

## 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 plan. Please refer to the *DeltaCare USA Limitations and Exclusions* section for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

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

<u>CODE</u>	<u>DESCRIPTION</u>	<u>ENROLLEE PAYS</u>
<b>D0100-D0999</b>	<b>I. DIAGNOSTIC</b>	
D0120	Periodic oral evaluation - established patient .....	No Cost
D0140	Limited oral evaluation - problem focused .....	No Cost
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver .....	No Cost
D0150	Comprehensive oral evaluation - new or established patient .....	No Cost
D0180	Comprehensive periodontal evaluation - new or established patient .....	No Cost
D0210	Intraoral - comprehensive series of radiographic images - <i>limited to one series every 24 months</i> .....	No Cost
D0220	Intraoral - periapical first radiographic image .....	No Cost
D0230	Intraoral - periapical each additional radiographic image .....	No Cost
D0240	Intraoral - occlusal radiographic image .....	No Cost
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector .....	No Cost
D0251	Extraoral posterior dental radiographic image .....	No Cost
D0270	Bitewing - single radiographic image .....	No Cost
D0272	Bitewings - two radiographic images .....	No Cost
D0273	Bitewings three radiographic images .....	No Cost
D0274	Bitewings - four radiographic images - <i>limited to one series every six months</i> .....	No Cost
D0330	Panoramic radiographic image - <i>limited to 1 every 24 months</i> .....	No Cost
D0350	2D oral/facial photographic images obtained intra-orally or extra- orally .....	No Cost
D0396	3D printing of a 3D dental surface scan .....	No Cost
D0419	Assessment of salivary flow by measurement - <i>1 every 12 months</i> ....	No Cost
D0460	Pulp vitality tests .....	No Cost
D0601	Caries risk assessment and documentation, with a finding of low risk .....	No Cost
D0602	Caries risk assessment and documentation, with a finding of moderate risk .....	No Cost

D0603	Caries risk assessment and documentation, with a finding of high risk .....	No Cost
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**

D1110	Prophylaxis <i>cleaning</i> - adult - 2 D1110, D1120 or D4346 per 12 month period .....	No Cost
D1120	Prophylaxis <i>cleaning</i> - child - 2 D1110, D1120 or D4346 per 12 month period .....	No Cost
D1206	Topical application of fluoride varnish - <i>child to age 19</i> ; 2 D1206 or D1208 per 12 month period .....	No Cost
D1208	Topical application of fluoride - excluding varnish - <i>child to age 19</i> ; 2 D1206 or D1208 per 12 month period .....	No Cost
D1330	Oral hygiene instructions .....	No Cost
D1354	Application of caries arresting medicament - per tooth - <i>child to age 19</i> ; 2 per 12 month period .....	No Cost
D1551	Re-cement or re-bond bilateral space maintainer - maxillary .....	No Cost
D1552	Re-cement or re-bond bilateral space maintainer - mandibular .....	No Cost
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant ...	No Cost

## **D2000-D2999      III. RESTORATIVE**

- *Base metal is the Benefit. Noble or high noble metal (semi-precious, precious), if used, will be charged to the Enrollee at the additional maximum cost to the Enrollee of \$300.00 for noble metal and \$350.00 for high noble metal (including titanium) per tooth. If an indirectly fabricated post and core is made of high noble metal, an additional fee up to \$100.00 per tooth will be charged for the upgraded post and core.*

- *\$75.00 fee per crown unit above the co-pay for porcelain on molars.*

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

- *When there are more than six crowns in the same treatment plan, You may be charged an additional \$100.00 per crown, beyond the 6th unit.*

- *Replacement of crowns requires the existing restoration to be 5+ years old.*

D2140	Amalgam - one surface, primary or permanent .....	No Cost
D2150	Amalgam - two surfaces, primary or permanent .....	No Cost
D2160	Amalgam - three surfaces, primary or permanent .....	No Cost
D2161	Amalgam - four or more surfaces, primary or permanent .....	No Cost
D2330	Resin-based composite - one surface, anterior .....	No Cost
D2331	Resin-based composite - two surfaces, anterior .....	No Cost
D2332	Resin-based composite - three surfaces, anterior .....	No Cost
D2335	Resin-based composite - four or more surfaces (anterior) .....	No Cost
D2390	Resin-based composite crown, anterior .....	No Cost
D2740	Crown - porcelain/ceramic .....	\$40.00

D2750	Crown - porcelain fused to high noble metal .....	\$50.00
D2751	Crown - porcelain fused to predominantly base metal .....	\$50.00
D2752	Crown - porcelain fused to noble metal .....	\$50.00
D2753	Crown - porcelain fused to titanium and titanium alloys .....	\$50.00
D2780	Crown - 3/4 cast high noble metal .....	\$50.00
D2781	Crown - 3/4 cast predominantly base metal .....	\$50.00
D2782	Crown - 3/4 cast noble metal .....	\$50.00
D2790	Crown - full cast high noble metal .....	\$50.00
D2791	Crown - full cast predominantly base metal .....	\$50.00
D2792	Crown - full cast noble metal .....	\$50.00
D2794	Crown - titanium and titanium alloys .....	\$50.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration .....	No Cost
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core .....	No Cost
D2920	Re-cement or re-bond crown .....	No Cost
D2921	Reattachment of tooth fragment, incisal edge or cusp ( <i>anterior</i> ) .....	No Cost
D2928	Prefabricated porcelain/ceramic crown - permanent tooth .....	No Cost
D2930	Prefabricated stainless steel crown - primary tooth .....	No Cost
D2931	Prefabricated stainless steel crown - permanent tooth .....	No Cost
D2940	Placement of interim direct restoration .....	No Cost
D2949	Restorative foundation for an indirect restoration .....	No Cost
D2950	Core buildup, including any pins when required .....	No Cost
D2951	Pin retention - per tooth, in addition to restoration .....	No Cost
D2952	Post and core in addition to crown, indirectly fabricated - <i>base metal post; includes canal preparation</i> .....	No Cost
D2954	Prefabricated post and core in addition to crown - <i>includes canal preparation</i> .....	No Cost
D2956	Removal of an indirect restoration on a natural tooth .....	No Cost
D2976	Band stabilization - per tooth - <i>limited to once in a lifetime per tooth</i> .....	No Cost
D2989	Excavation of a tooth resulting in the determination of non-restorability .....	No Cost

#### **D3000-D3999 IV. ENDODONTICS**

D3110	Pulp cap - direct (excluding final restoration) .....	No Cost
D3120	Pulp cap - indirect (excluding final restoration) .....	No Cost
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament .....	No Cost
D3310	<i>Root canal</i> - endodontic therapy, anterior tooth (excluding final restoration) .....	\$20.00
D3320	<i>Root canal</i> - endodontic therapy, premolar tooth (excluding final restoration) .....	\$20.00
D3330	<i>Root canal</i> - endodontic therapy, molar tooth (excluding final restoration) .....	\$20.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth .....	\$10.00
D3346	Retreatment of previous root canal therapy - anterior .....	\$20.00
D3347	Retreatment of previous root canal therapy - premolar .....	\$20.00
D3348	Retreatment of previous root canal therapy - molar .....	\$20.00
D3410	Apicoectomy - anterior .....	\$10.00
D3421	Apicoectomy - premolar (first root) .....	\$10.00
D3425	Apicoectomy - molar (first root) .....	\$10.00
D3426	Apicoectomy (each additional root) .....	\$10.00

D3430	Retrograde filling - per root .....	\$10.00
D3471	Surgical repair of root resorption - anterior .....	\$10.00
D3472	Surgical repair of root resorption - premolar .....	\$10.00
D3473	Surgical repair of root resorption - molar .....	\$10.00
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior .....	\$10.00
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar .....	\$10.00
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar .....	\$10.00

#### **D4000-D4999 V. PERIODONTICS**

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

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant .....	\$25.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant .....	\$19.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant .....	\$25.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant .....	\$19.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant .....	\$25.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant .....	\$19.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i> .....	No Cost
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i> .....	No Cost
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 .....	No Cost
D4910	Periodontal maintenance - <i>limited to 1 treatment each 6 month period</i> .....	No Cost
D4910	<i>Additional periodontal maintenance (within the 6 month period) .....</i>	No Cost
D4921	Gingival irrigation with a medicinal agent - per quadrant .....	No Cost

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

*- For all listed dentures and partial dentures, Copayment includes up to three after delivery adjustments, 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.*

*- Relines are limited to 2 per denture during any 12 consecutive months.*

*- Replacement of a denture or a partial denture requires the existing denture to be 3+ years old.*

D5110	Complete denture - maxillary .....	\$50.00
D5120	Complete denture - mandibular .....	\$50.00
D5130	Immediate denture - maxillary .....	\$50.00
D5140	Immediate denture - mandibular .....	\$50.00

D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) .....	\$60.00
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) .....	\$60.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) .....	\$60.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) .....	\$60.00
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) .....	\$60.00
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) .....	\$60.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) .....	\$60.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) .....	\$60.00
D5410	Adjust complete denture - maxillary .....	No Cost
D5411	Adjust complete denture - mandibular .....	No Cost
D5421	Adjust partial denture - maxillary .....	No Cost
D5422	Adjust partial denture - mandibular .....	No Cost
D5511	Repair broken complete denture base, mandibular .....	No Cost
D5512	Repair broken complete denture base, maxillary .....	No Cost
D5611	Repair resin partial denture base, mandibular .....	No Cost
D5612	Repair resin partial denture base, maxillary .....	No Cost
D5640	Replace missing or broken teeth - partial denture - per tooth .....	No Cost
D5650	Add tooth to existing partial denture - per tooth .....	\$50.00
D5710	Rebase complete maxillary denture .....	\$50.00
D5711	Rebase complete mandibular denture .....	\$50.00
D5720	Rebase maxillary partial denture .....	\$60.00
D5721	Rebase mandibular partial denture .....	\$60.00
D5725	Rebase hybrid prosthesis .....	\$60.00
D5730	Reline complete maxillary denture (chairside) .....	\$15.00
D5731	Reline complete mandibular denture (chairside) .....	\$15.00
D5740	Reline maxillary partial denture (chairside) .....	\$15.00
D5741	Reline mandibular partial denture (chairside) .....	\$15.00
D5750	Reline complete maxillary denture (laboratory) .....	\$15.00
D5751	Reline complete mandibular denture (laboratory) .....	\$15.00
D5760	Reline maxillary partial denture (laboratory) .....	\$15.00
D5761	Reline mandibular partial denture (laboratory) .....	\$15.00
D5765	Soft liner for complete or partial removable denture - indirect .....	\$15.00

**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])**

*- Base metal is the Benefit. Noble or high noble metal (semi-precious, precious), if used, will be charged to the Enrollee at the additional maximum cost to the Enrollee*

of \$300.00 for noble metal and \$350.00 for high noble metal (including titanium) per tooth.

- \$75.00 fee per crown or pontic unit above the co-pay for porcelain on molars.

- When a crown and/or pontic exceeds six units in the same treatment plan, You may be charged an additional \$100.00 per unit, beyond the 6th unit.

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

D6210	Pontic - cast high noble metal .....	\$50.00
D6211	Pontic - cast predominantly base metal .....	\$50.00
D6212	Pontic - cast noble metal .....	\$50.00
D6214	Pontic - titanium and titanium alloys .....	\$50.00
D6240	Pontic - porcelain fused to high noble metal .....	\$75.00
D6241	Pontic - porcelain fused to predominantly base metal .....	\$75.00
D6242	Pontic - porcelain fused to noble metal .....	\$75.00
D6243	Pontic - porcelain fused to titanium and titanium alloys .....	\$75.00
D6250	Pontic - resin with high noble metal .....	\$50.00
D6251	Pontic - resin with predominantly base metal .....	\$50.00
D6252	Pontic - resin with noble metal .....	\$50.00
D6602	Retainer inlay - cast high noble metal, two surfaces .....	\$35.00
D6603	Retainer inlay - cast high noble metal, three or more surfaces .....	\$35.00
D6604	Retainer inlay - cast predominantly base metal, two surfaces .....	\$35.00
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces .....	\$35.00
D6606	Retainer inlay - cast noble metal, two surfaces .....	\$35.00
D6607	Retainer inlay - cast noble metal, three or more surfaces .....	\$35.00
D6624	Retainer inlay - titanium .....	\$35.00
D6720	Retainer crown - resin with high noble metal .....	\$50.00
D6721	Retainer crown - resin with predominantly base metal .....	\$50.00
D6722	Retainer crown - resin with noble metal .....	\$50.00
D6750	Retainer crown - porcelain fused to high noble metal .....	\$75.00
D6751	Retainer crown - porcelain fused to predominantly base metal .....	\$75.00
D6752	Retainer crown - porcelain fused to noble metal .....	\$75.00
D6753	Retainer crown - porcelain fused to titanium and titanium alloys .....	\$75.00
D6780	Retainer crown - 3/4 cast high noble metal .....	\$40.00
D6781	Retainer crown - 3/4 cast predominantly base metal .....	\$40.00
D6782	Retainer crown - 3/4 cast noble metal .....	\$40.00
D6784	Retainer crown - 3/4 titanium and titanium alloys .....	\$40.00
D6790	Retainer crown - full cast high noble metal .....	\$40.00
D6791	Retainer crown - full cast predominantly base metal .....	\$40.00
D6792	Retainer crown - full cast noble metal .....	\$40.00
D6794	Retainer crown - titanium and titanium alloys .....	\$50.00

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

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

D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) .....	No Cost
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated .....	No Cost
D7220	Removal of impacted tooth - soft tissue .....	\$15.00
D7230	Removal of impacted tooth - partially bony .....	\$15.00
D7240	Removal of impacted tooth - completely bony .....	\$15.00

D7250	Removal of residual tooth roots (cutting procedure) .....	No Cost
D7252	Partial extraction for immediate implant placement - <i>Once in a lifetime</i> .....	No Cost
D7284	Excisional biopsy of minor salivary glands - <i>does not include pathology laboratory procedures</i> .....	No Cost
D7285	Incisional biopsy of oral tissue-hard (bone, tooth) .....	No Cost
D7286	Incisional biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i> .....	No Cost
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant .....	No Cost
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant .....	No Cost
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant .....	No Cost
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant .....	No Cost
D7510	Incision and drainage of abscess - intraoral soft tissue .....	No Cost
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) .....	No Cost
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site .....	No Cost
D7961	Buccal/labial frenectomy (frenulectomy) .....	No Cost
D7962	Lingual frenectomy (frenulectomy) .....	No Cost
D7963	Frenuloplasty .....	No Cost

## **D8000-D8999 XI. ORTHODONTICS**

- *The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed \$25.00, may apply.*
- *The retention copayment includes adjustments and/or office visits up to 24 months.*

### ***Pre and post orthodontic records include:***

*The Benefit for pre-treatment records and diagnostic services includes: .....*

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
D0322	Tomographic survey	
D0330	Panoramic radiographic image - <i>limited to 1 of (D0210 or D0330) per 24 months. Either one (1) D0210 or one (1) D0330 permitted</i>	
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	
D0350	2D oral/facial photographic images obtained intra-orally or extra-orally	
D0396	3D printing of a 3D dental surface scan	
D0470	Diagnostic casts	
D0801	3D intraoral surface scan - direct	No Cost
D0802	3D dental surface scan - indirect	No Cost
D0803	3D facial surface scan - direct	No Cost
D0804	3D facial surface scan - indirect	No Cost

	<i>The Benefit for post-treatment records includes:</i> .....	No Cost
D0210	Intraoral - comprehensive series of radiographic images - <i>limited to 1 of (D0210 or D0330) per 24 months. Either one (1) D0210 or one (1) D0330 permitted</i>	
D0470	Diagnostic casts	
D8080	Comprehensive orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i> .....	\$1,000.00
D8090	Comprehensive orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i> .....	\$1,350.00
D8091	Comprehensive orthodontic treatment with orthognathic surgery - <i>adults, including covered dependent adult children</i> .....	\$1,560.00
D8680	Orthodontic retention (removal of appliances, construction and placement of <i>removable</i> retainers) .....	\$250.00
D8681	Removable orthodontic retainer adjustment .....	No Cost
D8698	Re-cement or re-bond fixed retainer - maxillary .....	No Cost
D8699	Re-cement or re-bond fixed retainer - mandibular .....	No Cost
D8701	Repair of fixed retainer, includes reattachment - maxillary .....	No Cost
D8702	Repair of fixed retainer, includes reattachment - mandibular .....	No Cost
D8999	Unspecified orthodontic procedure, by report - <i>includes treatment planning session</i> .....	\$200.00

## **D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES**

D9120	Fixed partial denture sectioning .....	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 .....	No Cost
D9311	Consultation with a medical health care professional .....	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
D9986	Missed appointment - <i>without 24 hour notice - per 15 minutes of appointment time - up to an overall maximum of \$40.00</i> .....	\$10.00
D9987	Canceled appointment - <i>without 24 hour notice - per 15 minutes of appointment time - up to an overall maximum of \$40.00</i> .....	\$10.00
D9990	Certified translation or sign-language services - per visit .....	No Cost
D9991	Dental case management - addressing appointment compliance barriers .....	No Cost
D9992	Dental case management - care coordination .....	No Cost
D9995	Teledentistry - synchronous; real-time encounter .....	No Cost
D9996	Teledentistry - asynchronous; information stored and forwarded to Dentist for subsequent review .....	No Cost
D9997	Dental case management - Patients with special Health Care Needs	No Cost

Procedures with age restrictions will be subject to exceptions based on medical necessity.



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

## SCHEDULE B

Limitations and Exclusions below with age restrictions will be subject to exceptions based on medical necessity.

### Limitations and Exclusions of Benefits

1. The frequency of certain Benefits is limited. All frequency limitations are listed in the *Description of Benefits and Copayments*. *(Frequency limitations on diagnostic and preventive procedures do not apply when services are needed more frequently due to medical necessity as determined by the Contract Dentist.*
2. If the Enrollee accepts a treatment plan from the general Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional \$100.00 above the listed Copayment for each of these services after the sixth unit has been provided.
3. Benefits provided by a pediatric Dentist are limited to children through age 13 following an attempt by the assigned Contract Dentist to treat the child and upon prior authorization by the Plan, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
4. The cost to an Enrollee receiving orthodontic treatment whose coverage is canceled or terminated for any reason will be based on a maximum Copayment of \$1,750.00, excluding any charges for diagnostic records, for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.
5. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA Program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. The Plan is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

## Exclusions of Benefits

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

13. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with the DeltaCare USA plan. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.
14. Lost, stolen or broken orthodontic appliances.
15. Changes in orthodontic treatment necessitated by accident of any kind.
16. Myofunctional and parafunctional appliances and/or therapies, with the exception of procedure D9944, D9945, D9946 (occlusal guards).
17. Composite or ceramic brackets, lingual adaptation of orthodontic bands.
18. Treatment or appliances that are provided by a Contract Dentist whose practice specializes in prosthodontic services.
19. Orthodontic treatment must be provided by a licensed Dentist. Self-administered Orthodontics are not covered.
20. The removal of fixed orthodontic appliances for reasons other than completion of treatment is not a covered benefit.