

DeltaCare[®] USA

A Registered Mark of Delta Dental Plans Association

Dental Health Care Program
for Eligible Members of
CCHP Senior Select Program (HMO SNP)

A Coordinated Care Plan with a Medicare
Advantage contract but without a contract
with the California Medicaid program.



Combined Benefit Booklet and Disclosure Form



deltadentalins.com

Provided by:

Delta Dental of California
17871 Park Plaza Dr., Suite 200
Cerritos, CA 90703
1-866-247-2486
TTY/TDD Users call: 1-800-735-2929

Administered by:

Delta Dental Insurance Company
P.O. Box 1803
Alpharetta, GA 30023

V11

EOC_CAD13_6590_V11_11.07.2011
H0571_2012_35X CMS Approved 11072011

**BENEFIT BOOKLET
DISCLOSURE FORM**
DeltaCare USA Dental HMO Program

This booklet is a Combined Benefit Booklet and Disclosure Form for your DeltaCare USA Dental HMO Program (“Program”) provided by Delta Dental of California and administered by Delta Dental Insurance Company (jointly referred to as "Delta Dental"). The Program has been established and is administered in accordance with the provisions of a Group Dental Service Contract (“Contract”) issued by Delta Dental of California.

THE BENEFIT BOOKLET CONSTITUTES ONLY A SUMMARY OF THE PROGRAM. AS REQUIRED BY THE CALIFORNIA HEALTH & SAFETY CODE, THIS IS TO ADVISE YOU THAT THE CONTRACT MUST BE CONSULTED TO DETERMINE THE EXACT TERMS AND CONDITIONS OF THE COVERAGE PROVIDED UNDER IT.

A COPY OF THE CONTRACT WILL BE FURNISHED UPON REQUEST. ANY DIRECT CONFLICT BETWEEN THE CONTRACT AND THE BENEFIT BOOKLET WILL BE RESOLVED ACCORDING TO THE TERMS WHICH ARE MOST FAVORABLE TO YOU. READ THIS BENEFIT BOOKLET CAREFULLY AND COMPLETELY. PERSONS WITH SPECIAL HEALTHCARE NEEDS SHOULD READ THE SECTION ENTITLED “SPECIAL NEEDS”.

A STATEMENT DESCRIBING DELTA DENTAL OF CALIFORNIA'S POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST.

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW HOW TO OBTAIN DENTAL BENEFITS.

To obtain information about Benefits, call Customer Service at 1-866-247-2486 Monday through Friday from 5 a.m. to 6 p.m. Pacific time (TTY users call 1-800-735-2929).

Table of Contents

Definitions.....	1
Eligibility for Benefits.....	4
Prepayment Fees/Premiums.....	4
How to use the DeltaCare USA Program - Choice of Contract Dentist	4
Continuity of Care.....	5
Special Needs.....	6
Facility Accessibility.....	6
Benefits, Limitations and Exclusions.....	6
Copayments and Other Charges.....	6
Emergency Services	7
Specialist Services	7
Second Opinion.....	8
Claims for Reimbursement	8
Provider Compensation.....	9
Processing Policies.....	9
Coordination of Benefits	10
Grievance and Appeals Process	10
Public Policy Participation by Enrollees.....	11
Renewal and Termination of Benefits.....	11
Cancellation of Enrollment.....	11
Description of Benefits and Copayments.....	12
Limitations of Benefits.....	25
Exclusions of Benefits.....	26

Definitions

As used in this booklet:

Appeal is something you do if you disagree with a decision to deny a request for dental care services or payment for services you already received. You may also make an appeal if you disagree with a decision to stop services that you are receiving. For example, you may ask for an appeal if our Plan doesn't pay for a service you think you should be able to receive.

Benefits mean those dental services which are provided under the terms of the DeltaCare USA Dental Service Contract and described in this booklet.

Contract Dentist means a Dentist who provides services in general dentistry, and has agreed to provide Benefits to Enrollees under this Program.

Contract Specialist means a Dentist who provides Specialist Services, and has agreed to provide Benefits to Enrollees under this Program.

Copayment means the amount charged to an Enrollee by a Contract Dentist for the Benefits provided under this Program.

Dentist means a duly licensed Dentist legally entitled to practice dentistry at the time and in the state or jurisdiction in which services are performed.

Eligible Member means any member who is eligible for Benefits as described in this booklet.

Emergency Service means care provided by a Dentist to treat a dental condition that manifests as a symptom of sufficient severity, including severe pain, such that the absence of immediate attention could reasonably be expected by the Enrollee to result in either: (i) placing the Enrollee's dental health in serious jeopardy, or (ii) serious impairment to dental functions.

Enrollee means an Eligible Member ("Enrollee") enrolled to receive Benefits.

Grievance means a type of complaint you make about us or one of our network providers, including a complaint concerning the quality of your care. This type of complaint does not involve coverage or payment disputes.

Out-of-Network means treatment by a Dentist who has not signed an agreement with Delta Dental to provide Benefits under this Program.

Preauthorization means the process by which Delta Dental determines if a procedure or treatment is a referable covered Benefit under the Enrollee's plan.

Reasonable means that an Enrollee exercises prudent judgment in determining that a dental emergency exists and makes at least one attempt to contact his/her Contract Dentist to obtain Emergency Services and, in the event the Dentist is not available, makes at least one attempt to contact Delta Dental for assistance before seeking care from another Dentist.

Special Health Care Need means a physical or mental impairment, limitation or condition that substantially interferes with an Enrollee's ability to obtain Benefits. Examples of such a Special Health Care Need are 1) the Enrollee's inability to obtain access to the assigned Contract Dentist's facility because of a physical disability and 2) the Enrollee's inability to comply with the Contract Dentist's instructions during examination or treatment because of physical disability or mental incapacity.

Specialist Services mean services performed by a Dentist who specializes in the practice of oral surgery, endodontics, periodontics or pediatric dentistry, and which must be preauthorized in writing by Delta Dental.

Treatment in Progress means any single dental procedure, as defined by the CDT Code, that has been started while the Enrollee was eligible to receive Benefits, and for which multiple appointments are necessary to complete the procedure whether or not the Enrollee continues to be eligible for Benefits under the DeltaCare USA plan. Examples include: teeth that have been prepared for crowns, root canals where a working length has been established, full or partial dentures for which an impression has been taken.

We, Us or Our means Delta Dental of California or the Administrator as appropriate.

Eligibility for Benefits

Eligible persons shall include all members of CCHP with dental coverage, as determined by CCHP.

Prepayment Fees/Premiums

This Program requires premiums to be paid to us. If you are required to pay all or any portion of the premiums, you will be advised of the amount prior to enrollment and you will be requested to pay it directly. CCHP will be responsible for sending all payments of premiums to us except payments you are requested to pay directly.

How to use the DeltaCare USA Plan - Choice of Contract Dentist

To enroll in this Program, you must select a Contract Dentist from the list of Contract Dentists furnished during the enrollment process. If you fail to select a Contract Dentist or the Contract Dentist selected becomes unavailable, we will request the selection of another Contract Dentist or assign you to a Contract Dentist. You may change your assigned Contract Dentist by directing a request to the Customer Service department at 866-247-2486 Monday through Friday from 5 a.m. to 6 p.m. Pacific time (TTY/TDD users call 1-800-735-2929). In order to ensure that your Contract Dentist is notified and our eligibility lists are correct, changes in Contract Dentists must be requested prior to the 21st of the month for changes to be effective the first day of the following month.

Shortly after enrollment you will receive a DeltaCare USA membership packet that tells you the effective date of your Program and the address and telephone number of your Contract Dentist. After the effective date in your membership packet, you may obtain dental services which are Benefits. To make an appointment simply call your Contract Dentist's facility and identify yourself as a DeltaCare USA Member through CCHP. Initial appointments should be scheduled within four weeks unless a specific time has been requested. Inquiries regarding availability of appointments and accessibility of Dentists should be directed to the Customer Service department at 866-247-2486 Monday through Friday from 5 a.m. to 6 p.m. Pacific time (TTY/TDD users call 1-800-735-2929).

EACH ENROLLEE MUST GO TO HIS OR HER ASSIGNED CONTRACT DENTIST TO OBTAIN COVERED SERVICES, EXCEPT FOR SERVICES PROVIDED BY A SPECIALIST PREAUTHORIZED IN WRITING BY DELTA DENTAL, OR FOR EMERGENCY SERVICES AS PROVIDED IN EMERGENCY SERVICES. ANY OTHER TREATMENT IS NOT COVERED UNDER THIS PROGRAM.

If your assigned Contract Dentist's agreement with Delta Dental terminates, that Contract Dentist will complete (a) a partial or full denture for which final impressions have been taken, and (b) all work on every tooth upon which work has started (such as completion of root canals in progress and delivery of crowns when teeth have been prepared).

Continuity of Care

Current Members:

You may have the right to the benefit of completion of care with your terminated Dentist for certain specified dental conditions. Please call Customer Service at 866-247-2486 Monday through Friday from 5 a.m. to 6 p.m. Pacific time (TTY/TDD users call 1-800-735-2929) to see if you may be eligible for this benefit. You may request a copy of our Continuity of Care Policy. You must make a specific request to continue under the care of your terminated Dentist. We are not required to continue your care with that Dentist if you are not eligible under our policy or if we cannot reach agreement with your terminated Dentist on the terms regarding your care in accordance with California law.

New Members:

You may have the right to the qualified benefit of completion of care with an Out-of-Network Dentist for certain specified dental conditions. Please call the Customer Service department at 866-247-2486 Monday through Friday from 5 a.m. to 6 p.m. Pacific time (TTY/TDD users call 1-800-735-2929) to see if you may be eligible for this benefit. You may request a copy of our Continuity of Care Policy. You must make a

specific request to continue under the care of your current Dentist. We are not required to continue your care with that Dentist if you are not eligible under our policy or if we cannot reach agreement with your Dentist on the terms regarding your care in accordance with California law. This policy does not apply to new Members of an individual subscriber contract.

Special Needs

If an Enrollee believes he or she has a Special Health Care Need, the Enrollee should contact Delta Dental's Customer Service department at 866-247-2486 Monday through Friday from 5 a.m. to 6 p.m. Pacific time (TTY/TDD users call 1-800-735-2929). Delta Dental will confirm that a Special Health Care Need exists, and what arrangements can be made to assist the Enrollee in obtaining such Benefits. Delta Dental shall not be responsible for the failure of any Contract Dentist to comply with any law or regulation concerning structural office requirements that apply to a Dentist treating persons with Special Health Care Needs.

Facility Accessibility

Many facilities provide Delta Dental with information about special features of their offices, including accessibility information for patients with mobility impairments. To obtain information regarding facility accessibility, contact Delta Dental's Customer Service department at 866-247-2486 Monday through Friday from 5 a.m. to 6 p.m. Pacific time (TTY/TDD users call 1-800-735-2929).

Benefits, Limitations and Exclusions

This Program provides the Benefits described in the *Description of Benefits and Copayments* subject to the limitations and exclusions. The services are performed as deemed appropriate by your attending Contract Dentist. A Contract Dentist may provide services either personally or through associated Dentists, technicians or hygienists who may lawfully perform the services.

Copayments and Other Charges

You are required to pay any Copayments listed in the *Description of Benefits and Copayments* directly to the Dentist who provides treatment. Charges for broken appointments (unless notice is received

by the Dentist at least 24 hours in advance or an emergency prevented such notice), and charges for visits after normal visiting hours are listed in the *Description of Benefits and Copayments*.

Emergency Services

If Emergency Services are needed, you should contact your Contract Dentist whenever possible. If you are a new Enrollee needing Emergency Services, but do not have an assigned Contract Dentist yet, contact Delta Dental's Customer Service department at 866-247-2486 Monday through Friday from 5 a.m. to 6 p.m. Pacific time (TTY/TDD users call 1-800-735-2929) for help in locating a Contract Dentist. Benefits for Emergency Services by an Out-of-Network Dentist are limited to necessary care to stabilize your condition and/or provide palliative relief when you:

- 1) have made a Reasonable attempt to contact the Contract Dentist and the Contract Dentist is unavailable or you cannot be seen within 24 hours of making contact; or
- 2) have made a Reasonable attempt to contact Delta Dental prior to receiving Emergency Services, or it is Reasonable for you to access Emergency Services without prior contact with Delta Dental; or
- 3) reasonably believe that your condition makes it dentally/medically inappropriate to travel to the Contract Dentist to receive Emergency Services.

Benefits for Emergency Services not provided by the Contract Dentist are limited to a maximum of \$100.00 per emergency, per Enrollee, less the applicable Copayment. If the maximum is exceeded, or the above conditions are not met, you are responsible for any charges for services by a provider other than your Contract Dentist.

Specialist Services

Specialist Services must be referred by the assigned Contract Dentist and preauthorized in writing by Delta Dental. All preauthorized

Specialist Services will be paid by us less any applicable Copayments. If an Enrollee is assigned to a dental school clinic for Specialist Services, those services may be provided by a Dentist, a dental student, a clinician or a dental instructor.

Second Opinion

You may request a second opinion if you disagree with or question the diagnosis and/or treatment plan determination made by your Contract Dentist. Delta Dental may also request that you obtain a second opinion to verify the necessity and appropriateness of dental treatment or the application of Benefits.

Second opinions will be rendered by a licensed Dentist in a timely manner, appropriate to the nature of your condition. Requests involving cases of imminent and serious health threat will be expedited (authorization approved or denied within 72 hours of receipt of the request, whenever possible). For assistance or additional information regarding the procedures and timeframes for second opinion authorizations, contact Delta Dental's Customer Service department at 866-247-2486 Monday through Friday from 5 a.m. to 6 p.m. Pacific time (TTY/TDD users call 1-800-735-2929) or write to Delta Dental.

Second opinions will be provided at another Contract Dentist's facility, unless otherwise authorized by Delta Dental. Delta Dental will authorize a second opinion by an Out-of-Network provider if an appropriately qualified Contract Dentist is not available. Delta Dental will only pay for a second opinion which Delta Dental has approved or authorized. You will be sent a written notification should Delta Dental decide not to authorize a second opinion. If you disagree with this determination, you may file an appeal with CCHP. Refer to pages 7-10 for information on Appeals Procedures.

Claims for Reimbursement

Claims for covered Emergency Services or preauthorized Specialist Services should be submitted to Delta Dental within 90 days of the end of treatment. Valid claims received after the 90-day period will be reviewed if you can show that it was not reasonably possible to submit the claim within that time. The address for claims submission is: Claims Department, P.O. Box 1810, Alpharetta, GA 30023.

Provider Compensation

A Contract Dentist is compensated by Delta Dental through monthly capitation (an amount based on the number of Enrollees assigned to the Dentist), and by Enrollees through required Copayments for treatment received. A Contract Specialist is compensated by Delta Dental through an agreed-upon amount for each covered procedure, less the applicable Copayment paid by the Enrollee. In no event does Delta Dental pay a Contract Dentist or a specialist any incentive as an inducement to deny, reduce, limit or delay any appropriate treatment.

In the event we fail to pay a Contract Dentist, you will not be liable to that Dentist for any sums owed by us. By statute, the DeltaCare USA provider contract contains a provision prohibiting a Contract Dentist from charging an Enrollee for any sums owed by Delta Dental. Except for the provisions in Emergency Services, if you have not received Preauthorization for treatment from an Out-of-Network Dentist, and we fail to pay that Out-of-Network Dentist, you may be liable to that Dentist for the cost of services.

You may obtain further information concerning compensation by calling Delta Dental at the toll-free telephone number shown on the back cover of this booklet.

Processing Policies

The dental care guidelines for the DeltaCare USA Program explain to Contract Dentists what services are covered under the dental Contract. Contract Dentists will use their professional judgment to determine which services are appropriate for the Enrollee. Services performed by the Contract Dentist that fall under the scope of Benefits of the dental Program are provided subject to any Copayments. If a Contract Dentist believes that an Enrollee should seek treatment from a specialist, the Contract Dentist contacts Delta Dental for a determination of whether the proposed treatment is a covered benefit. Delta Dental will also determine whether the proposed treatment requires treatment by a specialist. An Enrollee may contact Delta Dental's Customer Service department at 866-247-2486 Monday through Friday from 5 a.m. to 6 p.m. Pacific time (TTY/TDD users call 1-800-735-2929) for information regarding the dental care guidelines for DeltaCare USA.

Coordination of Benefits

This Program provides Benefits without regard to coverage by any other group insurance policy or any other group health benefits program if the other policy or program covers services or expenses in addition to dental care. Otherwise, Benefits provided under this Program by specialists or Out-of-Network Dentists are coordinated with such other group dental insurance policy or any group dental benefits program. The determination of which policy or program is primary shall be governed by the rules stated in the Contract.

If this plan is secondary, it will pay the lesser of:

- the amount that it would have paid in the absence of any other dental benefit coverage, or
- the enrollee's total out-of-pocket cost payable under the primary dental benefit plan as long as the benefits are covered under this plan.

An Enrollee must provide to Delta Dental and Delta Dental may release to or obtain from any insurance company or other organization, any information about the Enrollee that is needed to administer coordination of benefits. Delta Dental shall, in its sole discretion, determine whether any reimbursement to an insurance company or other organization is warranted under these coordination of benefits provisions, and any such reimbursement paid shall be deemed to be Benefits under this Contract. Delta Dental will have the right to recover from a Dentist, Enrollee, insurance company or other organization, as Delta Dental chooses, the amount of any Benefit paid by Delta Dental which exceeds its obligations under these coordination of benefit provisions.

Grievance and Appeals Process

Our commitment to you is to ensure not only quality of care, but also quality in the treatment process. This quality of treatment extends from the professional services provided by Network Dentists to the courtesy extended you by our telephone representatives. If you have any question or complaint regarding eligibility, the denial of dental services or claims, the policies, procedures or operations of Delta Dental or the quality of dental services performed by a Contract

Dentist, you have the right to file a grievance or appeal with CCHP. See your CCHP Evidence of Coverage Booklet for information on the grievance process or contact CCHP at the number on your CCHP member ID card. For any questions please call: CCHP Member Services: 415-834-2118 8am-8pm, 7 days per week.

Public Policy Participation by Enrollees

Delta Dental's Board of Directors includes Enrollees who participate in establishing Delta Dental's public policy regarding Enrollees through periodic review of Delta Dental's Quality Assessment program reports and communication from Enrollees. Enrollees may submit any suggestions regarding Delta Dental's public policy in writing to: Customer Service department, P.O. Box 1803, Alpharetta, GA 30023.

Renewal and Termination of Benefits

This Program renews on the anniversary of the contract term unless we provide notice of a change in premiums or Benefits and CCHP does not accept the change. All Benefits terminate for any Enrollee as of the date that this Program is terminated, such person ceases to be eligible under the terms of this Program, or such person's enrollment is cancelled under the terms of this Program. We are not obligated to continue to provide Benefits to any such person in such event, except for completion of single procedures commenced while this Program was in effect.

Cancellation of Enrollment

To be eligible for Benefits under this dental plan, you must be enrolled under one of the various health plans or products offered by CCHP. If you lose your eligibility or you terminate your enrollment under your CCHP plan you are not eligible to receive Benefits under this plan. See your CCHP Evidence of Coverage Booklet for enrollment terms and conditions.

SCHEDULE A

Description of Benefits and Copayments

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

Text that appears in italics below is specifically intended to clarify the delivery of benefits under the DeltaCare^R USA program and is not to be interpreted as CDT-2011 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association. The American Dental Association may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

<u>Code</u>	<u>Description</u>	<u>Enrollee Pays</u>
D0100-D0999	I. DIAGNOSTIC	
D0120	Periodic oral evaluation - established patient	No Cost
D0140	Limited oral evaluation - problem focused	\$12.00
D0150	Comprehensive oral evaluation - new or established patient.....	No Cost
D0160	Detailed and extensive oral evaluation - problem focused, by report.....	No Cost
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	No Cost
D0180	Comprehensive periodontal evaluation - new or established patient.....	No Cost
D0210	Intraoral <i>radiographs</i> - complete series (including bitewings) - <i>limited to 1 series every 24 months</i>	No Cost
D0220	Intraoral - periapical first film	No Cost
D0230	Intraoral - periapical each additional film	No Cost
D0240	Intraoral - occlusal film	No Cost
D0250	Extraoral - first film.....	No Cost
D0260	Extraoral - each additional film.....	No Cost
D0270	Bitewing <i>radiograph</i> - single film	No Cost
D0272	Bitewings <i>radiographs</i> - two films	No Cost

D0273	Bitewings <i>radiographs</i> - three films	No Cost
D0274	Bitewings <i>radiographs</i> - four films - <i>limited to 1 series every 6 months</i>	No Cost
D0277	Vertical bitewings - 7 to 8 films	No Cost
D0330	Panoramic film	No Cost
D0460	Pulp vitality tests.....	No Cost
D0472	Accession of tissue, gross examination, preparation and transmission of written report	\$30.00
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report.....	\$98.00
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$135.00
D0999	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit (in addition to other services)</i>	\$6.00

D1000-D1999 II. PREVENTIVE

D1110	Prophylaxis <i>cleaning</i> - adult - 2 per 12 month period	No Cost
D1110	<i>Additional prophylaxis cleaning</i> - adult (within the 12 month period).....	\$23.00
D1310	Nutritional counseling for control of dental disease	No Cost
D1330	Oral hygiene instructions	No Cost
D1510	Space maintainer - fixed - unilateral	\$122.00
D1515	Space maintainer - fixed - bilateral	\$174.00
D1520	Space maintainer - removable - unilateral	\$133.00
D1525	Space maintainer - removable - bilateral	\$201.00
D1550	Re-cementation of space maintainer	\$32.00
D1555	Removal of fixed space maintainer.....	\$32.00

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 in the same treatment plan, an Enrollee 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	\$45.00
D2150	Amalgam - two surfaces, primary or permanent	\$57.00
D2160	Amalgam - three surfaces, primary or permanent	\$68.00
D2161	Amalgam - four or more surfaces, primary or permanent	\$75.00
D2330	Resin-based composite - one surface, anterior	\$53.00
D2331	Resin-based composite - two surfaces, anterior.....	\$60.00
D2332	Resin-based composite - three surfaces, anterior.....	\$68.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior).....	\$75.00
D2390	Resin-based composite crown, anterior	\$83.00
D2391	Resin-based composite - one surface, posterior.....	\$57.00
D2392	Resin-based composite - two surfaces, posterior.....	\$68.00
D2393	Resin-based composite - three surfaces, posterior....	\$87.00
D2394	Resin-based composite - four or more surfaces, posterior	\$94.00
D2510	Inlay - metallic - one surface	\$210.00
D2520	Inlay - metallic - two surfaces.....	\$218.00
D2530	Inlay - metallic - three or more surfaces	\$225.00
D2542	Onlay - metallic - two surfaces	\$222.00
D2543	Onlay - metallic - three surfaces	\$229.00
D2544	Onlay - metallic - four or more surfaces.....	\$244.00
D2610	Inlay - porcelain/ceramic - one surface.....	\$304.00
D2620	Inlay - porcelain/ceramic - two surfaces.....	\$315.00
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$330.00
D2642	Onlay - porcelain/ceramic - two surfaces	\$323.00
D2643	Onlay - porcelain/ceramic - three surfaces	\$349.00
D2644	Onlay - porcelain/ceramic - four or more surfaces.	\$364.00
D2650	Inlay - resin-based composite - one surface.....	\$180.00

D2651	Inlay - resin-based composite - two surfaces.....	\$199.00
D2652	Inlay - resin-based composite - three or more surfaces	\$225.00
D2662	Onlay - resin-based composite - two surfaces	\$248.00
D2663	Onlay - resin-based composite - three surfaces	\$267.00
D2664	Onlay - resin-based composite - four or more surfaces	\$285.00
D2710	Crown - resin-based composite (indirect).....	\$173.00
D2712	Crown - $\frac{3}{4}$ resin-based composite (indirect).....	\$173.00
D2720	Crown - resin with high noble metal.....	\$278.00
D2721	Crown - resin with predominantly base metal	\$222.00
D2722	Crown - resin with noble metal.....	\$240.00
D2740	Crown - porcelain/ceramic substrate	\$447.00
D2750	Crown - porcelain fused to high noble metal.....	\$372.00
D2751	Crown - porcelain fused to predominantly base metal.....	\$323.00
D2752	Crown - porcelain fused to noble metal.....	\$357.00
D2780	Crown - $\frac{3}{4}$ cast high noble metal	\$360.00
D2781	Crown - $\frac{3}{4}$ cast predominantly base metal.....	\$312.00
D2782	Crown - $\frac{3}{4}$ cast noble metal	\$334.00
D2783	Crown - $\frac{3}{4}$ porcelain/ceramic.....	\$447.00
D2790	Crown - full cast high noble metal.....	\$360.00
D2791	Crown - full cast predominantly base metal	\$312.00
D2792	Crown - full cast noble metal.....	\$334.00
D2794	Crown - titanium	\$372.00
D2910	Recement inlay, onlay or partial coverage restoration.....	\$34.00
D2915	Recement cast or prefabricated post and core.....	\$34.00
D2920	Recement crown.....	\$34.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$86.00
D2940	Protective restoration	\$26.00
D2950	Core buildup, including any pins.....	\$78.00
D2951	Pin retention - per tooth, in addition to restoration	\$27.00
D2952	Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i> ..	\$111.00

D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i>	\$83.00
D2954	Prefabricated post and core in addition to crown - <i>base metal post; includes canal preparation</i>	\$93.00
D2957	Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i>	\$81.00
D2970	Temporary crown (fractured tooth) - <i>palliative treatment only</i>	\$59.00
D2980	Crown repair, by report.....	\$84.00

D3000-D3999 IV. ENDODONTICS

D3110	Pulp cap - direct (excluding final restoration).....	\$27.00
D3120	Pulp cap - indirect (excluding final restoration)	\$27.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinoceamental junction and application of medicament.....	\$53.00
D3221	Pulpal debridement, primary and permanent teeth ...	\$57.00
D3310	<i>Root canal</i> - endodontic therapy, anterior tooth (excluding final restoration).....	\$262.00
D3320	<i>Root canal</i> - endodontic therapy, bicuspid tooth (excluding final restoration).....	\$304.00
D3330	<i>Root canal</i> - endodontic therapy, molar (excluding final restoration).....	\$387.00
D3346	Retreatment of previous root canal therapy - anterior.....	\$319.00
D3347	Retreatment of previous root canal therapy - bicuspid.....	\$372.00
D3348	Retreatment of previous root canal therapy - molar	\$462.00
D3351	Apexification/recalcification/pulpal regeneration - initial visit (apical closure/calccific repair of perforations, root resorption, pulp space disinfection, etc.).....	\$112.00

D3352	Apexification/recalcification/pulpal regeneration - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.).....	\$80.00
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$186.00
D3410	Apicoectomy/periradicular surgery - anterior.....	\$285.00
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$323.00
D3425	Apicoectomy/periradicular surgery - molar (first root).....	\$357.00
D3426	Apicoectomy/periradicular surgery (each additional root).....	\$134.00
D3430	Retrograde filling - per root	\$87.00
D3450	Root amputation, per root - <i>not covered in conjunction with a hemisection</i>	\$169.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$171.00

D4000-D4999 V. PERIODONTICS

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

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$239.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$179.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$266.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$199.00

D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$486.00
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$365.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	\$76.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	\$57.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis - <i>limited to 1 treatment in any 12 consecutive months</i>	\$49.00
D4910	Periodontal maintenance - <i>limited to 1 treatment each 12 month period</i>	\$53.00

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. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.

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

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

D5110	Complete denture - maxillary	\$488.00
D5120	Complete denture - mandibular	\$488.00
D5130	Immediate denture - maxillary	\$488.00
D5140	Immediate denture - mandibular	\$488.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$364.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$364.00

D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$544.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$544.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$610.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$610.00
D5410	Adjust complete denture - maxillary.....	\$30.00
D5411	Adjust complete denture - mandibular.....	\$30.00
D5421	Adjust partial denture - maxillary	\$30.00
D5422	Adjust partial denture - mandibular	\$30.00
D5510	Repair broken complete denture base	\$77.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$64.00
D5610	Repair resin denture base	\$76.00
D5620	Repair cast framework	\$97.00
D5630	Repair or replace broken clasp.....	\$87.00
D5640	Replace broken teeth - per tooth	\$66.00
D5650	Add tooth to existing partial denture	\$75.00
D5660	Add clasp to existing partial denture	\$89.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary).....	\$227.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$227.00
D5710	Rebase complete maxillary denture	\$177.00
D5711	Rebase complete mandibular denture	\$177.00
D5720	Rebase maxillary partial denture	\$177.00
D5721	Rebase mandibular partial denture.....	\$177.00
D5730	Reline complete maxillary denture (chairside)	\$98.00
D5731	Reline complete mandibular denture (chairside)	\$98.00
D5740	Reline maxillary partial denture (chairside)	\$98.00
D5741	Reline mandibular partial denture (chairside).....	\$98.00
D5750	Reline complete maxillary denture (laboratory)	\$139.00
D5751	Reline complete mandibular denture (laboratory) ..	\$139.00
D5760	Reline maxillary partial denture (laboratory)	\$139.00

D5761	Reline mandibular partial denture (laboratory).....	\$139.00
D5820	Interim partial denture (maxillary) - <i>limited to 1 in any 12 consecutive months</i>	\$169.00
D5821	Interim partial denture (mandibular) - <i>limited to 1 in any 12 consecutive months</i>	\$169.00
D5850	Tissue conditioning, maxillary.....	\$54.00
D5851	Tissue conditioning, mandibular.....	\$54.00

**D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS
- Not Covered**

D6000-D6199 VIII. IMPLANT SERVICES - Not Covered

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

- When a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee 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.

D6210	Pontic - cast high noble metal.....	\$360.00
D6211	Pontic - cast predominantly base metal	\$312.00
D6212	Pontic - cast noble metal.....	\$334.00
D6240	Pontic - porcelain fused to high noble metal	\$372.00
D6241	Pontic - porcelain fused to predominantly base metal.....	\$323.00
D6242	Pontic - porcelain fused to noble metal.....	\$357.00
D6245	Pontic - porcelain/ceramic	\$447.00
D6250	Pontic - resin with high noble metal	\$278.00
D6251	Pontic - resin with predominantly base metal.....	\$222.00
D6252	Pontic - resin with noble metal	\$240.00
D6600	Inlay - porcelain/ceramic, two surfaces	\$315.00
D6601	Inlay - porcelain/ceramic, three or more surfaces...	\$330.00
D6602	Inlay - cast high noble metal, two surfaces.....	\$293.00
D6603	Inlay - cast high noble metal, three or more surfaces	\$300.00

D6604	Inlay - cast predominantly base metal, two surfaces	\$218.00
D6605	Inlay - cast predominantly base metal, three or more surfaces	\$225.00
D6606	Inlay - cast noble metal, two surfaces	\$267.00
D6607	Inlay - cast noble metal, three or more surfaces	\$274.00
D6608	Onlay - porcelain/ceramic, two surfaces	\$323.00
D6609	Onlay - porcelain/ceramic, three or more surfaces	\$357.00
D6610	Onlay - cast high noble metal, two surfaces	\$297.00
D6611	Onlay - cast high noble metal, three or more surfaces	\$304.00
D6612	Onlay - cast predominantly base metal, two surfaces	\$222.00
D6613	Onlay - cast predominantly base metal, three or more surfaces	\$229.00
D6614	Onlay - cast noble metal, two surfaces	\$270.00
D6615	Onlay - cast noble metal, three or more surfaces	\$278.00
D6720	Crown - resin with high noble metal	\$278.00
D6721	Crown - resin with predominantly base metal	\$222.00
D6722	Crown - resin with noble metal	\$240.00
D6740	Crown - porcelain/ceramic	\$447.00
D6750	Crown - porcelain fused to high noble metal	\$372.00
D6751	Crown - porcelain fused to predominantly base metal	\$323.00
D6752	Crown - porcelain fused to noble metal	\$357.00
D6780	Crown - $\frac{3}{4}$ cast high noble metal	\$360.00
D6781	Crown - $\frac{3}{4}$ cast predominantly base metal	\$312.00
D6782	Crown - $\frac{3}{4}$ cast noble metal	\$334.00
D6783	Crown - $\frac{3}{4}$ porcelain/ceramic	\$447.00
D6790	Crown - full cast high noble metal	\$360.00
D6791	Crown - full cast predominantly base metal	\$312.00
D6792	Crown - full cast noble metal	\$334.00
D6930	Recement fixed partial denture	\$58.00
D6940	Stress breaker	\$93.00
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated - <i>includes</i> <i>canal preparation</i>	\$111.00

D6972	Prefabricated post and core in addition to fixed partial denture retainer - <i>base metal post; includes canal preparation</i>	\$83.00
D6973	Core buildup for retainer, including any pins	\$78.00
D6976	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i>	\$93.00
D6977	Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i>	\$81.00
D6980	Fixed partial denture repair, by report	\$111.00

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

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

D7111	Extraction, coronal remnants - deciduous tooth	\$42.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$53.00
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$116.00
D7220	Removal of impacted tooth - soft tissue	\$129.00
D7230	Removal of impacted tooth - partially bony	\$168.00
D7240	Removal of impacted tooth - completely bony	\$208.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$272.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$120.00
D7251	Coronectomy - intentional partial tooth removal	\$272.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$158.00
D7286	Biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i>	\$107.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$109.00

D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$87.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$164.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$131.00
D7471	Removal of lateral exostosis (maxilla or mandible).....	\$214.00
D7472	Removal of torus palatinus	\$255.00
D7473	Removal of torus mandibularis.....	\$227.00
D7510	Incision and drainage of abscess - intraoral soft tissue	\$68.00
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	\$132.00

D8000-D8999 XI. ORTHODONTICS - Not Covered

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain - minor procedure.....	\$49.00
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
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician.....	\$62.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$27.00
D9440	Office visit - after regularly scheduled hours.....	\$51.00
D9450	Case presentation, detailed and extensive treatment planning	\$39.00
D9972	External bleaching - per arch - <i>limited to one bleaching tray and gel for two weeks of self treatment</i>	\$94.00

D9999 Unspecified adjunctive procedure, by report
 - includes failed appointment without 24 hour
 notice - per 15 minutes of appointment time - up
 to an overall maximum of \$60.00\$12.00

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

Procedures not listed above are not covered, however, may be available at the Contract Dentist's "filed fees." "Filed fees" means the Contract Dentist's fees on file with Delta Dental. Questions regarding these fees should be directed to Delta Dental's Customer Service department at 866-247-2486 (TTY users call 1-800-735-2929).

SCHEDULE B

Limitations of Benefits

1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments*.
2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional \$100.00 above the listed Copayment for each of these services after the sixth unit has been provided.

Exclusions of Benefits

1. Any procedure that is not specifically listed under *Schedule A, Description of Benefits and Copayments*.
2. Any procedure that in the professional opinion of the Contract Dentist:
 - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or
 - b. is inconsistent with generally accepted standards for dentistry.
3. Services solely for cosmetic purposes, with the exception of procedure D9972, External bleaching, per arch, or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel.
4. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).
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. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
7. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.

8. Consultations for non-covered benefits.
9. Dental services received from any dental facility other than the assigned Contract Dentist, a preauthorized dental specialist, or a Contract Orthodontist except for *Emergency Services* as described in the Contract and/or Benefit Booklet.
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 the Enrollee's eligibility with the DeltaCare USA program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics.
13. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

If you have any questions or need additional information, call or write:

Toll Free
800-422-4234

Delta Dental of California
17871 Park Plaza Dr., Suite 200
Cerritos, CA 90703

IMPORTANT: Can you read this document? If not, we can have somebody help you read it. For free help, please call Delta Dental at 1-866-247-2486 Monday through Friday between 5 a.m. and 6 p.m. Pacific time. You may also be able to receive this document in Spanish or Chinese. TTY/TDD users call 800-735-2929.

IMPORTANTE: ¿Puede leer este documento? Si no, podemos ayudarlo. Para obtener ayuda gratis, llame a Delta Dental al 1-866-247-2486, de lunes a viernes, de 5:00 a. m. a 6:00 p.m., hora del Pacífico. También puede recibir este documento en español o chino. Usuarios de TTY/TDD pueden llamar al 1-800-735-2929.

重要通知：您能讀這份文件嗎？如有問題，我們可請他人協助您。如需免費協助，請電Delta Dental 1-866-247-2486，服務時間為太平洋地區標準時間週一至週五早上5點至下午6點。您也能取得這份文件的西班牙文或中文譯本。TTY/TDD專線使用者請撥1-800-735-2929。