



Keep Smiling

DeltaCare[®] USA

Dental benefits made easy!

When you enroll in a DeltaCare USA¹ plan, you'll choose a primary care dentist from our network of carefully screened, private practice dentists. You must visit your primary care dentist to receive benefits.²

- No restrictions on pre-existing conditions (except work in progress)
- Access to specialty care and out-of-area emergency care

A partner in oral health

Your DeltaCare USA plan encourages regular dental care with an extensive list of covered services to help you stay healthy.

- Low or no copayments for services like cleanings and exams

Budget-friendly costs

With your DeltaCare USA plan, there are no surprises. You'll know your copayments, and your out-of-pocket costs are clearly defined before treatment begins.

- No deductibles or maximums for covered services³
- Pay only your copayment (if any) at the time of treatment

Convenient services

We make it easy for you — there are no claim forms to complete⁴, and no plan ID card is required to receive treatment.

- Access plan information online
- Change your primary care dentist by phone or online⁵

LEGAL NOTICES: Access federal and state legal notices related to your plan: deltadentalins.com/about/legal/index-enrollee.html

¹ DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; CO, MA, MI, NC, OK, OR, WA — Dentegra Insurance Company; CT, DC, DE, FL, GA, LA, MS, TN — Delta Dental Insurance Company; ID, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; UT — Alpha Dental of Utah, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

² We recommend that you verify online that the dentist is your selected DeltaCare USA primary care dentist before each appointment.

³ Deductibles and maximums may apply for services provided by an out-of-network dentist in CT, ID, LA, MS, NC and OK. Consult your Evidence/Certificate of Coverage for out-of-network benefits in these states.

⁴ You may have to complete a claim form if you visit an out-of-network dentist, such as for limited emergency treatment or in the following states: CT, ID, LA, MS, NC, OK.

⁵ In the following states, you can change your dentist at any time without contacting Delta Dental: CT, ID, LA, MS, NC, OK.



We keep you smiling[®]
deltadentalins.com/chevron

FAQ + A

Answers to frequently asked questions about your DeltaCare USA plan

GETTING STARTED

1. How do I enroll in a DeltaCare USA plan?

Simply complete the enrollment process as directed by your benefits administrator. Be sure to select a primary care network dentist for yourself or your dependents, and indicate this dentist and the name of your group when you enroll.

2. How do I get started using my DeltaCare USA plan?

Once we process your enrollment, we'll mail you welcome materials that will include:

- **The name, address and phone number of your selected primary care dentist:** Simply call the dental facility to make an appointment. **Important note:** In order to receive benefits under your plan, you must visit your primary care network dentist for all services. If you require treatment from a specialist, your primary care dentist will coordinate a referral for you. You can change your primary care dentist by contacting us.
- **Your Evidence/Certificate of Coverage (plan booklet):** This useful document provides a thorough description of how to use your benefits, including covered services, copayments and any limitations and exclusions of your plan.
- **An ID card:** This card is for your records only — you do not need to present it in order to receive treatment.

3. How long will it take to get an appointment with my primary care dentist?

Two to four weeks¹ is a reasonable amount of time to wait for a routine, non-urgent appointment. If you require a specific time, you may need to wait longer. Most DeltaCare USA dentists are in private group practices, which generally offer greater appointment availability and extended office hours.

4. How much will my dental treatments cost? How do I pay?

With your DeltaCare USA plan, some services are covered at no cost, while others have a copayment (amount you pay) for certain services. To find out how much a treatment will cost, refer to the "Description of Benefits and Copayments" in this brochure for a list of covered services and copayments. It's a good idea to bring your Evidence/Certificate of Coverage to your appointment in case you need to discuss your copayment for a service with your dentist. If you have any questions about the charges for a service, please contact our Customer Service department. If you receive treatment that requires a copayment, simply pay the dental facility at the time of service.

CHOOSING A DENTIST

5. How do I select my primary care dentist?

When you enroll, you must select a primary care dentist from the DeltaCare USA network. To search for a dentist, use the "Find a Dentist" tool at deltadentalins.com and select DeltaCare USA as your network. If you do not select a dentist when you enroll, we will choose one for you.

6. Does everyone in my family have to choose the same primary care dentist?

Your family members can visit the same primary care network dentist, but you do not have to. You may collectively select a maximum of three different primary care network dentists.²

7. Can I change my primary care dentist?

Yes. You can request to change your primary care dentist at any time. Simply visit our website and log on to your Online Services account or call or write to Customer Service. Change requests received by the 21st of the month will become effective the first day of the following month.

¹ In TX, three weeks is a reasonable amount of time to wait for a routine, non-urgent appointment.

² In TX, there is no limit. Each eligible family member may select his or her own primary care network dentist.

8. My dentist says she is a Delta Dental dentist, but she isn't listed in the DeltaCare USA directory. Can I still visit her for services?

No. You must visit your selected primary care network dentist to receive benefits under this plan. Delta Dental has many networks, and participation may vary — not all Delta Dental dentists are DeltaCare USA dentists.

9. What should I do if I need to see a specialist?

If you require specialty dental care — such as oral surgery, endodontics, periodontics or pediatric dentistry — contact your primary care dentist to request a referral. Specialty dental services not performed by your selected primary care dentist must be authorized by us. You are responsible for any applicable copayments.

GENERAL PLAN INFORMATION

10. If I'm traveling, is emergency treatment covered under my plan?

You and your eligible dependents have out-of-area coverage for dental emergencies when you are more than 35 miles³ from your primary care dentist. Your out-of-area emergency benefit (typically limited to \$100 per enrollee³ every 12 months⁴) is for services to relieve pain until you can return to your primary care network dentist. Standard plan limitations, exclusions and copayments may apply.

11. Can I access my plan online?

Yes. Visit deltadentalins.com/enrollees to create a free, secure Online Services account. On our website, you can access your plan benefits and ID card, select (or change) your primary care dentist — and more.

12. Does my plan cover pre-existing conditions? What about treatments that are in progress?

Treatment for pre-existing conditions (except work in progress⁵), including missing or extracted teeth, is covered under your plan. Treatment in progress includes services such as preparations for crowns or root canals, or impressions for dentures. If you started treatment before your plan's effective date, you and your prior dental carrier are responsible for any costs. Some DeltaCare USA plans may cover in-progress orthodontic treatment.

13. Does my plan cover teeth whitening?

Yes. External bleaching is a benefit under your DeltaCare USA plan. Review your plan booklet for more information and talk to your dentist about your options.

14. Does my plan cover tooth-colored fillings and crowns?

Yes. Porcelain and other tooth-colored materials are included in this plan.

15. What if I have additional questions about my plan?

Please contact us for additional support. Our Customer Service agents can answer benefits questions as well as help you change your primary care dentist or arrange for urgent care referrals. See the back page of this brochure for our contact information.

³ In TX, there is no limit on the number of miles or on the dollar amount per emergency.

⁴ Exceptions may apply. Refer to your Evidence/Certificate of Coverage.

⁵ In TX, there is no exception for work in progress for covered DeltaCare USA benefits.

We make it easy for you!



Select a DeltaCare USA Dentist



Receive your welcome materials



Schedule an appointment



Receive dental care



Pay only your share to dentist

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-2017 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association. The American Dental Association may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

<u>CODE</u>	<u>DESCRIPTION</u>	<u>ENROLLEE PAYS</u>
D0100-D0999	I. DIAGNOSTIC	
D0120	Periodic oral evaluation - established patient.....	No Cost
D0140	Limited oral evaluation - problem focused	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 - complete series of radiographic images <i>- limited to 1 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 1 series every 6 months</i>	No Cost
D0277	Vertical bitewings - 7 to 8 radiographic images	No Cost
D0330	Panoramic radiographic image.....	No Cost
D0415	Collection of microorganisms for culture and sensitivity.....	No Cost
D0425	Caries susceptibility tests	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	No Cost

D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	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	No Cost
D0601	Caries risk assessment and documentation, with a finding of low risk - 1 every 3 years	No Cost
D0602	Caries risk assessment and documentation, with a finding of moderate risk - 1 every 3 years	No Cost
D0603	Caries risk assessment and documentation, with a finding of high risk - 1 every 3 years	No Cost
D0999	Unspecified diagnostic procedure, by report - includes office visit, per visit (in addition to other services).....	No Cost

D1000-D1999 II. PREVENTIVE

D1110	Prophylaxis cleaning - adult - 1 per 6 month period	No Cost
D1110	Additional prophylaxis cleaning - adult (within the 6 month period)	\$45.00
D1120	Prophylaxis cleaning - child - 1 per 6 month period	No Cost
D1120	Additional prophylaxis cleaning - child (within the 6 month period)	\$35.00
D1206	Topical application of fluoride varnish - child to age 19; 1 D1206 or D1208 per 6 month period.....	No Cost
D1208	Topical application of fluoride - excluding varnish - child to age 19; 1 D1206 or D1208 per 6 month period.....	No Cost
D1310	Nutritional counseling for control of dental disease	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth - limited to permanent molars through age 15	\$10.00
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - limited to permanent molars through age 15	\$10.00
D1353	Sealant repair - per tooth - limited to permanent molars through age 15	\$10.00
D1354	Interim caries arresting medicament application - child to age 19; 1 per 6 month period	No Cost
D1510	Space maintainer - fixed - unilateral	\$40.00
D1515	Space maintainer - fixed - bilateral.....	\$40.00
D1520	Space maintainer - removable - unilateral	\$50.00
D1525	Space maintainer - removable - bilateral	\$50.00
D1550	Re-cement or re-bond space maintainer	\$10.00
D1555	Removal of fixed space maintainer.....	\$10.00
D1575	Distal shoe space maintainer - fixed - unilateral - child to age 9.....	\$40.00

D2000-D2999 III. RESTORATIVE

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

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

- Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.

D2140	Amalgam - one surface, primary or permanent.....	No Cost
D2150	Amalgam - two surfaces, primary or permanent.....	No Cost
D2160	Amalgam - three surfaces, primary or permanent.....	No Cost
D2161	Amalgam - four or more surfaces, primary or permanent.....	No Cost

D2330	Resin-based composite - one surface, anterior.....	No Cost
D2331	Resin-based composite - two surfaces, anterior.....	No Cost
D2332	Resin-based composite - three surfaces, anterior.....	No Cost
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$45.00
D2390	Resin-based composite crown, anterior.....	\$55.00
D2391	Resin-based composite - one surface, posterior.....	\$45.00
D2392	Resin-based composite - two surfaces, posterior	\$55.00
D2393	Resin-based composite - three surfaces, posterior	\$65.00
D2394	Resin-based composite - four or more surfaces, posterior.....	\$75.00
D2510	Inlay - metallic - one surface.....	\$145.00
D2520	Inlay - metallic - two surfaces.....	\$155.00
D2530	Inlay - metallic - three or more surfaces	\$165.00
D2542	Onlay - metallic - two surfaces.....	\$160.00
D2543	Onlay - metallic - three surfaces.....	\$170.00
D2544	Onlay - metallic - four or more surfaces.....	\$190.00
D2610	Inlay - porcelain/ceramic - one surface.....	\$270.00
D2620	Inlay - porcelain/ceramic - two surfaces	\$305.00
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$325.00
D2642	Onlay - porcelain/ceramic - two surfaces	\$300.00
D2643	Onlay - porcelain/ceramic - three surfaces	\$335.00
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$355.00
D2650	Inlay - resin-based composite - one surface.....	\$170.00
D2651	Inlay - resin-based composite - two surfaces.....	\$195.00
D2652	Inlay - resin-based composite - three or more surfaces	\$230.00
D2662	Onlay - resin-based composite - two surfaces	\$225.00
D2663	Onlay - resin-based composite - three surfaces	\$250.00
D2664	Onlay - resin-based composite - four or more surfaces	\$295.00
D2710	Crown - resin-based composite (indirect).....	\$145.00
D2712	Crown - $\frac{3}{4}$ resin-based composite (indirect).....	\$145.00
D2720	Crown - resin with high noble metal.....	\$295.00
D2721	Crown - resin with predominantly base metal.....	\$195.00
D2722	Crown - resin with noble metal.....	\$235.00
D2740	Crown - porcelain/ceramic substrate.....	\$355.00
D2750	Crown - porcelain fused to high noble metal.....	\$355.00
D2751	Crown - porcelain fused to predominantly base metal.....	\$255.00
D2752	Crown - porcelain fused to noble metal.....	\$295.00
D2780	Crown - $\frac{3}{4}$ cast high noble metal	\$355.00
D2781	Crown - $\frac{3}{4}$ cast predominantly base metal	\$255.00
D2782	Crown - $\frac{3}{4}$ cast noble metal	\$295.00
D2783	Crown - $\frac{3}{4}$ porcelain/ceramic.....	\$355.00
D2790	Crown - full cast high noble metal.....	\$355.00
D2791	Crown - full cast predominantly base metal.....	\$255.00
D2792	Crown - full cast noble metal.....	\$295.00
D2794	Crown - titanium.....	\$355.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration.....	\$10.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$10.00
D2920	Re-cement or re-bond crown.....	\$10.00
D2921	Reattachment of tooth fragment, incisal edge or cusp (<i>anterior</i>)	\$45.00

D2929	Prefabricated porcelain/ceramic crown - primary tooth - <i>anterior</i>	\$75.00
D2930	Prefabricated stainless steel crown - primary tooth.....	\$50.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$50.00
D2932	Prefabricated resin crown - <i>anterior primary tooth</i>	\$65.00
D2933	Prefabricated stainless steel crown with resin window - <i>anterior primary tooth</i>	\$75.00
D2940	Protective restoration.....	No Cost
D2941	Interim therapeutic restoration - primary dentition.....	No Cost
D2949	Restorative foundation for an indirect restoration.....	\$50.00
D2950	Core buildup, including any pins when required.....	\$50.00
D2951	Pin retention - per tooth, in addition to restoration.....	No Cost
D2952	Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i>	\$95.00
D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i>	\$70.00
D2954	Prefabricated post and core in addition to crown - <i>base metal post; includes canal preparation</i>	\$80.00
D2957	Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i>	\$60.00
D2971	Additional procedures to construct new crown under existing partial denture framework	\$50.00
D2980	Crown repair necessitated by restorative material failure.....	\$20.00
D2981	Inlay repair necessitated by restorative material failure	\$20.00
D2982	Onlay repair necessitated by restorative material failure	\$20.00
D2983	Veneer repair necessitated by restorative material failure.....	\$20.00
D2990	Resin infiltration of incipient smooth surface lesions - <i>limited to permanent molars through age 15</i>	\$10.00

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.....	\$25.00
D3221	Pulpal debridement, primary and permanent teeth	\$30.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$25.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$40.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration).....	\$40.00
D3310	<i>Root canal</i> - endodontic therapy, anterior tooth (excluding final restoration).....	\$95.00
D3320	<i>Root canal</i> - endodontic therapy, bicuspid tooth (excluding final restoration)	\$185.00
D3330	<i>Root canal</i> - endodontic therapy, molar (excluding final restoration)	\$335.00
D3331	Treatment of root canal obstruction; non-surgical access.....	\$70.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.....	\$70.00
D3333	Internal root repair of perforation defects.....	\$70.00
D3346	Retreatment of previous root canal therapy - anterior	\$125.00
D3347	Retreatment of previous root canal therapy - bicuspid.....	\$215.00
D3348	Retreatment of previous root canal therapy - molar	\$365.00

D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.).....	\$70.00
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$45.00
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.).....	\$45.00
D3410	Apicoectomy - anterior	\$115.00
D3421	Apicoectomy - bicuspid (first root)	\$125.00
D3425	Apicoectomy - molar (first root).....	\$135.00
D3426	Apicoectomy (each additional root).....	\$80.00
D3427	Periradicular surgery without apicoectomy	\$115.00
D3430	Retrograde filling - per root	\$60.00
D3450	Root amputation - per root	\$70.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$60.00

D4000-D4999 V. PERIODONTICS

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

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$130.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$80.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth.....	\$80.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$135.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	\$80.00
D4245	Apically positioned flap.....	\$135.00
D4249	Clinical crown lengthening - hard tissue	\$125.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$300.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant.....	\$240.00
D4263	Bone replacement graft - retained natural tooth - first site in quadrant.....	\$215.00
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant.....	\$65.00
D4270	Pedicle soft tissue graft procedure	\$215.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area).....	\$70.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	\$215.00
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.....	\$215.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - limited to 4 quadrants during any 12 consecutive months	\$50.00

D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	\$40.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - <i>1 per 6 month period</i>	No Cost
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis - <i>limited to 1 treatment in any 12 consecutive months</i>	\$50.00
D4910	Periodontal maintenance - <i>limited to 1 treatment each 6 month period</i>	\$35.00
D4910	<i>Additional periodontal maintenance (within the 6 month period)</i>	\$55.00
D4921	Gingival irrigation - 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. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.

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

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

D5110	Complete denture - maxillary	\$285.00
D5120	Complete denture - mandibular	\$285.00
D5130	Immediate denture - maxillary	\$305.00
D5140	Immediate denture - mandibular	\$305.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$245.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$245.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$315.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$315.00
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$245.00
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$245.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$315.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$315.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$365.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$365.00
D5410	Adjust complete denture - maxillary	\$10.00
D5411	Adjust complete denture - mandibular	\$10.00
D5421	Adjust partial denture - maxillary	\$10.00
D5422	Adjust partial denture - mandibular	\$10.00
D5510	Repair broken complete denture base	\$40.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$20.00
D5610	Repair resin denture base	\$40.00
D5620	Repair cast framework	\$40.00

D5630	Repair or replace broken clasp - per tooth.....	\$40.00
D5640	Replace broken teeth - per tooth.....	\$30.00
D5650	Add tooth to existing partial denture.....	\$30.00
D5660	Add clasp to existing partial denture - per tooth.....	\$40.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary).....	\$165.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular).....	\$165.00
D5710	Rebase complete maxillary denture.....	\$95.00
D5711	Rebase complete mandibular denture.....	\$95.00
D5720	Rebase maxillary partial denture.....	\$95.00
D5721	Rebase mandibular partial denture.....	\$95.00
D5730	Reline complete maxillary denture (chairside).....	\$50.00
D5731	Reline complete mandibular denture (chairside).....	\$50.00
D5740	Reline maxillary partial denture (chairside).....	\$50.00
D5741	Reline mandibular partial denture (chairside).....	\$50.00
D5750	Reline complete maxillary denture (laboratory).....	\$85.00
D5751	Reline complete mandibular denture (laboratory).....	\$85.00
D5760	Reline maxillary partial denture (laboratory).....	\$85.00
D5761	Reline mandibular partial denture (laboratory).....	\$85.00
D5820	Interim partial denture (maxillary) - limited to 1 in any 12 consecutive months.....	\$105.00
D5821	Interim partial denture (mandibular) - limited to 1 in any 12 consecutive months.....	\$105.00
D5850	Tissue conditioning, maxillary.....	\$25.00
D5851	Tissue conditioning, mandibular.....	\$25.00

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES - Not Covered

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

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

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

D6210	Pontic - cast high noble metal.....	\$355.00
D6211	Pontic - cast predominantly base metal.....	\$225.00
D6212	Pontic - cast noble metal.....	\$295.00
D6240	Pontic - porcelain fused to high noble metal.....	\$355.00
D6241	Pontic - porcelain fused to predominantly base metal.....	\$255.00
D6242	Pontic - porcelain fused to noble metal.....	\$295.00
D6245	Pontic - porcelain/ceramic.....	\$355.00
D6250	Pontic - resin with high noble metal.....	\$295.00
D6251	Pontic - resin with predominantly base metal.....	\$195.00
D6252	Pontic - resin with noble metal.....	\$235.00
D6600	Retainer inlay - porcelain/ceramic, two surfaces.....	\$305.00
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces.....	\$325.00
D6602	Retainer inlay - cast high noble metal, two surfaces.....	\$255.00
D6603	Retainer inlay - cast high noble metal, three or more surfaces.....	\$265.00

D6604	Retainer inlay - cast predominantly base metal, two surfaces	\$155.00
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	\$165.00
D6606	Retainer inlay - cast noble metal, two surfaces.....	\$185.00
D6607	Retainer inlay - cast noble metal, three or more surfaces	\$195.00
D6608	Retainer onlay - porcelain/ceramic, two surfaces.....	\$300.00
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	\$335.00
D6610	Retainer onlay - cast high noble metal, two surfaces.....	\$260.00
D6611	Retainer onlay - cast high noble metal, three or more surfaces	\$270.00
D6612	Retainer onlay - cast predominantly base metal, two surfaces.....	\$160.00
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces.....	\$170.00
D6614	Retainer onlay - cast noble metal, two surfaces.....	\$190.00
D6615	Retainer onlay - cast noble metal, three or more surfaces.....	\$200.00
D6720	Retainer crown - resin with high noble metal	\$295.00
D6721	Retainer crown - resin with predominantly base metal	\$195.00
D6722	Retainer crown - resin with noble metal	\$235.00
D6740	Retainer crown - porcelain/ceramic	\$355.00
D6750	Retainer crown - porcelain fused to high noble metal.....	\$355.00
D6751	Retainer crown - porcelain fused to predominantly base metal.....	\$255.00
D6752	Retainer crown - porcelain fused to noble metal	\$295.00
D6780	Retainer crown - $\frac{3}{4}$ cast high noble metal.....	\$355.00
D6781	Retainer crown - $\frac{3}{4}$ cast predominantly base metal.....	\$255.00
D6782	Retainer crown - $\frac{3}{4}$ cast noble metal.....	\$295.00
D6783	Retainer crown - $\frac{3}{4}$ porcelain/ceramic	\$355.00
D6790	Retainer crown - full cast high noble metal.....	\$355.00
D6791	Retainer crown - full cast predominantly base metal.....	\$255.00
D6792	Retainer crown - full cast noble metal	\$295.00
D6930	Re-cement or re-bond fixed partial denture.....	\$15.00
D6940	Stress breaker.....	\$25.00
D6980	Fixed partial denture repair necessitated by restorative material failure	\$55.00

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

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

D7111	Extraction, coronal remnants - deciduous tooth	No Cost
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal).....	\$5.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$45.00
D7220	Removal of impacted tooth - soft tissue.....	\$55.00
D7230	Removal of impacted tooth - partially bony.....	\$75.00
D7240	Removal of impacted tooth - completely bony	\$95.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$115.00
D7250	Removal of residual tooth roots (cutting procedure).....	\$35.00
D7251	Coronectomy - intentional partial tooth removal	\$115.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth.....	\$110.00
D7280	Exposure of an unerupted tooth	\$85.00
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$85.00
D7283	Placement of device to facilitate eruption of impacted tooth.....	No Cost

D7286	Incisional biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i>	\$25.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.....	\$50.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.....	\$50.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.....	\$70.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.....	\$70.00
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)	\$50.00
D7472	Removal of torus palatinus	\$50.00
D7473	Removal of torus mandibularis.....	\$50.00
D7510	Incision and drainage of abscess - intraoral soft tissue	No Cost
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure.....	No Cost
D7970	Excision of hyperplastic tissue - per arch	\$70.00
D7971	Excision of pericoronal gingiva	\$70.00

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 \$125.00, may apply.*

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

Pre and post orthodontic records include:

	<i>The benefit for pre-treatment records and diagnostic services includes:</i>	\$200.00
D0210	Intraoral - complete series of radiographic images	
D0322	Tomographic survey	
D0330	Panoramic radiographic image	
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	
D0350	2D oral/facial photographic images obtained intraorally or extraorally	
D0351	3D photographic image	
D0470	Diagnostic casts	
	<i>The benefit for post-treatment records includes:</i>	\$70.00
D0210	Intraoral - complete series of radiographic images	
D0470	Diagnostic casts	
D8010	Limited orthodontic treatment of the primary dentition	\$1,150.00
D8020	Limited orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i>	\$1,150.00
D8030	Limited orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i>	\$1,150.00

D8040	Limited orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i>	\$1,350.00
D8050	Interceptive orthodontic treatment of the primary dentition.....	\$1,150.00
D8060	Interceptive orthodontic treatment of the transitional dentition.....	\$1,150.00
D8070	Comprehensive orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i>	\$1,900.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i>	\$1,900.00
D8090	Comprehensive orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i>	\$2,100.00
D8660	Pre-orthodontic treatment examination to monitor growth and development.....	\$25.00
D8680	Orthodontic retention (removal of appliances, construction and placement of <i>removable</i> retainers)	\$275.00
D8681	Removable orthodontic retainer adjustment.....	No Cost
D8999	Unspecified orthodontic procedure, by report - <i>includes treatment planning session</i>	\$100.00
D9000-D9999	XII. ADJUNCTIVE GENERAL SERVICES	
D9110	Palliative (emergency) treatment of dental pain - minor procedure.....	\$10.00
D9211	Regional block anesthesia.....	No Cost
D9212	Trigeminal division block anesthesia.....	No Cost
D9215	Local anesthesia in conjunction with operative or surgical procedures	No Cost
D9219	Evaluation for deep sedation or general anesthesia	No Cost
D9223	Deep sedation/general anesthesia - each 15 minute increment	\$80.00
D9243	Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment.....	\$80.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$10.00
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.....	\$20.00
D9450	Case presentation, detailed and extensive treatment planning	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
D9940	Occlusal guard, by report - <i>limited to 1 in 3 years</i>	\$95.00
D9943	Occlusal guard adjustment	\$10.00
D9951	Occlusal adjustment, limited	\$45.00
D9952	Occlusal adjustment, complete.....	\$95.00
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> - <i>per 15 minutes of appointment time</i> **	\$10.00
D9987	Canceled appointment - <i>without 24 hour notice</i> - <i>per 15 minutes of appointment time</i> **	\$10.00

D9991	Dental case management - addressing appointment compliance barriers	No Cost
D9992	Dental case management - care coordination.....	No Cost

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

Procedures not listed above are not covered, however, may be available at the Contract Dentist’s “filed fees.” “Filed fees” means the Contract Dentist’s fees on file with the Plan. Questions regarding these fees should be directed to the Customer Service department at 800-422-4234.

** Benefits may vary slightly based on state requirements and/or regulations.*

*** Not applicable in Texas or Washington*

**** Provisions regarding copayments and out-of-network treatment vary in Connecticut, Idaho, Louisiana, Mississippi, North Carolina and Oklahoma.*

SCHEDULE B

Limitations 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 in Texas when services are needed more frequently due to medical necessity as determined by the Contract Dentist. In Maryland, the frequency on procedures D1110, D1120, D1206 and D1208 is 2 per 12-month period.)

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. 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).

Washington Only:

This limitation does not apply if general anesthesia services are medically necessary because the Enrollee is under age seven or is physically or developmentally disabled.

4. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon prior authorization by the Plan, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
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.

Maryland Only:

Should an Enrollee's coverage be cancelled or terminated for any reason, and at the time of cancellation or termination the Enrollee is receiving orthodontic treatment, the Enrollee will be solely responsible for payment for treatment provided after cancellation or termination, except:

If an Enrollee is receiving ongoing orthodontic treatment at the time of termination, Alpha will continue to provide orthodontic Benefits for:

- 60 days if the Enrollee is making monthly payments to the Contract Orthodontist, or
- until the later of 60 days or the end of the quarter in progress, if the Enrollee is making quarterly payments to the Contract Orthodontist.

At the end of 60 days (or at the end of the quarter), the Enrollee's obligation will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount over the number of months remaining in the initial 24 months of treatment. The Enrollee will make payments based on an arrangement with the Contract Orthodontist.

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. The Plan is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

Pennsylvania Only:

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 or orthodontic treatment.

If an individual begins comprehensive orthodontic treatment within 90 days immediately prior to becoming eligible under the DeltaCare USA program, a waiting period of 12 months of continuous coverage under the DeltaCare USA program applies before coverage is available.

Texas Only:

7. Benefits for dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with this program are limited as follows:

Upon request of a newly covered Enrollee, the Plan will provide Benefits for the completion of covered services begun prior to the time his or her coverage became effective. The Plan will not provide coverage for incomplete services that are not otherwise Benefits under the terms and conditions of the Contract. Enrollees may request completion of treatment in progress by calling the Customer Service department at 800-422-4234 during normal business hours, or by sending a written request to the Plan.

Whenever possible, an Enrollee should complete treatment in progress with the Dentist who initiated the service. If such Dentist is an out-of-network Dentist, that Dentist must agree to the same terms and conditions that apply to an in-network Dentist in order for the Plan to provide Benefits. Copayments and other cost sharing components will apply. Benefits may be adjusted so that the total paid by the Enrollee and/or coverage provided by all plans is not more than 100% of total Allowable Expenses (as defined in the Coordination of Benefits section of the Contract).

Should the Enrollee be unable to complete treatment with the Dentist who initiated the service, the Plan will make reasonable and appropriate arrangements for completion of such treatment by a Contract Dentist.

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:
 - 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 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.
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, 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.
9. Consultations for non-covered benefits.
10. Dental services received from any dental facility other than the assigned Contract Dentist, an authorized dental specialist, or a Contract Orthodontist except for *Emergency Services* as described in the Contract and/or Evidence of Coverage. (*Exclusion does not apply in Connecticut, Idaho, Louisiana, Mississippi, North Carolina, and Oklahoma.*)
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. *(Exclusion does not apply in Pennsylvania or Texas.)*
14. Lost, stolen or broken orthodontic appliances.
15. Changes in orthodontic treatment necessitated by accident of any kind. *(Exclusion does not apply in New York.)*
16. Myofunctional and parafunctional appliances and/or therapies, with the exception of procedure D9940 (occlusal guard, by report). *(Exclusion does not apply in New York.)*
17. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
18. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services. *(Exclusion does not apply in Maryland.)*

19. Maryland Only:

Specialist or orthodontic treatment resulting from a prohibited referral. A prohibited referral is when the Contract Dentist directs an Enrollee to seek specialist or orthodontic care from another dental facility where a) the Contract Dentist owns a beneficial interest in the practice; b) the Contract Dentist's immediate family owns a beneficial interest of 3 percent or greater in the practice; or c) the Contract Dentist, the Contract Dentist's immediate family or a combination of the Contract Dentist and his or her immediate family has a compensation arrangement with the practice.

Connecticut, Idaho, Louisiana, Mississippi, North Carolina, and Oklahoma:

In accordance with state regulatory requirements, Enrollees can obtain treatment from any licensed dentist or orthodontist in Connecticut, Idaho, Louisiana, Mississippi, North Carolina, and Oklahoma. Unless it is specifically noted, all Limitations and Exclusions would apply to both "Contract" and "Non-Contracted" dentists and orthodontists. Consult your Evidence/Certificate of Coverage for out-of-network benefits.

Can you read this document? If not, we can have somebody help you read it. You may also be able to get this document written in your language. For free help, please call 800-422-4234 (TTY: 711).

¿Puede leer este documento? Si no, podemos hacer que alguien lo lea por usted. También puede obtener este documento escrito en su idioma. Para obtener ayuda gratuita, llame al 800-422-4234 (servicio de retransmisión TTY deben llamar al 711). (Spanish)

您能自行閱讀本文件嗎？如果不能，我們可請人幫助您閱讀。您還可以請人以您的語言撰寫本文件。如需免費幫助，請致電 800-422-4234 (TTY: 711)。 (Chinese)

Bạn có đọc được tài liệu này không? Nếu không, chúng tôi sẽ cử một ai đó giúp bạn đọc. Bạn cũng có thể nhận được tài liệu này viết bằng ngôn ngữ của bạn. Để nhận được trợ giúp miễn phí, vui lòng gọi 800-422-4234 (TTY: 711). (Vietnamese)

이 문서를 읽으실 수 있습니까? 그렇지 않다면, 다른 사람이 대신 읽어드리도록 도와드릴 수 있습니다. 또한 이 문서를 귀하의 모국어로 번역해드릴 수 있습니다. 무료 지원을 요청하시려면, 800-422-4234 (TTY: 711)번으로 연락하십시오. (Korean)

Mababasa mo ba ang dokumentong ito? Kung hindi, mayroong makatutulong sa iyo na basahin ito. Maaaring makuha mo rin ang dokumentong ito nang nakasulat sa iyong wika. Para sa libreng tulong, pakitawagan ang 800-422-4234 (TTY: 711). (Tagalog)

Вы можете прочитать этот документ? Если нет, то вы можете попросить кого-нибудь в нашей компании помочь вам прочитать этот документ. Вы также можете получить этот документ на своем языке. Для получения бесплатной помощи, просьба звонить по номеру 800-422-4234 (телетайп: 711). (Russian)

هل تستطيع قراءة هذا المستند؟ إذا كنت لا تستطيع، يمكننا أن نُوفّر لك من يساعدك في قراءتها. ربما يمكنك أيضًا الحصول على هذا المستند مكتوبًا بلغتك. للمساعدة المجانية اتصل بـ 800-422-4234 (TTY: 711). (Arabic)

Èske w ka li dokiman sa a? Si w pa kapab, nou ka fè yon moun ede w li l. Ou ka gen posiblite pou jwenn dokiman sa a tou ki ekri nan lang ou. Pou jwenn èd gratis, tanpri rele 800-422-4234 (TTY: 711). (Haitian Creole)

Pouvez-vous lire ce document ? Si ce n'est pas le cas, nous pouvons faire en sorte que quelqu'un vous aide à le lire. Vous pouvez également obtenir ce document écrit dans votre langue. Pour obtenir de l'assistance gratuitement, veuillez appeler le 800-422-4234 (TTY : 711). (French)

Możesz przeczytać ten dokument? Jeśli nie, możemy Ci w tym pomóc. Możesz także otrzymać ten dokument w swoim języku ojczystym. Po bezpłatną pomoc zadzwoń pod numer 800-422-4234 (TTY: 711). (Polish)

Você consegue ler este documento? Se não, podemos pedir para alguém ajudá-lo a ler. Você também pode receber este documento escrito em seu idioma. Para obter ajuda gratuita, ligue 800-422-4234 (TTS: 711). (Portuguese)

Non riesci a leggere questo documento? In tal caso, possiamo chiedere a qualcuno di aiutarti a farlo. Potresti anche essere in grado di ricevere questo documento scritto nella tua lingua. Per assistenza gratuita, chiama il numero 800-422-4234 (TTY: 711). (Italian)

この文書をお読みになれますか？お読みになれない場合には、読むためのお手伝いをさせていただきます。この文書をご希望の言語に訳したものをお送りできる場合もあります。無料のサポートについては、800-422-4234 (TTY: 711) までご連絡ください。 (Japanese)

Können Sie dieses Dokument lesen? Falls nicht, können wir Ihnen einen Mitarbeiter zur Verfügung stellen, der Sie dabei unterstützen wird. Möglicherweise können Sie dieses Dokument auch in Ihrer Sprache erhalten. Rufen Sie für kostenlose Hilfe bitte folgende Nummer an: 800-422-4234 (Schreibtelefon: 711). (German)

آیا می توانید این متن را بخوانید؟ در صورتی که نمی توانید، ما قادریم از شخصی بخوایا تا در خواندن این متن به شما کمک کند. همچنین ممکن است بتوانید این متن را به زبان خود دریافت کنید. برای کمک رایگان با این شماره تماس بگیريد: 800-422-4234 (TTY: 711). (Persian Farsi)

קענט איר לייענען דעם דאָזיקן דאָקומענט? אויב ניט, עמעצער דו קען אייך העלפן לייענען. איר קענט מעגליך אויך באקומען דעם דאָזיקן דאָקומענט אין אייער שפראך. פאר אומזיסטע הילף, ביטע קלינגט: 800-422-4234 (טעלעפאָן פאר מענטשן וואָס הערן ניט: 711). (Yiddish)

Díísh yíníłta'go bííníghah? Doo bííníghahgóó éí nich'í' yídóóltahígíí níhee hółó. Díí naaltsoos t'áa Diné bizaad k'ehjí ályaaago áldó' nich'í' ádoolníłłgo bííghah. T'áa jíík'e shíká i'doolwoł nínízingo kojí' béésh holdíílnih 800-422-4234 (TTY: 711) (Navajo)

Useful information at your fingertips

Check out our SmileWay® Wellness program

Find oral health resources, including a risk self-assessment tool, quizzes, articles, videos and a subscription to *Grin!*, our free dental wellness e-magazine, at mysmileway.com.

Find a network dentist near you

Use our convenient “Find a Dentist” tool and select DeltaCare USA as your network.

- Find a dentist near your home or office
- Narrow your search by location, specialty, languages spoken — and more

Sign up for an online account

Use your mobile device or desktop to sign up for a free, secure Online Services account.

- Review your plan benefits
- Access your ID card

Contact us

Need help? Let us know.

Online: Visit deltadentalins.com/about/contact/contactUs_ddic.html and choose the “DeltaCare USA Customer Service” form.

Write to:

Delta Dental Insurance Company
1130 Sanctuary Parkway
Alpharetta, GA 30009

Call toll-free: 800-422-4234

Customer Service agents are available Monday through Friday, 8 a.m. to 9 p.m., Eastern time. Or, use our automated phone system, available 24/7.

Maryland law requires we make the following statement:

Our compensation to physicians who offer health care services to our insured members or enrollees may be based on a variety of payment mechanisms such as fee-for-service payments, salary or capitation. Bonuses may be used with these various types of payment methods.

Please note that the benefit payments made by Alpha Dental to dentists, other dental care providers or enrollees are based on capitation payment mechanisms and do not include salary or bonuses.

If you desire additional information about our methods of paying physicians or if you want to know which method(s) apply to your physician, call Customer Service at 800-422-4234 or write to DeltaCare USA, Attn: Customer Service, P.O. Box 1803, Alpharetta, GA 30023.

Provided by:
Alpha Dental Programs, Inc.
1701 Shoal Creek, Suite 240
Highland Village, TX 75077

Administered by:
Delta Dental Insurance Company
1130 Sanctuary Parkway, Suite 600
Alpharetta, GA 30009

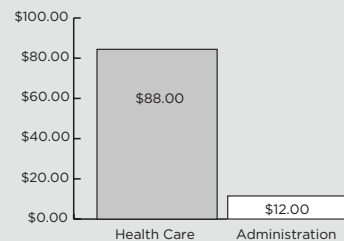
Visit us at our website: deltadentalins.com

NOTE: THIS IS ONLY A BRIEF SUMMARY OF THE PLAN.

The group Dental Service Contract must be consulted to determine the exact terms and conditions of coverage. An Evidence of Coverage booklet will be sent to you upon enrollment.

DeltaCare® USA — Where your dental benefits premium goes

Amount of \$100 in premiums used to pay for claims and administration*



*For the year ending December 31, 2015

DCU #95421A (1/16)

Administered by:

Delta Dental Insurance Company
1130 Sanctuary Parkway
Alpharetta, GA 30009
800-422-4234

NOTE: This is only a brief summary of your plan.

This brochure is not intended to replace your legally required plan booklet. The Group Dental Service Contract determines the exact terms and conditions of your coverage. Please refer to the “Description of Benefits and Copayments” and “Limitations and Exclusions of Benefits” in this brochure for a complete list of covered procedures, copayments, plan limitations and exclusions. You may also consult your Evidence/Certificate of Coverage, which will be mailed to you upon enrollment. If you wish to review an Evidence/Certificate of Coverage prior to enrollment, you may request a copy by calling Customer Service at 800-422-4234.