

SCHEDULE A

Description of Benefits and Copayments

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

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under the DeltaCare® USA Plan and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2025, procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association® ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

<u>CODE</u>	<u>DESCRIPTION</u>	<u>You Pay</u>
D0100-D0999	I. DIAGNOSTIC – (When referable services are provided by a Contract Specialist, You pay 75% of that Dentist's "submitted fees.") *	
D0999	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit (in addition to other services)</i>	\$10.00
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	\$5.00
D0180	Comprehensive periodontal evaluation - new or established patient	No Cost
D0190	Screening of a patient.....	No Cost
D0191	Assessment of a patient.....	No Cost
D0210	Intraoral - comprehensive series of radiographic images - <i>limited to 1 of (D0210 or D0330) per 24 months. Either one (1) D0210 or one (1) D0330 permitted</i>	No Cost
D0220	Intraoral - periapical first radiographic image	No Cost
D0230	Intraoral - periapical each additional radiographic image	No Cost
D0240	Intraoral - occlusal radiographic image.....	No Cost
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector.....	No Cost
D0251	Extra-oral posterior dental radiographic image	No Cost
D0270	Bitewing - single radiographic image	No Cost
D0272	Bitewings - two radiographic images - <i>limited to 1 series every 6 months</i>	No Cost
D0273	Bitewings - three radiographic images - <i>limited to 1 series every 6 months</i>	No Cost

<u>CODE</u>	<u>DESCRIPTION</u>	<u>You Pay</u>
D0274	Bitewings - four radiographic images - <i>limited to 1 series every 6 months</i>	No Cost
D0277	Vertical bitewings - 7 to 8 radiographic images	No Cost
D0330	Panoramic radiographic image - <i>limited to 1 of (D0210 or D0330) per 24 months. Either one (1) D0210 or one (1) D0330 permitted.</i>	No Cost
D0396	3D printing of a 3D dental surface scan	No Cost
D0419	Assessment of salivary flow by measurement - 1 every 12 months.....	No Cost
D0460	Pulp vitality tests.....	No Cost
D0470	Diagnostic casts.....	No Cost
D0472	Accession of tissue, gross examination, preparation and transmission of written report - <i>available only when performed in conjunction with a covered biopsy</i>	No Cost
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report - <i>available only when performed in conjunction with a covered biopsy</i>	No Cost
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report - <i>available only when performed in conjunction with a covered biopsy</i>	No Cost
D0601	Caries risk assessment and documentation, with a finding of low risk- <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
D1000-D1999	II. PREVENTIVE - (When referable services are provided by a Contract Specialist, You pay 75% of that Dentist's "submitted fees.") *	
D1110	<i>Cleaning - Prophylaxis - adult - 2 D1110, D1120 or D4346 per 12 month period</i>	\$20.00
D1120	<i>Cleaning - Prophylaxis - child - 2 D1110, D1120 or D4346 per 12 month period</i>	\$20.00
D1206	<i>Topical application of fluoride varnish - child to age 19; 2 of D1206 or D1208 per 12 month period</i>	\$20.00
D1208	<i>Topical application of fluoride - excluding varnish - child to age 19; 2 of D1206 or D1208 per 12 month period</i>	\$20.00
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 - <i>limited to permanent molars through age 15</i>	\$22.00
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - <i>limited to permanent molars through age 15</i>	\$22.00
D1353	Sealant repair - per tooth - <i>limited to permanent molars through age 15</i>	\$22.00

<u>CODE</u>	<u>DESCRIPTION</u>	<u>You Pay</u>
D1354	Application of caries arresting medicament - per tooth.....	\$20.00
D1510	Space maintainer - fixed, unilateral - per quadrant.....	\$85.00
D1516	Space maintainer - fixed - bilateral, maxillary	\$85.00
D1517	Space maintainer - fixed - bilateral, mandibular.....	\$85.00
D1520	Space maintainer - removable - unilateral - per quadrant.....	\$85.00
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	\$10.00
D1552	Re-cement or re-bond bilateral space maintainer - mandibular.....	\$10.00
D1553	Re-cement or re-bond bilateral space maintainer - per quadrant.....	\$10.00
D1556	Removal of fixed unilateral space maintainer - per quadrant.....	\$10.00
D1557	Removal of fixed bilateral space maintainer - maxillary.....	\$10.00
D1558	Removal of fixed bilateral space maintainer - mandibular	\$10.00
D1575	Distal shoe space maintainer - fixed - unilateral - per quadrant <i>child to age 9</i>	\$85.00
D2000-D2999	III. RESTORATIVE - (When referable services are provided by a Contract Specialist, You pay 75% of that Dentist's "submitted fees.") *	
	- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.	
	- Fillings are covered 1 per 24 month(s) per tooth, per surface. Replacement of an amalgam or resin restoration on the same tooth surface in less than two years by the same Dentist or by a Dentist at the same location is not chargeable to Delta Dental or You.	
	- Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.	
D2140	Amalgam - one surface, primary or permanent.....	\$25.00
D2150	Amalgam - two surfaces, primary or permanent	\$40.00
D2160	Amalgam - three surfaces, primary or permanent	\$50.00
D2161	Amalgam - four or more surfaces, primary or permanent.....	\$55.00
D2330	Resin-based composite - one surface, anterior	\$65.00
D2331	Resin-based composite - two surfaces, anterior	\$75.00
D2332	Resin-based composite - three surfaces, anterior	\$85.00
D2335	Resin-based composite - four or more surfaces (anterior)	\$115.00
D2390	Resin-based composite crown, anterior	\$115.00
D2391	Resin-based composite - one surface, posterior.....	\$70.00
D2392	Resin-based composite - two surfaces, posterior	\$80.00
D2393	Resin-based composite - three surfaces, posterior	\$115.00
D2394	Resin-based composite - four or more surfaces, posterior	\$120.00
D2510	Inlay - metallic - one surface ¹	\$260.00
D2520	Inlay - metallic - two surfaces ¹	\$270.00
D2530	Inlay - metallic - three or more surfaces ¹	\$280.00
D2542	Onlay - metallic - two surfaces ¹	\$270.00
D2543	Onlay - metallic - three surfaces ¹	\$290.00
D2544	Onlay - metallic - four or more surfaces ¹	\$300.00
D2610	Inlay - porcelain/ceramic - one surface ^{2,4}	\$350.00
D2620	Inlay - porcelain/ceramic - two surfaces ^{2,4}	\$385.00
D2630	Inlay - porcelain/ceramic - three or more surfaces ^{2,4}	\$405.00
D2642	Onlay - porcelain/ceramic - two surfaces ^{2,4}	\$415.00
D2643	Onlay - porcelain/ceramic - three surfaces ^{2,4}	\$415.00
D2644	Onlay - porcelain/ceramic - four or more surfaces ^{2,4}	\$425.00

<u>CODE</u>	<u>DESCRIPTION</u>	<u>You Pay</u>
D2650	Inlay - resin-based composite - one surface ²	\$250.00
D2651	Inlay - resin-based composite - two surfaces ²	\$275.00
D2652	Inlay - resin-based composite - three or more surfaces ²	\$310.00
D2662	Onlay - resin-based composite - two surfaces ²	\$305.00
D2663	Onlay - resin-based composite - three surfaces ²	\$330.00
D2664	Onlay - resin-based composite - four or more surfaces ²	\$375.00
D2710	Crown - resin-based composite (indirect) ²	\$125.00
D2712	Crown - 3/4 resin-based composite (indirect) ²	\$125.00
D2720	Crown - resin with high noble metal ²	\$425.00
D2721	Crown - resin with predominantly base metal ²	\$325.00
D2722	Crown - resin with noble metal ²	\$425.00
D2740	Crown - porcelain/ceramic ^{2,4}	\$495.00
D2750	Crown - porcelain fused to high noble metal ^{2,3,4}	\$425.00
D2751	Crown - porcelain fused to predominantly base metal ^{2,3}	\$325.00
D2752	Crown - porcelain fused to noble metal ^{2,3}	\$425.00
D2753	Crown - porcelain fused to titanium and titanium alloys.....	\$425.00
D2780	Crown - 3/4 cast high noble metal	\$425.00
D2781	Crown - 3/4 cast predominantly base metal	\$325.00
D2782	Crown - 3/4 cast noble metal	\$425.00
D2783	Crown - 3/4 porcelain/ceramic ^{2,4}	\$495.00
D2790	Crown - full cast high noble metal.....	\$425.00
D2791	Crown - full cast predominantly base metal	\$325.00
D2792	Crown - full cast noble metal	\$425.00
D2794	Crown - titanium and titanium alloys	\$495.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration.....	\$15.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$15.00
D2920	Re-cement or re-bond crown	\$15.00
D2921	Reattachment of tooth fragment, incisal edge or cusp - <i>anterior</i>	\$115.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth - <i>anterior</i>	\$95.00
D2930	Prefabricated stainless steel crown - primary tooth.....	\$55.00
D2931	Prefabricated stainless steel crown - permanent tooth.....	\$55.00
D2932	Prefabricated resin crown - <i>anterior primary tooth</i>	\$95.00
D2933	Prefabricated stainless steel crown with resin window - <i>anterior primary tooth</i>	\$95.00
D2940	Placement of interim direct restoration	\$10.00
D2949	Restorative foundation for an indirect restoration.....	\$85.00
D2950	Core buildup, including any pins when required.....	\$85.00
D2951	Pin retention - per tooth, in addition to restoration	\$30.00
D2952	Post and core in addition to crown, indirectly fabricated - <i>base metal post</i> ; <i>includes canal preparation</i> ¹	\$85.00
D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i> ¹	\$50.00
D2954	Prefabricated post and core in addition to crown - <i>includes canal preparation</i>	\$75.00
D2955	Post removal	\$40.00
D2956	Removal of an indirect restoration on a natural tooth	No Cost
D2957	Each additional prefabricated post - same tooth - <i>includes canal preparation</i>	\$45.00

<u>CODE</u>	<u>DESCRIPTION</u>	<u>You Pay</u>
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework.....	\$65.00
D2976	Band stabilization - per tooth - limited to 1 per tooth per lifetime.....	\$50.00
D2980	Crown repair necessitated by restorative material failure.....	\$50.00
D2981	Inlay repair necessitated by restorative material failure.....	\$50.00
D2982	Onlay repair necessitated by restorative material failure	\$50.00
D2983	Veneer repair necessitated by restorative material failure.....	\$50.00
D2989	Excavation of a tooth resulting in the determination of non-restorability	No Cost
D2990	Resin infiltration of incipient smooth surface lesions - <i>limited permanent molars through age 15</i>	\$22.00
D3000-D3999	IV. ENDODONTICS - (When referable services are provided by a Contract Specialist, You pay 75% of that Dentist's "submitted fees.") *	
<i>- With the exception of pulp caps, pulpotomies, pulpal debridements, and pulpal therapies with resorbable fillings, all endodontic procedures listed below are Benefits for permanent teeth only.</i>		
D3110	Pulp cap - direct (excluding final restoration)	\$10.00
D3120	Pulp cap - indirect (excluding final restoration).....	\$10.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$45.00
D3221	Pulpal debridement, primary and permanent teeth.....	\$45.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$45.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration).....	\$45.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration).....	\$45.00
D3310	<i>Root canal</i> - endodontic therapy - anterior tooth (excluding final restoration)	\$240.00
D3320	<i>Root canal</i> - endodontic therapy - premolar tooth (excluding final restoration)	\$350.00
D3330	<i>Root canal</i> - endodontic therapy - molar tooth (excluding final restoration)	\$400.00
D3331	Treatment of root canal obstruction; non-surgical access	\$240.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$240.00
D3346	Retreatment of previous root canal therapy - anterior	\$500.00
D3347	Retreatment of previous root canal therapy - premolar	\$600.00
D3348	Retreatment of previous root canal therapy - molar	\$725.00
D3410	Apicoectomy - anterior	\$470.00
D3421	Apicoectomy - premolar (first root)	\$535.00
D3425	Apicoectomy - molar (first root).....	\$580.00
D3426	Apicoectomy (each additional root)	\$115.00
D3430	Retrograde filling - per root	\$65.00
D3450	Root amputation - per root	\$315.00
D3471	Surgical repair of root resorption - anterior	\$470.00
D3472	Surgical repair of root resorption - premolar.....	\$470.00
D3473	Surgical repair of root resorption - molar.....	\$470.00
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior.....	\$470.00
D3502	Surgical exposure of root surface without apicoectomy or repair of root Resorption - premolar	\$470.00

<u>CODE</u>	<u>DESCRIPTION</u>	<u>You Pay</u>
D3503	Surgical exposure of root surface without apicoectomy or repair of root Resorption - molar	\$470.00
D3911	Intraorifice barrier	No Cost
D3920	Hemisection (including any root removal), not including root canal therapy	\$95.00
D3921	Decoronation of submergence of an erupted tooth.....	\$40.00

D4000-D4999 V. PERIODONTICS - (When referable services are provided by a Contract Specialist, You pay 75% of that Dentist's submitted fees.) *

- Includes postoperative evaluations and treatment under a local anesthetic.

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant.....	\$260.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant.....	\$150.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth.....	No Cost
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	\$350.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	\$280.00
D4249	Clinical crown lengthening - hard tissue.....	\$280.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant.....	\$650.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant.....	\$520.00
D4270	Pedicle soft tissue graft procedure.....	\$290.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$95.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	\$300.00
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.....	\$300.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to once per quadrant during any 24 consecutive months</i>	\$80.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to once per quadrant during any 24 consecutive months</i>	\$64.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - 2 D1110, D1120 or D4346 per 12 month period.....	\$20.00
D4355	Full mouth debridement to enable a comprehensive periodontal oral evaluation and diagnosis on subsequent visit - <i>limited to 1 treatment per lifetime</i>	\$80.00
D4910	Periodontal maintenance - <i>limited to 2 treatment each 12 month period</i>	\$65.00
D4921	Gingival irrigation with 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 after delivery adjustments and tissue

<u>CODE</u>	<u>DESCRIPTION</u>	<u>You Pay</u>
	conditioning, if needed, for the first three months after placement. You must continue to be eligible, and the service must be provided at the Participating Provider's facility where the denture was originally delivered.	
	- Relines and tissue conditioning are limited to 1 per denture during any 6 consecutive months.	
	- Rebases are limited to 1 per denture in a 24-month period.	
	- Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.	
D5110	Complete denture - maxillary	\$495.00
D5120	Complete denture - mandibular	\$495.00
D5130	Immediate denture - maxillary	\$550.00
D5140	Immediate denture - mandibular.....	\$550.00
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$400.00
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$400.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests, and teeth)	\$565.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests, and teeth)	\$565.00
D5221	Immediate maxillary partial denture - resin base (including any retentive/clasping materials, rests, and teeth)	\$400.00
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials, rests, and teeth)	\$400.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests, and teeth).....	\$565.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests, and teeth).....	\$565.00
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests and teeth).....	\$700.00
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests and teeth).....	\$700.00
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth).....	\$400.00
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth).....	\$400.00
D5410	Adjust complete denture - maxillary	\$24.00
D5411	Adjust complete denture - mandibular	\$24.00
D5421	Adjust partial denture - maxillary	\$24.00
D5422	Adjust partial denture - mandibular	\$24.00
D5520	Replace missing or broken teeth - complete denture-per tooth	\$40.00
D5630	Repair or replace broken retentive/clasping materials - per tooth	\$75.00
D5640	Replace missing or broken teeth - partial denture - per tooth.....	\$45.00
D5650	Add tooth to existing partial denture-per tooth	\$60.00
D5660	Add clasp to existing partial denture - per tooth	\$75.00
D5710	Rebase complete maxillary denture	\$180.00
D5711	Rebase complete mandibular denture	\$180.00
D5720	Rebase maxillary partial denture	\$180.00

<u>CODE</u>	<u>DESCRIPTION</u>	<u>You Pay</u>
D5721	Rebase mandibular partial denture	\$180.00
D5725	Rebase hybrid prosthesis	\$180.00
D5730	Reline complete maxillary denture (chairside)	\$75.00
D5731	Reline complete mandibular denture (chairside)	\$75.00
D5740	Reline maxillary partial denture (chairside)	\$75.00
D5741	Reline mandibular partial denture (chairside)	\$75.00
D5750	Reline complete maxillary denture (laboratory)	\$150.00
D5751	Reline complete mandibular denture (laboratory)	\$150.00
D5760	Reline maxillary partial denture (laboratory)	\$150.00
D5761	Reline mandibular partial denture (laboratory)	\$150.00
D5765	Soft line for complete or partial removable denture - indirect	\$150.00
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary - <i>limited to 1 in any 12 consecutive months</i>	\$175.00
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular - <i>limited to 1 in any 12 consecutive months</i>	\$175.00
D5850	Tissue conditioning, maxillary	\$40.00
D5851	Tissue conditioning, mandibular	\$40.00
D5900-D5999	VII. MAXILLOFACIAL PROSTHETICS - Not Covered	
D6000-D6199	VIII. IMPLANT SERVICES - Not Covered	
D6200-D6999	IX. PROSTHODONTICS, fixed	
- <i>Each retainer and each pontic constitutes a unit in a fixed partial denture (bridge).</i>		
- <i>Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.</i>		
D6210	Pontic - cast high noble metal	\$425.00
D6211	Pontic - cast predominantly base metal	\$325.00
D6212	Pontic - cast noble metal	\$425.00
D6240	Pontic - porcelain fused to high noble metal ^{2,4}	\$425.00
D6241	Pontic - porcelain fused to predominantly base metal ²	\$325.00
D6242	Pontic - porcelain fused to noble metal ²	\$425.00
D6243	Pontic - porcelain fused to titanium and titanium alloys	\$425.00
D6245	Pontic - porcelain/ceramic ^{2,4}	\$495.00
D6250	Pontic - resin with high noble metal ²	\$425.00
D6251	Pontic - resin with predominantly base metal ²	\$325.00
D6252	Pontic - resin with noble metal ²	\$425.00
D6600	Retainer inlay - porcelain/ceramic, two surfaces ^{2,4}	\$385.00
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces ^{2,4}	\$405.00
D6602	Retainer inlay - cast high noble metal, two surfaces	\$370.00
D6603	Retainer inlay - cast high noble metal, three or more surfaces	\$380.00
D6604	Retainer inlay - cast predominantly base metal, two surfaces	\$270.00
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	\$280.00
D6606	Retainer inlay - cast noble metal, two surfaces	\$370.00
D6607	Retainer inlay - cast noble metal, three or more surfaces	\$380.00
D6608	Retainer onlay - porcelain/ceramic, two surfaces ^{2,4}	\$395.00
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces ^{2,4}	\$415.00

<u>CODE</u>	<u>DESCRIPTION</u>	<u>You Pay</u>
D6610	Retainer onlay - cast high noble metal, two surfaces	\$370.00
D6611	Retainer onlay - cast high noble metal, three or more surfaces	\$390.00
D6612	Retainer onlay - cast predominantly base metal, two surfaces	\$270.00
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	\$290.00
D6614	Retainer onlay - cast noble metal, two surfaces	\$370.00
D6615	Retainer onlay - cast noble metal, three or more surfaces	\$390.00
D6720	Retainer crown - resin with high noble metal ²	\$425.00
D6721	Retainer crown - resin with predominantly base metal ²	\$325.00
D6722	Retainer crown - resin with noble metal ²	\$425.00
D6740	Retainer crown - porcelain/ceramic ^{2,4}	\$495.00
D6750	Retainer crown - porcelain fused to high noble metal ^{2,3,4}	\$425.00
D6751	Retainer crown - porcelain fused to predominantly base metal ^{2,3}	\$325.00
D6753	Retainer crown - porcelain fused to titanium and titanium alloys ^{2,3,4}	\$425.00
D6752	Retainer crown - porcelain fused to noble metal ^{2,3}	\$425.00
D6780	Retainer crown - 3/4 cast high noble metal	\$425.00
D6781	Retainer crown - 3/4 cast predominantly base metal	\$325.00
D6782	Retainer crown - 3/4 cast noble metal	\$425.00
D6783	Retainer crown - 3/4 porcelain/ceramic ^{2,4}	\$495.00
D6784	Retainer crown - ¾ - titanium and titanium alloys.....	\$425.00
D6790	Retainer crown - full cast high noble metal	\$425.00
D6791	Retainer crown - full cast predominantly base metal	\$325.00
D6792	Retainer crown - full cast noble metal	\$425.00
D6930	Re-cement or re-bond fixed partial denture	\$30.00
D6940	Stress breaker	\$50.00
D6980	Fixed partial denture repair necessitated by restorative material failure	\$75.00

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY – (When referable services are provided by a Contract Specialist, You pay 75% of that Dentist's "submitted fees.") *

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

D7111	Extraction, coronal remnants - primary tooth.....	\$30.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$40.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$70.00
D7220	Removal of impacted tooth - soft tissue	\$100.00
D7230	Removal of impacted tooth - partially bony	\$190.00
D7240	Removal of impacted tooth - completely bony.....	\$210.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications.....	\$230.00
D7250	Removal of residual tooth roots (cutting procedure).....	\$75.00
D7251	Coronectomy - intentional partial tooth removal, impacted teeth only	\$230.00
D7259	Nerve dissection - <i>available only when performed in conjunction with the removal of an impacted tooth, complete bony, with unusual surgical complications</i>	No Cost
D7284	Excisional biopsy of minor salivary glands - does not include pathology laboratory procedures	\$100.00
D7286	Incisional biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i>	\$100.00

<u>CODE</u>	<u>DESCRIPTION</u>	<u>You Pay</u>
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$150.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$150.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$200.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$200.00
D7471	Removal of lateral exostosis (maxilla or mandible)	\$150.00
D7472	Removal of torus palatinus	\$150.00
D7473	Removal of torus mandibularis	\$150.00
D7510	Incision and drainage of abscess - intraoral soft tissue	\$35.00
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$55.00
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site.....	No Cost
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure.....	\$160.00

D8000-D8999 XI. ORTHODONTICS

***If a copayment dollar amount is not listed, You pay 75% of the Contract Orthodontist's "submitted fees."*

- You must continue to be eligible during active treatment. Orthodontic treatment covers up to 24 months of active treatment, excluding the services listed for D8999 (Start-up fee) and D8680 (Orthodontic retention). Beyond 24 months, an additional monthly fee, not to exceed 75% of the Contract Orthodontist's "submitted fees" per month applies.*
- Orthodontic retention includes adjustments and/or office visits up to 24 months.*
- You are responsible for any incurred orthodontic diagnostic record fees.*

D8010	Limited orthodontic treatment of the primary dentition.....	**
D8020	Limited orthodontic treatment of the transitional dentition - child or adolescent to age 19.....	**
D8030	Limited orthodontic treatment of the adolescent dentition - adolescent to age 19.....	**
D8040	Limited orthodontic treatment of the adult dentition - adults, including covered dependent adult children.....	**
D8070	Comprehensive orthodontic treatment of the transitional dentition - child or adolescent to age 19	**
D8080	Comprehensive orthodontic treatment of the adolescent dentition - adolescent to age 19	**
D8090	Comprehensive orthodontic treatment of the adult dentition - adults, including covered dependent adult children.....	**
D8091	Comprehensive orthodontic treatment with orthognathic surgery.....	**
D8660	Pre-orthodontic treatment examination to monitor growth and development 5 - 1 per 6 month period when performed by the same Contract Dentist or office.....	No Cost
D8670	Periodic orthodontic treatment visit - included in comprehensive orthodontic case fee	No Cost
D8671	Periodic orthodontic treatment visit associated with orthognathic surgery - included in comprehensive orthodontic case fee.....	No Cost
D8680	Orthodontic retention (removal of appliances, construction and placement of removable retainers)	**

<u>CODE</u>	<u>DESCRIPTION</u>	<u>You Pay</u>
D8681	Removable orthodontic retainer adjustment.....	No Cost
D8999	Unspecified orthodontic procedure, by report - <i>includes START-UP FEES (including initial examination, diagnosis, consultation and initial banding)</i>	\$200.00
D9000-D9999	XII. ADJUNCTIVE GENERAL SERVICES - (When referable services are provided by a Contract Specialist, the You pay 75% of that Dentist's "submitted fees.") *	
D9110	Palliative treatment of dental pain -per visit.....	\$35.00
D9210	Local anesthesia not in conjunction with operative or surgical procedures.....	No Cost
D9211	Regional block anesthesia.....	No Cost
D9212	Trigeminal division block anesthesia.....	No Cost
D9215	Local anesthesia in conjunction with operative or surgical procedures.....	No Cost
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	No Cost
D9310	Consultation - diagnostic service provided by Dentist or physician other than requesting Dentist or physician.....	\$70.00
D9311	Consultation with medical health care professional.....	No Cost
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed.....	\$5.00
D9440	Office visit - after regularly scheduled hours.....	\$40.00
D9450	Case presentation, subsequent to detailed and extensive treatment planning	No Cost
D9912	Pre-visit patient screening	No Cost
D9932	Cleaning and inspection of removable complete denture, maxillary	No Cost
D9933	Cleaning and inspection of removable complete denture, mandibular	No Cost
D9934	Cleaning and inspection of removable partial denture, maxillary	No Cost
D9935	Cleaning and inspection of removable partial denture, mandibular.....	No Cost
D9941	Fabrication of athletic mouthguard	\$110.00
D9951	Occlusal adjustment, limited.....	\$40.00
D9952	Occlusal adjustment, complete.....	\$90.00
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>	\$50.00
D9987	Canceled appointment - <i>without 24 hour notice</i>	\$50.00
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

Teledentistry services provided by a Dentist other than Your Contract Dentist are considered Out-of-Network and may result in an out-of-pocket cost to You.

Optional or upgraded procedure(s) are defined as any alternative procedure(s) presented by the DeltaCare USA Dentist and formally agreed upon by financial consent that satisfies the same dental need as a covered procedure. You may elect an optional or upgraded procedure, subject to the limitations and exclusions of the plan. The applicable charge to the You is the difference between the DeltaCare USA Dentist's regularly

charged fee (or contracted fee, when applicable) for the Optional or upgraded procedure and the covered procedure, plus any applicable copayment for the covered procedure.

FOOTNOTES

- * If services for a listed procedure are performed by the assigned Contract Dentist, You pay the specified Copayment. Listed, referable procedures that are not available in the contract facility or that require a Dentist to provide Specialist Services may be provided by a contracted oral surgeon, endodontist, periodontist or pediatric Dentist at 75% of the Contract Specialist's "submitted fees." Specialist Services are only available upon referral by the assigned Contract Dentist or authorized by Delta Dental.*
- 1 Base metal is the Benefit. If an inlay, onlay or indirectly fabricated post and core is made of high noble metal or noble metal, an additional fee up to \$100.00 per tooth will be charged for the upgrade.*
- 2 Porcelain/ceramic crown, pontic and fixed bridge retainer on molars are considered a material upgrade with a maximum additional charge to You of \$150.00 per unit.*
- 3 For a covered porcelain-fused-to-metal crown, a porcelain margin is considered a material upgrade with a maximum additional charge to You of \$75.00 per unit.*
- 4 Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed \$325.00 in addition to the listed Copayment. Refer to Schedule B for Limitations and Exclusions for additional information.*
- 5 In the event orthodontic treatment is not required or is declined by You, a fee of \$85.00 will apply. You are also responsible for any incurred orthodontic diagnostic record fees.*

SCHEDULE B

Limitations and Exclusions of Benefits

Delta Dental Individual & Family

DeltaCare[®] USA Basic Plan FLA70

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. Fillings (amalgams and composites) are Benefits for the removal of decay, for minor repairs of tooth structure or to replace a lost or failing restoration.
3. The placement of a crown, inlay or onlay is a Benefit when there is insufficient tooth structure to support a filling.
4. Placement of interim direct restoration is included in the fee for all covered Endodontic procedures (D3220-D3950) when done on the same date by the same Dentist/dental office.
5. The fee for removal of an indirect restoration is included in the fee for any subsequent restorative procedure.
6. Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. 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 \$325.00 in addition to the listed Copayment. Contact the Customer Service department at 888-282-9501 if you have questions regarding the additional fee or name brand services.
7. The replacement of an existing inlay, onlay, crown, fixed partial denture (bridge) or a removable full or partial denture is covered when:
 - a. The existing restoration/bridge/denture is no longer functional and cannot be made functional by repair or adjustment, and
 - b. Either of the following:
 - The existing non-functional restoration/bridge/denture was placed five or more years prior to its replacement, or

- If an existing partial denture is less than five years old, but must be replaced by a new partial denture due to the loss of a natural tooth, which cannot be replaced by adding another tooth to the existing partial denture.
8. Coverage for the placement of a fixed partial denture (bridge) requires that:
 - a. No cantilevered posterior pontic (prosthetic tooth) be included; and
 - The tooth/teeth to be replaced in the arch is a permanent tooth, which cannot be replaced by adding another tooth to an existing removable partial denture; or
 - The new bridge would replace an existing, non-functional bridge; or
 - Each abutment tooth to be crowned meets Limitation #3.
 - When a posterior fixed bridge and a removable partial denture are placed in the same arch in the same treatment episode, only the partial denture will be a Benefit.
 9. Benefits for retained primary teeth are limited to services applicable to a primary tooth.
 10. Excision of the frenum is a Benefit only when it causes limited mobility of the tongue, a large diastema between teeth or it interferes with a prosthetic appliance.
 11. Nerve dissection is included in the fee for the removal of an impacted tooth, complete bony, with unusual surgical complications, as part of that extraction procedure. Otherwise, nerve dissection is not a benefit.
 12. Benefits provided by a Contracted pediatric Dentist are available at 75 percent of the Contract Specialist's "submitted fees." Referral by the assigned Contract Dentist is required before services are received.
 13. Benefits provided by a pediatric Dentist are limited to children through age thirteen less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
 14. Three recementations or replacements of a bracket/band on the same tooth or a total of five rebracketings/rebandings on different teeth during the covered course of treatment are Benefits. If any additional recementations or replacements of brackets/bands are performed, You are responsible for the cost at the Contract Orthodontist's submitted fee.
 15. Limited orthodontic treatment (any dentition) and comprehensive orthodontic treatment (any dentition) are part of comprehensive orthodontic treatment with orthognathic surgery.
 16. Comprehensive orthodontic treatment (Phase II) consists of repositioning all or nearly all of the permanent teeth in an effort to make Your occlusion as ideal as possible. This treatment usually requires complete fixed appliances; however, when the Contract Orthodontist deems it suitable, a European or removable appliance therapy may be substituted at the same Copayment amounts as for fixed appliances.
 17. The Copayment is payable to the Contract Orthodontist who initiates banding in a course of orthodontic treatment. If, after banding has been initiated, You change to another Contract Orthodontist to continue orthodontic treatment, You:
 - a. will not be entitled to a refund of any amounts previously paid, and
 - b. will be responsible for all payments, up to and including the full Copayment, that are required by the new Contract Orthodontist for completion of the orthodontic treatment.
 18. The cost to You receiving orthodontic treatment if Your 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.

Exception to extend covered orthodontics Benefits to a cancelled or terminated Policy is as follows:

- a. For 60 days after the date coverage terminates if the Contract Orthodontist has agreed to or is receiving monthly payments; or
 - b. Until the later of 60 days after the date coverage terminates or the end of the quarter in progress, if the Contract Orthodontist has agreed to accept or is receiving payments on a quarterly basis.
19. Fabrication of athletic mouthguard is limited to once every 24 months for patients 18 and younger.
 20. Teledentistry services provided by a Dentist other than Your Contract Dentist are considered Out-of-Network and may result in an out-of-pocket cost to You.
 21. Coverage for orthodontic treatment is limited to conventional orthodontic services, which includes clear aligner therapy (e.g., Invisalign™ and Sure Smile™). We consider lingual brackets, clear (composite or ceramic) brackets to be specialized services. When treatment using lingual brackets or clear (composite or ceramic) brackets is provided, We will make an allowance for conventional orthodontic services. You are responsible for Your Copayment for the conventional orthodontic treatment plus the additional fees related to the specialized services (lingual brackets or clear brackets).
 22. X-ray Limitations:
 - When the frequencies for the comprehensive radiographic images (D0210) and panoramic radiographic images (D0330) differ, the least restrictive frequency will apply.
 - Panoramic images are not considered part of a comprehensive intraoral series.
 - Bitewing x-rays of any type are included in the fee of a comprehensive series when taken within 6 months of the comprehensive images.
 - Bitewing x-rays are limited to two images for under age 10.
 - Image capture procedures are not separately billable services.

Exclusions of Benefits

1. Any procedure that is not specifically listed under *Schedule A, Description of Benefits and Copayments*.
2. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
3. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns, fixed partial dentures (bridges) and orthodontic appliances.
4. Dental expenses incurred in connection with any dental procedures started after termination of eligibility for coverage.
5. Dental expenses incurred in connection with any dental 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.
6. Prescription and over-the-counter drugs.

7. Any procedure that has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or is inconsistent with generally accepted standards for dentistry.
8. Dental services received from any dental facility other than the assigned Contract Dentist, including the services of an out-of-network dental specialist, unless expressly authorized by Us or as cited under *Emergency Services* as described in the Policy.
9. Consultations or other diagnostic services for non-covered Benefits.
10. Duplication of x-rays.
11. Implant supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
12. Porcelain crowns, porcelain fused to metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
13. Services solely for cosmetic purposes, with the exception of procedure D9975 (external bleaching for home application, per arch), or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
14. Administration of dermal fillers is not a Benefit of the plan
15. Administration of neuromodulators is not a Benefit of the plan.
16. Procedures, appliances or restorations if the purpose is to change vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth, periodontal splinting, gnathologic recordings, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ), with the exception of procedures D9951 and D9952 as shown on *Schedule A, Description of Benefits and Copayments*.
17. An initial treatment plan which involves the removal and reestablishment of the occlusal contacts of 10 or more teeth with crowns, pontics, inlays, onlays, fixed partial dentures (bridges), or any combination of these is considered to be full mouth reconstruction under the DeltaCare USA Plan. Crowns, pontics, inlays, onlays and fixed partial dentures associated with such a treatment plan are not covered Benefits. This exclusion does not affect any other Benefits.
18. 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.
19. Extraction of teeth, when teeth are asymptomatic/non-pathologic (no signs or symptoms of pathology or infection), including, but not limited to, the removal of third molars and orthodontic extractions.
20. Treatment or extraction of primary teeth when exfoliation (normal shedding and loss) is imminent.
21. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.
22. Accidental injury. Accidental injury is defined as damage to the hard and soft tissue of the oral cavity resulting from forces external to the mouth. Damages to the hard and soft tissues of the oral cavity from normal masticatory (chewing) function will be covered at the normal schedule of Benefits.

23. Myofunctional and parafunctional appliances and/or therapies.
24. Pre-, mid- and post-treatment records for orthodontia including cephalometric x-rays, tracings, photographs and study models.
25. Changes in orthodontic treatment necessitated by accident of any kind.
26. Any part of a preventive or soft tissue management program which is not a listed covered service on *Schedule A, Description of Benefits and Copayment*.
27. Orthodontic treatment must be provided by a licensed Dentist.
28. Services or supplies for sleep apnea.