denture - maxillary	\$46.00
D5422	Adjust partial denture - mandibular	\$46.00
D5511	Repair broken complete denture base, mandibular	\$88.00
D5512	Repair broken complete denture base, maxillary	\$88.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$76.00
D5611	Repair resin partial denture base, mandibular	\$88.00
D5612	Repair resin partial denture base, maxillary	\$88.00
D5621	Repair cast partial framework, mandibular	\$88.00
D5622	Repair cast partial framework, maxillary	\$88.00
D5630	Repair or replace broken retentive/clasping materials - per tooth	\$110.00
D5640	Replace broken teeth - per tooth	\$81.00
D5650	Add tooth to existing partial denture	\$88.00
D5660	Add clasp to existing partial denture - per tooth	\$110.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$190.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$190.00

D5710	Rebase complete maxillary denture	\$250.00
D5711	Rebase complete mandibular denture	\$250.00
D5720	Rebase maxillary partial denture	\$250.00
D5721	Rebase mandibular partial denture	\$250.00
D5725	Rebase hybrid prosthesis	\$250.00
D5730	Reline complete maxillary denture (chairside)	\$145.00
D5731	Reline complete mandibular denture (chairside)	\$145.00
D5740	Reline maxillary partial denture (chairside)	\$145.00
D5741	Reline mandibular partial denture (chairside)	\$145.00
D5750	Reline complete maxillary denture (laboratory)	\$210.00
D5751	Reline complete mandibular denture (laboratory)	\$210.00
D5760	Reline maxillary partial denture (laboratory)	\$210.00
D5761	Reline mandibular partial denture (laboratory)	\$210.00
D5765	Soft liner for complete or partial removable denture - indirect	\$210.00
D5810	Interim complete denture (maxillary)	\$315.00
D5811	Interim complete denture (mandibular)	\$315.00
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary - <i>limited to 1 in any 12 consecutive months</i>	\$280.00
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular - <i>limited to 1 in any 12 consecutive months</i> ...	\$280.00
D5850	Tissue conditioning, maxillary	\$40.00
D5851	Tissue conditioning, mandibular	\$40.00

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES

- *The following are limited to no more than two (2) each per calendar year: Implants, Implant supported prosthetics and Implant abutments.*

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

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

D6010	Surgical placement of implant body: endosteal implant	\$1,005.00
D6011	Surgical access to an implant body (second stage implant surgery) .	\$145.00
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	\$390.00
D6013	Surgical placement of mini implant	\$340.00
D6040	Surgical placement: eposteal implant	\$940.00
D6050	Surgical placement: transosteal implant	\$920.00
D6055	Connecting bar - implant supported or abutment supported	\$345.00
D6056	Prefabricated abutment - includes modification and placement	\$330.00
D6057	Custom fabricated abutment - includes placement	\$425.00
D6058	Abutment supported porcelain/ceramic crown	\$740.00
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$750.00
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$610.00
D6061	Abutment supported porcelain fused to metal crown (noble metal) .	\$710.00
D6062	Abutment supported cast metal crown (high noble metal)	\$720.00
D6063	Abutment supported cast metal crown (predominantly base metal)	\$545.00
D6064	Abutment supported cast metal crown (noble metal)	\$690.00

D6065	Implant supported porcelain/ceramic crown	\$780.00
D6066	Implant supported crown - porcelain fused to high noble alloys	\$750.00
D6067	Implant supported crown - high noble alloys	\$730.00
D6068	Abutment supported retainer for porcelain/ceramic FPD	\$725.00
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$750.00
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$485.00
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$660.00
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$750.00
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$415.00
D6074	Abutment supported retainer for cast metal FPD (noble metal)	\$425.00
D6075	Implant supported retainer for ceramic FPD	\$780.00
D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys	\$750.00
D6077	Implant supported retainer for metal FPD - high noble alloys	\$750.00
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments - <i>limited to 1 per calendar year</i>	\$65.00
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure - <i>limited to 1 per 24 months</i>	\$65.00
D6082	Implant supported crown - porcelain fused to predominantly base alloys	\$610.00
D6083	Implant supported crown - porcelain fused to noble alloys (noble metal)	\$710.00
D6084	Implant supported crown - porcelain fused to titanium and titanium alloys	\$655.00
D6086	Implant supported crown - predominantly base alloys (predominantly base metal)	\$545.00
D6087	Implant supported crown - noble alloys	\$690.00
D6088	Implant supported crown - titanium and titanium alloys	\$655.00
D6090	Repair implant supported prosthesis, by report - <i>limited to 1 per calendar year</i>	\$130.00
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment - <i>limited to 1 per calendar year</i>	\$60.00
D6092	Re-cement or re-bond implant/abutment supported crown	\$72.00
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$95.00
D6094	Abutment supported crown - titanium and titanium alloys	\$655.00
D6095	Repair implant abutment, by report - <i>limited to 1 per calendar year</i> ..	\$130.00
D6096	Remove broken implant retaining screw - <i>limited to 1 per calendar year</i>	\$50.00
D6097	Abutment supported crown - porcelain fused to titanium and titanium alloys	\$655.00
D6098	Implant supported retainer - porcelain fused to predominantly base alloys (predominantly base metal)	\$485.00
D6099	Implant supported retainer for FPD - porcelain fused to noble alloys (noble metal)	\$660.00
D6100	Surgical removal of implant body - <i>limited to 1 per calendar year</i>	\$245.00

D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure - <i>limited to 1 per calendar year</i>	\$125.00
D6102	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure - <i>limited to 1 per calendar year</i>	\$240.00
D6103	Bone graft for repair of peri-implant defect - does not include flap entry and closure - <i>limited to 1 per calendar year</i>	\$290.00
D6104	Bone graft at time of implant placement - <i>limited to 1 per calendar year</i>	\$290.00
D6105	Removal of implant body not requiring bone removal or flap elevation - <i>limited to 1 per calendar year</i>	\$12.00
D6110	Implant/abutment supported removable denture for edentulous arch - maxillary	\$925.00
D6111	Implant/abutment supported removable denture for edentulous arch - mandibular	\$925.00
D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary	\$1,015.00
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular	\$1,015.00
D6114	Implant/abutment supported fixed denture for edentulous arch - maxillary	\$925.00
D6115	Implant/abutment supported fixed denture for edentulous arch - mandibular	\$925.00
D6116	Implant/abutment supported fixed denture for partially edentulous arch - maxillary	\$1,015.00
D6117	Implant/abutment supported fixed denture for partially edentulous arch - mandibular	\$1,015.00
D6120	Implant supported retainer - porcelain fused to titanium and titanium alloys (predominantly base metal)	\$415.00
D6121	Implant supported retainer for metal FPD - predominantly base alloys (predominantly base metal)	\$415.00
D6122	Implant supported retainer for metal FPD - noble alloys (noble metal)	\$425.00
D6123	Implant supported retainer for metal FPD - titanium and titanium alloys	\$620.00
D6190	Radiographic/surgical implant index, by report - <i>limited to 1 per calendar year</i>	\$165.00
D6194	Abutment supported retainer crown for FPD - titanium and titanium alloys	\$620.00
D6195	Abutment supported retainer - porcelain fused to titanium and titanium alloys	\$750.00
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant - <i>limited to 1 in 24 months</i>	No Cost
D6198	Remove interim implant component	\$0.00

D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture (bridge))

- *When there are more than six crowns, pontics and/or bridge retainers in the same treatment plan, an Enrollee may be charged an additional \$135.00 per unit, beyond the 6th covered unit.*

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

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

D6210	Pontic - cast high noble metal	\$450.00
D6211	Pontic - cast predominantly base metal	\$410.00
D6212	Pontic - cast noble metal	\$435.00
D6214	Pontic - titanium and titanium alloys	\$460.00
D6240	Pontic - porcelain fused to high noble metal	\$450.00
D6241	Pontic - porcelain fused to predominantly base metal	\$410.00
D6242	Pontic - porcelain fused to noble metal	\$435.00
D6243	Pontic - porcelain fused to titanium and titanium alloys	\$435.00
D6245	Pontic - porcelain/ceramic	\$455.00
D6250	Pontic - resin with high noble metal	\$390.00
D6251	Pontic - resin with predominantly base metal	\$350.00
D6252	Pontic - resin with noble metal	\$375.00
D6600	Retainer inlay - porcelain/ceramic, two surfaces	\$395.00
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	\$460.00
D6602	Retainer inlay - cast high noble metal, two surfaces	\$425.00
D6603	Retainer inlay - cast high noble metal, three or more surfaces	\$460.00
D6604	Retainer inlay - cast predominantly base metal, two surfaces	\$350.00
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	\$400.00
D6606	Retainer inlay - cast noble metal, two surfaces	\$415.00
D6607	Retainer inlay - cast noble metal, three or more surfaces	\$425.00
D6608	Retainer onlay - porcelain/ceramic, two surfaces	\$460.00
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	\$470.00
D6610	Retainer onlay - cast high noble metal, two surfaces	\$440.00
D6611	Retainer onlay - cast high noble metal, three or more surfaces	\$460.00
D6612	Retainer onlay - cast predominantly base metal, two surfaces	\$325.00
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	\$400.00
D6614	Retainer onlay - cast noble metal, two surfaces	\$350.00
D6615	Retainer onlay - cast noble metal, three or more surfaces	\$435.00
D6624	Retainer inlay - titanium	\$450.00
D6634	Retainer onlay - titanium	\$450.00
D6720	Retainer crown - resin with high noble metal	\$385.00
D6721	Retainer crown - resin with predominantly base metal	\$335.00
D6722	Retainer crown - resin with noble metal	\$360.00
D6740	Retainer crown - porcelain/ceramic	\$500.00
D6750	Retainer crown - porcelain fused to high noble metal	\$460.00
D6751	Retainer crown - porcelain fused to predominantly base metal	\$410.00
D6752	Retainer crown - porcelain fused to noble metal	\$435.00
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	\$460.00

D6780	Retainer crown - 3/4 cast high noble metal	\$460.00
D6781	Retainer crown - 3/4 cast predominantly base metal	\$410.00
D6782	Retainer crown - 3/4 cast noble metal	\$435.00
D6783	Retainer crown - 3/4 porcelain/ceramic	\$460.00
D6784	Retainer crown - titanium and titanium alloys	\$460.00
D6790	Retainer crown - full cast high noble metal	\$460.00
D6791	Retainer crown - full cast predominantly base metal	\$410.00
D6792	Retainer crown - full cast noble metal	\$435.00
D6794	Retainer crown - titanium and titanium alloys	\$460.00
D6930	Re-cement or re-bond fixed partial denture	\$61.00
D6940	Stress breaker	\$60.00
D6980	Fixed partial denture repair necessitated by restorative material failure	\$80.00

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	\$12.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$12.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$53.00
D7220	Removal of impacted tooth - soft tissue	\$46.00
D7230	Removal of impacted tooth - partially bony	\$91.00
D7240	Removal of impacted tooth - completely bony	\$115.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$125.00
D7250	Removal of residual tooth roots (cutting procedure)	\$53.00
D7251	Coronectomy - intentional partial tooth removal, impacted teeth only	\$91.00
D7260	Oroantral fistula closure	\$125.00
D7261	Primary closure of a sinus perforation	\$125.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$14.00
D7280	Exposure of an unerupted tooth	\$14.00
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$14.00
D7283	Placement of device to facilitate eruption of impacted tooth	\$8.00
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	\$78.00
D7286	Incisional biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i>	\$65.00
D7287	Exfoliative cytological sample collection	\$20.00
D7288	Brush biopsy - transepithelial sample collection	\$78.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$58.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$33.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$78.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$40.00
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$14.00
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$14.00

D7471	Removal of lateral exostosis (maxilla or mandible)	\$14.00
D7472	Removal of torus palatinus	\$14.00
D7473	Removal of torus mandibularis	\$14.00
D7485	Reduction of osseous tuberosity	\$78.00
D7509	Marsupialization of odontogenic cyst	\$14.00
D7510	Incision and drainage of abscess - intraoral soft tissue	\$14.00
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$20.00
D7880	Occlusal orthotic device, by report - <i>limited to 1 per 24 months; only covered in conjunction with Temporomandibular Joint (TMJ) treatment</i>	\$330.00
D7881	Occlusal orthotic device adjustment	\$43.00
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	No Cost
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach - <i>limited to 1 per calendar year; only covered in conjunction with the surgical placement of implant</i>	\$850.00
D7952	Sinus augmentation via a vertical approach - <i>limited to 1 per calendar year; only covered in conjunction with the surgical placement of implant</i>	\$640.00
D7953	Bone replacement graft for ridge preservation - per site - <i>limited to 1 per lifetime; only covered in conjunction with the surgical placement of implant</i>	\$100.00
D7961	Buccal/labial frenectomy (frenulectomy)	No Cost
D7962	Lingual frenectomy (frenulectomy)	No Cost
D7963	Frenuloplasty	\$20.00
D7970	Excision of hyperplastic tissue - per arch	\$90.00
D7971	Excision of pericoronal gingiva	\$90.00

D8000-D8999 XI. ORTHODONTICS

- *The listed Copayment for orthodontic treatment covers up to 24 months of active treatment.*

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

- *Treatment plans extending beyond 24 months of active treatment, or 24 months of the retention phase of treatment will be subject to a monthly office visit fee to the Enrollee at the Orthodontist's submitted fee.*

Pre and post orthodontic records include:

The benefit for pre-treatment records and diagnostic services includes:

		\$575.00
D0210	Intraoral - comprehensive series of radiographic images	
D0322	Tomographic survey	
D0330	Panoramic radiographic image	
D0340	2D cephalometric radiographic image	
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	
D0470	Diagnostic casts	
D0801	3D dental 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>	\$140.00
D0210	Intraoral - comprehensive series of radiographic images	
D0470	Diagnostic casts	
D8010	Limited orthodontic treatment of the primary dentition	\$950.00
D8020	Limited orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i>	\$950.00
D8030	Limited orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i>	\$950.00
D8040	Limited orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i>	\$985.00
D8070	Comprehensive orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i>	\$1,530.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i>	\$1,530.00
D8090	Comprehensive orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i>	\$1,730.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$80.00
D8670	Periodic orthodontic treatment visit - <i>included in comprehensive case fee</i>	No Cost
D8680	Orthodontic retention (removal of appliances, construction and placement of <i>removable</i> retainers)	\$220.00
D8681	Removable orthodontic retainer adjustment	No Cost
D8999	Unspecified orthodontic procedure, by report - <i>includes treatment planning session</i>	\$400.00

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

D9110	Palliative treatment of dental pain - per visit	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
D9222	Deep sedation/general anesthesia - first 15 minutes	\$84.00
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	\$84.00
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	\$73.00
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	\$73.00
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	\$55.00
D9450	Case presentation, subsequent to detailed and extensive treatment planning	No Cost
D9912	Pre-visit patient screening	\$0.00
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
D9941	Fabrication of athletic mouthguard - <i>limited to 1 per 12 month period</i>	\$110.00
D9943	Occlusal guard adjustment	\$10.00
D9944	Occlusal guard - hard appliance, full arch - <i>limited to 1 D9944, D9945 or D9946 per 24 months</i>	\$205.00
D9945	Occlusal guard - soft appliance, full arch - <i>limited to 1 D9944, D9945 or D9946 per 24 months</i>	\$205.00
D9946	Occlusal guard - hard appliance, partial arch - <i>limited to 1 D9944, D9945 or D9946 per 24 months</i>	\$205.00
D9951	Occlusal adjustment, limited	\$40.00
D9952	Occlusal adjustment, complete	\$210.00
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
D9986	Missed appointment - <i>without 24 hour notice</i>	\$10.00
D9987	Canceled appointment - <i>without 24 hour notice</i>	\$10.00
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
D9997	Dental case management - Patients with special Health Care Needs	No Cost

If services for a listed procedure are performed by the Contract Dentist, You pay the specified Copayment. Listed procedures which require a Dentist to provide Specialized Services, and are referred by the Contract Dentist, must be authorized by Us. You pay the Copayment specified for such services.

SCHEDULE B

Limitations of Benefits

1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments*.
2. If the You accept a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the You may be charged an additional \$135.00 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. 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 \$150.00 in addition to the listed Copayment. Contact the Customer Service department at 800-422-4234 if You have questions regarding the additional fee or name brand services.
5. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by Us, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
6. 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.
7. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees at the time of Your original effective date if You are in active treatment started under Your previous employer sponsored dental plan as long as You continue to be eligible under the DeltaCare USA Plan. Active treatment means tooth movement has begun. You are responsible for all Copayments and fees subject to the provisions of Your prior dental plan. We are financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.
8. Fabrication of athletic mouthguard is limited to once every 12 months.

9. If any existing fixed bridge or removable denture that already replaces the tooth or teeth, which would be replaced by a new implant-supported prosthesis, that existing appliance must be eligible for replacement under the terms of the Contract.
10. Replacement of implants and implant-supported prosthesis requires the existing implants and implant-supported prosthesis to be 5+ years old.
11. Implants and implant supported crowns and prosthesis are covered to replace one or more natural permanent teeth lost due to accidental trauma or removal.
12. Implant removal is limited to one (1) for each implant during Your lifetime.

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:
 - a. cosmetic purposes, with the exception of procedure D9975 (External bleaching for home application, per arch); or
 - b. 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. The replacement of lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and implant abutments, and fixed partial dentures (bridges) whether supported by a natural tooth or dental implant.
5. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
6. Procedures that may include:
 - a. precious metal for removable appliances;
 - b. metallic or permanent soft bases for complete dentures;
 - c. porcelain denture teeth;
 - d. precision abutments for removable partials or fixed partial dentures including but not limited to overlays and related specialized appliances; and/or
 - e. personalization and characterization of complete and partial dentures.
7. Procedures that may include:
 - a. pre-implant diagnostic and therapeutic services, which are solely done to facilitate the placement of a dental implant including cone beam CT capture and interpretation, bone grafts and/or sinus augmentation;
 - b. post-implant maintenance, osseous surgeries and/or bone grafts; and/or
 - c. removal of a dental implant and all other services associated with a dental implant, unless listed as a covered benefit.

8. Consultations for non-covered Benefits.
9. Dental services received from any dental facility other than the Contract Dentist, an authorized dental specialist, or a Contract Orthodontist except for *Emergency Services* as described in the Evidence of Coverage.
10. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
11. Prescription drugs.
12. Dental expenses incurred in connection with any dental or orthodontic procedure started before Your eligibility with the DeltaCare USA Plan. 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.
13. Lost, stolen or broken orthodontic appliances.
14. Changes in orthodontic treatment necessitated by accident of any kind.
15. Myofunctional and parafunctional appliances and/or therapies.
16. Composite or ceramic brackets, lingual adaptation of orthodontic bands.
17. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.
18. Orthodontic treatment must be provided by a licensed Dentist. Self-administered orthodontics are not covered.
19. An implant-supported prosthesis with one abutment supported by a natural tooth and the second supported by an implant are not covered.
20. Implant and implant-supported crowns and appliances are not covered benefits for Enrollees under 19 years of age.
21. Diagnostic and treatment facilitating aids for implants are considered a part of, and included in, the fees for the definitive treatment.