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 USA program and is not to be interpreted as CDT-2009 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.

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
<th>ENROLLEE PAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>D0100-D0999</td>
<td><strong>I. DIAGNOSTIC</strong> - <em>When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's &quot;filed fees.&quot;</em> *</td>
<td></td>
</tr>
<tr>
<td>D0120</td>
<td>Periodic oral evaluation - established patient ........................................</td>
<td>No Cost</td>
</tr>
<tr>
<td>D0140</td>
<td>Limited oral evaluation - problem focused .............................................</td>
<td>No Cost</td>
</tr>
<tr>
<td>D0145</td>
<td>Oral evaluation for a patient under three years of age and counseling with primary caregiver .........................................................</td>
<td>No Cost</td>
</tr>
<tr>
<td>D0150</td>
<td>Comprehensive oral evaluation - new or established patient ........................</td>
<td>No Cost</td>
</tr>
<tr>
<td>D0160</td>
<td>Detailed and extensive oral evaluation - problem focused, by report .............</td>
<td>No Cost</td>
</tr>
<tr>
<td>D0170</td>
<td>Re-evaluation - limited, problem focused (established patient; not post-operative visit) .................................................................</td>
<td>No Cost</td>
</tr>
<tr>
<td>D0180</td>
<td>Comprehensive periodontal evaluation - new or established patient ...............</td>
<td>No Cost</td>
</tr>
<tr>
<td>D0210</td>
<td>Intraoral radiographs - complete series (including bitewings) - <em>limited to 1 series every 24 months</em> .............................................</td>
<td>No Cost</td>
</tr>
<tr>
<td>D0220</td>
<td>Intraoral - periapical first film ..........................................................</td>
<td>No Cost</td>
</tr>
<tr>
<td>D0230</td>
<td>Intraoral - periapical each additional film ..........................................</td>
<td>No Cost</td>
</tr>
<tr>
<td>D0240</td>
<td>Intraoral - occlusal film ........................................................................</td>
<td>No Cost</td>
</tr>
<tr>
<td>D0250</td>
<td>Extraoral - first film ............................................................................</td>
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</tr>
<tr>
<td>D0260</td>
<td>Extraoral - each additional film ................................................................</td>
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</tr>
<tr>
<td>D0270</td>
<td>Bitewing radiograph - single film .......................................................</td>
<td>No Cost</td>
</tr>
<tr>
<td>D0272</td>
<td>Bitewings radiographs - two films .......................................................</td>
<td>No Cost</td>
</tr>
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<td>D0273</td>
<td>Bitewings radiographs - three films .....................................................</td>
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<td>D0274</td>
<td>Bitewings radiographs - four films - <em>limited to 1 series every 6 months</em> ....</td>
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<tr>
<td>D0277</td>
<td>Vertical bitewings - 7 to 8 films .......................................................</td>
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</tr>
<tr>
<td>D0330</td>
<td>Panoramic film ..........................................................................................</td>
<td>No Cost</td>
</tr>
<tr>
<td>D0415</td>
<td>Collection of microorganisms for culture and sensitivity ...........................</td>
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</tr>
<tr>
<td>D0425</td>
<td>Caries susceptibility tests .....................................................................</td>
<td>No Cost</td>
</tr>
<tr>
<td>D0460</td>
<td>Pulp vitality tests .................................................................................</td>
<td>No Cost</td>
</tr>
<tr>
<td>D0470</td>
<td>Diagnostic casts ......................................................................................</td>
<td>No Cost</td>
</tr>
<tr>
<td>D0472</td>
<td>Accession of tissue, gross examination, preparation and transmission of written report .................................................................</td>
<td>No Cost</td>
</tr>
<tr>
<td>D0473</td>
<td>Accession of tissue, gross and microscopic examination, preparation and transmission of written report ................................................</td>
<td>No Cost</td>
</tr>
</tbody>
</table>
D2620 Inlay - porcelain/ceramic - two surfaces ................................................................. No Cost
D2610 Inlay - porcelain/ceramic - one surface ................................................................. $5.00

D2543 Onlay - metallic - three surfaces ............................................................................. No Cost
D2542 Onlay - metallic - two surfaces ............................................................................... $15.00
D2541 Onlay - metallic - one surface ................................................................................ $210.00

D2394 Resin-based composite - four or more surfaces, posterior ...................................... $35.00
D2393 Resin-based composite - three surfaces, posterior .................................................... $5.00
D2392 Resin-based composite - two surfaces, posterior ....................................................... $26.00
D2391 Resin-based composite - one surface, posterior ......................................................... $22.00

D2160 Amalgam - three surfaces, primary or permanent .................................................. $70.00
D2150 Amalgam - two surfaces, primary or permanent ..................................................... $15.00
D2155 Amalgam - four or more surfaces or involving incisal angle (anterior) .................. $180.00

- Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.
D2410 Amalgam - one surface, primary or permanent ...................................................... $3.00
D2415 Amalgam - two surfaces, primary or permanent ..................................................... $7.00
D2420 Amalgam - three surfaces, primary or permanent ................................................... $12.00
D2425 Amalgam - four or more surfaces or involving incisal angle (anterior) .................. $20.00

D2390 Resin-based composite crown, anterior ................................................................. $95.00
D2391 Resin-based composite - one surface, posterior ......................................................... $65.00
D2392 Resin-based composite - two surfaces, posterior ....................................................... $75.00
D2393 Resin-based composite - three surfaces, posterior .................................................... $85.00
D2394 Resin-based composite - four or more surfaces, posterior ....................................... $95.00
D2510 Inlay - metallic - one surface ................................................................................. $185.00
D2520 Inlay - metallic - two surfaces ................................................................................. $195.00
D2530 Inlay - metallic - three or more surfaces ................................................................. $205.00
D2542 Onlay - metallic - two surfaces ............................................................................... $200.00
D2543 Onlay - metallic - three surfaces ............................................................................. $210.00
D2544 Onlay - metallic - four or more surfaces ................................................................. $230.00
D2610 Inlay - porcelain/ceramic - one surface ................................................................. $310.00
D2620 Inlay - porcelain/ceramic - two surfaces ................................................................ $345.00
D2630 Inlay - porcelain/ceramic - three or more surfaces ........................................ $365.00
D2642 Onlay - porcelain/ceramic - two surfaces ..................................................... $340.00
D2643 Onlay - porcelain/ceramic - three surfaces .................................................. $375.00
D2644 Onlay - porcelain/ceramic - four or more surfaces ...................................... $395.00
D2650 Inlay - resin-based composite - one surface .............................................. $210.00
D2651 Inlay - resin-based composite - two surfaces ........................................... $235.00
D2652 Inlay - resin-based composite - three or more surfaces ............................... $270.00
D2662 Onlay - resin-based composite - two surfaces ........................................... $265.00
D2663 Onlay - resin-based composite - three surfaces ........................................ $290.00
D2664 Onlay - resin-based composite - four or more surfaces ............................... $335.00
D2710 Crown - resin-based composite (indirect) .................................................... $185.00
D2712 Crown - ¾ resin-based composite (indirect) .............................................. $185.00
D2720 Crown - resin with high noble metal ......................................................... $335.00
D2721 Crown - resin with predominantly base metal .......................................... $235.00
D2722 Crown - resin with noble metal ................................................................. $275.00
D2740 Crown - porcelain/ceramic substrate .......................................................... $395.00
D2750 Crown - porcelain fused to high noble metal ............................................ $395.00
D2751 Crown - porcelain fused to predominantly base metal ............................... $295.00
D2752 Crown - porcelain fused to noble metal .................................................... $335.00
D2780 Crown - ¾ cast high noble metal ............................................................... $395.00
D2781 Crown - ¾ cast predominantly base metal ................................................. $295.00
D2782 Crown - ¾ cast noble metal ........................................................................ $335.00
D2783 Crown - ¾ porcelain/ceramic ..................................................................... $395.00
D2790 Crown - full cast high noble metal .............................................................. $395.00
D2791 Crown - full cast predominantly base metal ............................................... $295.00
D2792 Crown - full cast noble metal .................................................................... $335.00
D2794 Crown - titanium ....................................................................................... $395.00
D2910 Recement inlay, onlay or partial coverage restoration .................................. $20.00
D2915 Recement cast or prefabricated post and core ............................................ $20.00
D2920 Recement crown ......................................................................................... $20.00
D2930 Prefabricated stainless steel crown - primary tooth ................................... $75.00
D2931 Prefabricated stainless steel crown - permanent tooth ................................ $75.00
D2932 Prefabricated resin crown - anterior primary tooth .................................... $85.00
D2933 Prefabricated stainless steel crown with resin window - anterior primary tooth $75.00
D2940 Sedative filling ............................................................................................. $20.00
D2950 Core buildup, including any pins ................................................................... $80.00
D2951 Pin retention - per tooth, in addition to restoration ...................................... $15.00
D2952 Post and core in addition to crown, indirectly fabricated - includes canal preparation ................................................................. $110.00
D2953 Each additional indirectly fabricated post - same tooth - includes canal preparation ................................................................. $80.00
D2954 Prefabricated post and core in addition to crown - base metal post; includes canal preparation ................................................................. $95.00
D2957 Each additional prefabricated post - same tooth - base metal post; includes canal preparation ................................................................. $70.00
D2970 Temporary crown (fractured tooth) - palliative treatment only .................... $20.00
D2971 Additional procedures to construct new crown under existing partial denture framework ................................................................. $60.00
D2980 Crown repair, by report ............................................................................... $30.00
D3000-D3999 IV. ENDODONTICS - When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's "filed fees." *

D3110 Pulp cap - direct (excluding final restoration) ................................................................. $5.00
D3120 Pulp cap - indirect (excluding final restoration) ............................................................... $5.00
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 ....................................................... $50.00
D3222 Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development. ........................................................ $45.00
D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) ........................................................ $60.00
D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) ........................................................ $60.00

D3310 Root canal - endodontic therapy, anterior tooth (excluding final restoration) ........... $125.00
D3320 Root canal - endodontic therapy, bicuspid tooth (excluding final restoration) ........... $215.00
D3330 Root canal - endodontic therapy, molar (excluding final restoration) ....................... $365.00
D3331 Treatment of root canal obstruction; non-surgical access ............................................ $80.00
D3332 Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth .............. $80.00
D3333 Internal root repair of perforation defects ................................................................. $80.00
D3346 Retreatment of previous root canal therapy - anterior .................................................. $155.00
D3347 Retreatment of previous root canal therapy - bicuspid .............................................. $245.00
D3348 Retreatment of previous root canal therapy - molar .................................................... $395.00

D3351 Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.) .................................................. $80.00
D3352 Apexification/recalcification - interim medication replacement (apical closure/ calcific repair of perforations, root resorption, etc.) .................................................. $55.00
D3353 Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.) ................. $55.00
D3410 Apicoectomy/periradicular surgery - anterior ............................................................... $155.00
D3421 Apicoectomy/periradicular surgery - bicuspid (first root) .......................................... $165.00
D3425 Apicoectomy/periradicular surgery - molar (first root) ............................................... $175.00
D3426 Apicoectomy/periradicular surgery (each additional root) ............................................ $100.00
D3430 Retrograde filling - per root ....................................................................................... $75.00
D3450 Root amputation, per root ......................................................................................... $85.00
D3920 Hemisection (including any root removal), not including root canal therapy .......... $75.00

D4000-D4999 V. PERIODONTICS - When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's "filed fees." *

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 .................................................................................... $160.00
D4211 Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant ................................................................. $95.00
D4240 Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant ........................................ $160.00
D4241 Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant ........................................ $95.00
D4245 Apically positioned flap ............................................................................................. $175.00
D4249 Clinical crown lengthening - hard tissue ................................................................. $150.00
D4260 Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant ........................................ $385.00
D4261 Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant ........................................ $308.00
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Cost</th>
</tr>
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<tbody>
<tr>
<td>D5211</td>
<td>Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)</td>
<td>$325.00</td>
</tr>
<tr>
<td>D5212</td>
<td>Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)</td>
<td>$325.00</td>
</tr>
<tr>
<td>D5213</td>
<td>Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)</td>
<td>$395.00</td>
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<tr>
<td>D5214</td>
<td>Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)</td>
<td>$395.00</td>
</tr>
<tr>
<td>D5225</td>
<td>Maxillary partial denture - flexible base (including any clasps, rests and teeth)</td>
<td>$445.00</td>
</tr>
<tr>
<td>D5226</td>
<td>Mandibular partial denture - flexible base (including any clasps, rests and teeth)</td>
<td>$445.00</td>
</tr>
<tr>
<td>D5410</td>
<td>Adjust complete denture - maxillary</td>
<td>$18.00</td>
</tr>
<tr>
<td>D5411</td>
<td>Adjust complete denture - mandibular</td>
<td>$18.00</td>
</tr>
<tr>
<td>D5421</td>
<td>Adjust partial denture - maxillary</td>
<td>$18.00</td>
</tr>
<tr>
<td>D5422</td>
<td>Adjust partial denture - mandibular</td>
<td>$18.00</td>
</tr>
<tr>
<td>D5510</td>
<td>Repair broken complete denture base</td>
<td>$55.00</td>
</tr>
<tr>
<td>D5520</td>
<td>Replace missing or broken teeth - complete denture (each tooth)</td>
<td>$35.00</td>
</tr>
<tr>
<td>D5610</td>
<td>Repair resin denture base</td>
<td>$55.00</td>
</tr>
<tr>
<td>D5620</td>
<td>Repair cast framework</td>
<td>$55.00</td>
</tr>
<tr>
<td>D5630</td>
<td>Repair or replace broken clasp</td>
<td>$55.00</td>
</tr>
<tr>
<td>D5640</td>
<td>Replace broken teeth - per tooth</td>
<td>$45.00</td>
</tr>
<tr>
<td>D5650</td>
<td>Add tooth to existing partial denture</td>
<td>$45.00</td>
</tr>
<tr>
<td>D5660</td>
<td>Add clasp to existing partial denture</td>
<td>$45.00</td>
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<tr>
<td>D5670</td>
<td>Replace all teeth and acrylic on cast metal framework (maxillary)</td>
<td>$180.00</td>
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<tr>
<td>D5671</td>
<td>Replace all teeth and acrylic on cast metal framework (mandibular)</td>
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</tr>
<tr>
<td>D5710</td>
<td>Rebase complete maxillary denture</td>
<td>$105.00</td>
</tr>
<tr>
<td>D5711</td>
<td>Rebase complete mandibular denture</td>
<td>$105.00</td>
</tr>
<tr>
<td>D5720</td>
<td>Rebase maxillary partial denture</td>
<td>$105.00</td>
</tr>
<tr>
<td>D5721</td>
<td>Rebase mandibular partial denture</td>
<td>$105.00</td>
</tr>
</tbody>
</table>

**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.
D6722 Crown - resin with noble metal
D6721 Crown - resin with predominantly base metal
D6720 Crown - resin with high noble metal
D6614 Onlay - cast noble metal, two surfaces
D6613 Onlay - cast predominantly base metal, three or more surfaces
D6612 Onlay - cast predominantly base metal, two surfaces
D6611 Onlay - cast high noble metal, three or more surfaces
D6610 Onlay - cast high noble metal, two surfaces
D6609 Onlay - porcelain/ceramic, three or more surfaces
D6608 Onlay - porcelain/ceramic, two surfaces
D6607 Inlay - cast noble metal, three or more surfaces
D6606 Inlay - cast noble metal, two surfaces
D6605 Inlay - cast predominantly base metal, three or more surfaces
D6604 Inlay - cast predominantly base metal, two surfaces
D6603 Inlay - cast high noble metal, three or more surfaces
D6602 Inlay - cast high noble metal, two surfaces
D6601 Inlay - porcelain/ceramic, three or more surfaces
D6600 Inlay - porcelain/ceramic, two surfaces
D6609 Onlay - porcelain/ceramic, three or more surfaces
D6608 Onlay - porcelain/ceramic, two surfaces
D6607 Onlay - porcelain/ceramic, two surfaces
D6606 Onlay - porcelain/ceramic, three or more surfaces
D6605 Onlay - porcelain/ceramic, two surfaces
D6603 Onlay - porcelain/ceramic, three or more surfaces
D6602 Onlay - porcelain/ceramic, three or more surfaces
D6601 Onlay - porcelain/ceramic, two surfaces
D6600 Onlay - porcelain/ceramic, two surfaces
D6609 Onlay - porcelain/ceramic, three or more surfaces
D6608 Onlay - porcelain/ceramic, two surfaces
D6607 Onlay - porcelain/ceramic, two surfaces
D6606 Onlay - porcelain/ceramic, three or more surfaces
D6605 Onlay - porcelain/ceramic, two surfaces
D6603 Onlay - porcelain/ceramic, three or more surfaces
D6602 Onlay - porcelain/ceramic, three or more surfaces
D6601 Onlay - porcelain/ceramic, two surfaces
D6600 Onlay - porcelain/ceramic, two surfaces
D6722 Crown - resin with noble metal
D7472 Removal of torus palatinus ........................................................... $395.00
D7471 Removal of lateral exostosis (maxilla or mandible) .................. $395.00
D7451 Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm .......................................................... $335.00
D7450 Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm .......................................................... $295.00
D7482 Crown - ¼ cast noble metal ...................................................... $335.00
D7483 Crown - ¼ porcelain/ceramic .................................................... $395.00
D7490 Crown - full cast high noble metal .......................................... $395.00
D7491 Crown - full cast predominantly base metal ............................... $295.00
D7492 Crown - full cast noble metal ................................................... $335.00
D7493 Recement fixed partial denture ................................................ $25.00
D7494 Stress breaker ........................................................................... $50.00
D7495 Post and core in addition to fixed partial denture retainer, indirectly fabricated - includes canal preparation ................................... $110.00
D7496 Prefabricated post and core in addition to fixed partial denture retainer - base metal post; includes canal preparation ...................... $95.00
D7497 Core buildup for retainer, including any pins ............................... $80.00
D7498 Each additional indirectly fabricated post - same tooth - includes canal preparation .............................................................. $80.00
D7499 Each additional prefabricated post - same tooth - base metal post; includes canal preparation .................................................. $70.00
D7500 Fixed partial denture repair, by report ........................................ $70.00

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY - When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's 'filed fees.' *

Includes preoperative and postoperative evaluations and treatment under local anesthetic.

D7110 Extraction, coronal remnants - deciduous tooth ......................... $10.00
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal) .............................................................. $14.00
D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth .............................................................. $55.00
D7220 Removal of impacted tooth - soft tissue .................................... $70.00
D7230 Removal of impacted tooth - partially bony ................................ $95.00
D7240 Removal of impacted tooth - completely bony ............................ $120.00
D7241 Removal of impacted tooth - completely bony, with unusual surgical complications $140.00
D7250 Surgical removal of residual tooth roots (cutting procedure) ........ $45.00
D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth .............................................................. $130.00
D7280 Surgical access of an unerupted tooth ........................................ $120.00
D7281 Mobilization of erupted or malpositioned tooth to aid eruption .......... $120.00
D7283 Placement of device to facilitate eruption of impacted tooth .......... No Cost
D7286 Biopsy of oral tissue - soft - does not include pathology laboratory procedures .............................................................. $40.00
D7310 Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant .......................................................... $100.00
D7311 Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant .......................................................... $100.00
D7320 Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant .......................................................... $120.00
D7321 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant .......................................................... $120.00
D7450 Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm .............................................................. No Cost
D7451 Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm .............................................................. No Cost
D7471 Removal of lateral exostosis (maxilla or mandible) .......................................................... $100.00
D7472 Removal of torus palatinus .......................................................... $100.00
D7473  Removal of torus mandibularis ........................................... $100.00
D7510  Incision and drainage of abscess - intraoral soft tissue ................. $25.00
D7960  Frenulectomy (frenectomy or frenotomy) - separate procedure .......... $20.00
D7970  Excision of hyperplastic tissue - per arch .................................. $80.00
D7971  Excision of pericoronal gingiva ............................................... $80.00

D8000-D8999 XI. ORTHODONTICS

** If a Copayment dollar amount is not listed, Enrollee pays 75 percent of the Contract Orthodontist's "filed fees."
- The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed $125.00, may apply.
- The Retention Copayment includes adjustments and/or office visits up to 24 months.

Pre and post orthodontic records include:
The benefit for pre-treatment records and diagnostic services includes: ............... $200.00
D0210  Intraoral - complete series (including bitewings)
D0322  Tomographic survey
D0330  Panoramic film
D0340  Cephalometric film
D0350  Oral/facial photographic images
D0470  Diagnostic casts

The benefit for post-treatment records includes: ............................................. $70.00
D0210  Intraoral - complete series (including bitewings)
D0470  Diagnostic casts

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 ................................................. **
D8050  Interceptive orthodontic treatment of the primary dentition ............
D8060  Interceptive orthodontic treatment of the transitional dentition ...........
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 ................................................. **
D8660  Pre-orthodontic treatment visit .................................................. $25.00
D8680  Orthodontic retention (removal of appliances, construction and placement of removable retainers) .......................................................... **
D8999  Unspecified orthodontic procedure, by report - includes treatment planning session $100.00

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES - When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's "filed fees." *

D9110  Palliative (emergency) treatment of dental pain - minor procedure .......... $20.00
D9211  Regional block anesthesia .......................................................... No Cost
D9212  Trigeminal division block anesthesia ........................................... No Cost

* The Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed $125.00, may apply. The Retention Copayment includes adjustments and/or office visits up to 24 months.

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

D0210  Intraoral - complete series (including bitewings)
D0322  Tomographic survey
D0330  Panoramic film
D0340  Cephalometric film
D0350  Oral/facial photographic images
D0470  Diagnostic casts

The benefit for post-treatment records includes:

D0210  Intraoral - complete series (including bitewings)
D0470  Diagnostic casts

Limited orthodontic treatment by phase:

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 ................................................. **
D8050  Interceptive orthodontic treatment of the primary dentition ............
D8060  Interceptive orthodontic treatment of the transitional dentition ...........
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 ................................................. **
D8660  Pre-orthodontic treatment visit .................................................. $25.00
D8680  Orthodontic retention (removal of appliances, construction and placement of removable retainers) .......................................................... **
D8999  Unspecified orthodontic procedure, by report - includes treatment planning session $100.00
D9215  Local anesthesia ................................................................. No Cost
D9220  Deep sedation/general anesthesia - first 30 minutes ....................... $165.00
D9221  Deep sedation/general anesthesia - each additional 15 minutes .......... $80.00
D9241  Intravenous conscious sedation/analgesia - first 30 minutes .......... $165.00
D9242  Intravenous conscious sedation/analgesia - each additional 15 minutes $80.00
D9310  Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician ........................................ $25.00
D9430  Office visit for observation (during regularly scheduled hours) - no other services performed ................................................................. $5.00
D9440  Office visit - after regularly scheduled hours ........................................ $35.00
D9450  Case presentation, detailed and extensive treatment planning .................. No Cost
D9940  Occlusal guard, by report - limited to 1 in 3 years ................................. $105.00
D9951  Occlusal adjustment, limited ............................................................... $55.00
D9952  Occlusal adjustment, complete ........................................................... $105.00
D9972  External bleaching - per arch - limited to one bleaching tray and gel for two weeks of self treatment .................................................. $125.00
D9999  Unspecified adjunctive procedure, by report - includes failed appointment without 24 hour notice - per 15 minutes of appointment time ........................................ $10.00

* If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed referable procedures, that are not available in the contract facility or that require a Dentist to provide specialized services, may be provided by a contracted oral surgeon, endodontist, periodontist or pediatric dentist at 75 percent of the Contract Specialist's "filed fees." Specialist services are only available upon referral by the assigned Contract Dentist.

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 the Administrator. Questions regarding these fees should be directed to the Customer Service department at 800-422-4234.
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.

3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241).

4. Benefits provided by a contract pediatric Dentist are available at 75 percent of the Contract Specialist's "filed fees." Referral by the assigned Contract Dentist is required before services are rendered.

5. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee 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.

6. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Delta Dental is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

7. A Preexisting Condition is a disease or physical condition caused by illness or injury for which medical advice or treatment has been received within 90 days immediately prior to becoming eligible with the DeltaCare USA Program. Such condition shall be covered after the individual has been covered for more than 12 months under the group contract. Example: Teeth prepared for crowns, root canals in progress, orthodontic treatment.

If an individual begins comprehensive orthodontic treatment within 90 days immediately prior to becoming eligible under the DeltaCare USA Program, a provision for treatment in progress is available, subject to a waiting period of 12 months of continuous coverage, under the DeltaCare USA Program unless the individual qualifies for the one-time orthodontic treatment in progress provision.
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, 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. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers and crowns and fixed partial dentures (bridges).

6. Procedures, appliances or restoration 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.


10. 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 the Administrator except for Emergency Services as described in the Contract and/or 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. Lost, stolen or broken orthodontic appliances.


15. Myofunctional and parafunctional appliances and/or therapies.
16. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or
cosmetic alternatives to standard fixed and removable orthodontic appliances.

17. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic
services.