

# Benefit highlights

## DeltaCare® USA



DeltaCare USA<sup>1</sup> offers you straightforward and affordable care from a trusted in-network dentist that you choose.<sup>2</sup> You know everything your plan covers and what each procedure costs. No surprises.

### Comprehensive coverage

- Coverage for 350+ procedures
- Regular preventive care at low or no cost to help stop serious problems from developing
- Specialist services for oral surgery, endodontics, orthodontics, periodontics and pediatric dentistry

### Budget-friendly

- No deductibles or maximums<sup>3</sup> for covered services
- Transparent out-of-pocket costs listed in your plan booklet or online account<sup>4</sup>

- All-inclusive copayments (no material or lab fees)
- Cleanings and exams covered at low or no cost

### Large network of quality dentists

Delta Dental is a leading national carrier that offers a large network of high-quality and rigorously vetted dentists to choose from.

### Convenient services

We make it easy for you — your DeltaCare USA network dentist will take care of all the paperwork, and no ID card is required to receive treatment.<sup>5</sup>

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

<sup>1</sup> 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; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VA, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, 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. Delta Dental is a registered trademark of Delta Dental Plans Association.

<sup>2</sup> Verify your selected DeltaCare USA general dentist before each appointment.

<sup>3</sup> Plans with an Accidental Injury Rider have a \$1,600 annual maximum for accidental injury. Consult your Evidence/Certificate of Coverage.

<sup>4</sup> State-specific exceptions may apply.

<sup>5</sup> Delta Dental Insurance Company provides benefits as a Prepaid Limited Health Services Organization as described in Chapter 636 of the Florida Statutes.

[deltadentalins.com/members](https://deltadentalins.com/members)

# What you need to know in advance, or about your DeltaCare<sup>®</sup> USA plan

## How DeltaCare USA works

We make it easy for you — your DeltaCare USA network dentist will take care of all the paperwork, and no plan ID card is required to receive treatment.

- **You must visit** a DeltaCare USA general dentist to use your plan.<sup>1</sup> Your general dentist will coordinate and refer you to specialists for care, if needed.
- **You may select** an in-network general dentist, or a general dentist can be assigned at first visit if you haven't selected a dentist yet.<sup>2</sup>
- **You can select** or change dentists anytime online or by phone.
- **Pay predefined**, all-inclusive copayments — with no hidden fees (no material or lab fees) at the time of service. Consult your plan booklet for coverage.
- **No deductibles, maximums or waiting periods** for covered services. No claims to submit — no hassle!
- **Transparent out-of-pocket costs** shown in your plan booklet or online account

## What your plan covers

You're covered for hundreds of procedures with no annual limit on the amount your plan pays.

- Comprehensive coverage for 350+ procedures that prioritizes preventive care
- Cleanings and exams covered at low or no cost
- Orthodontics coverage for adults and children, including clear aligners
- Extensive care including crowns, dentures, root canals, oral surgery and more

## Getting started

To enroll in a DeltaCare USA plan, simply complete the enrollment process as directed

by your benefits administrator. Select a new DeltaCare USA dentist or check to see if your preferred general dentist is in-network.

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

- **The name, address and phone number of your selected general dentist or instructions on how to select one.** Simply call the dental facility to make an appointment. Important note: In order to receive benefits under your plan, you must visit your general dentist facility. You can visit any DeltaCare USA general dentist at your selected dental facility as long as they are in the DeltaCare USA network.
- **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.

Visit [deltadentalins.com](https://deltadentalins.com) to create a free, secure online account. You can access your plan benefits and ID card, select (or change) your general dentist and more.

## General plan information

You and your eligible dependents have emergency dental service coverage for out-of-area emergencies.<sup>3</sup> Your out-of-area emergency benefit (typically limited to \$100 per person) is for services to relieve pain until you can return to see your general dentist.<sup>4</sup> Standard plan limitations, exclusions and copayments may apply.

<sup>1</sup> In AZ, MD, and TX, if you do not select a dentist when you enroll, we will choose one for you.

<sup>2</sup> If you have not yet been assigned to a DeltaCare USA general dentist, you can do so by visiting any DeltaCare USA general dentist that is accepting new patients. When your selected dentist files a qualifying claim, you will be added to their roster and they will become your assigned DeltaCare USA general dentist. Once assigned, you must visit this dentist for future visits to receive benefits.

<sup>3</sup> State-specific minimum distance requirements may apply.

# We make it easy for you!



Receive your  
welcome  
materials



Visit your  
DeltaCare USA  
dentist



Receive  
dental care



Pay only your  
copayment

There are no exclusions for most pre-existing conditions, except work in progress.<sup>5</sup> 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.

## Glossary

Here are some common terms that will help you understand your plan:

**Authorization:** The process by which Delta Dental determines whether a procedure or treatment is a referable benefit under your plan. Your assigned general dentist must obtain prior authorization from us to refer you to an out-of-network specialist or out-of-network orthodontist. Services performed by an out-of-network dentist, specialist or orthodontist that are not authorized by us will not be covered.

**Copayment, or copay amount:** The fixed dollar amount a member is responsible for when receiving treatment.

**DeltaCare USA dentist:** A dentist who is a member of the DeltaCare USA network. These dentists have contracted with Delta Dental and agreed to accept negotiated fees for the services provided to DeltaCare USA members. You must visit a DeltaCare USA dentist to receive plan benefits.

**Diagnostic and preventive services:** A category of dental services that includes benefits for oral evaluations, routine cleanings, x-rays and fluoride treatments. There are low or no copayments for these services to encourage you to seek regular care and prevent problems from developing.

**Effective date:** The date your dental plan becomes active. Also, the date a member becomes eligible for benefits.

**Limitations and Exclusions:** Limitations are usually related to a specific time or frequency — for example, a plan may cover only two cleanings in a 12-month period or one cleaning every six months. Exclusions are services not covered by a plan.

**(Dental) Referral:** Directing a patient to a dental specialist by a general dentist. When specialty dental care is needed, your general dentist will refer you to a trusted specialist in the network.

**Specialist services:** Services performed by a dental specialist, such as oral surgery, endodontics, periodontics or pediatric dentistry. When specialty dental care is needed, your general dentist will refer you to a trusted specialist in the network.



For more help with understanding dental terms, visit  
[www1.deltadentalins.com/members/glossary.html](http://www1.deltadentalins.com/members/glossary.html)



<sup>4</sup> In TX, there is no limit on the number of miles or on the dollar amount per emergency.

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

## SCHEDULE A

## Description of Benefits and Copayments

The Benefits shown below are performed as deemed appropriate by the Contract Dentist subject to the *Limitations and Exclusions* of the Plan. Please refer to *Schedule B* for further clarification of Benefits. **You should discuss all treatment options with Your Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under the DeltaCare USA Plan and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2024 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODE	DESCRIPTION	ENROLLEE PAYS
<b>D0100-D0999</b>	<b>I. DIAGNOSTIC</b>	
D0120	Periodic oral evaluation - established patient .....	No Cost
D0140	Limited oral evaluation - problem focused .....	No Cost
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver .....	No Cost
D0150	Comprehensive oral evaluation - new or established patient .....	No Cost
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 .....	No Cost
D0180	Comprehensive periodontal evaluation - new or established patient .....	\$40.00
D0190	Screening of a patient .....	No Cost
D0191	Assessment of a patient .....	No Cost
D0210	Intraoral - comprehensive series of radiographic images - <i>limited to 1 series every 24 months, or more frequently if medically necessary</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, or more frequently if medically necessary</i> .....	No Cost
D0277	Vertical bitewings - 7 to 8 radiographic images .....	No Cost
D0330	Panoramic radiographic image .....	No Cost
D0396	3D printing of a 3D dental surface scan .....	No Cost
D0419	Assessment of salivary flow by measurement - <i>1 every 12 months</i> .....	No Cost
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures .....	\$50.00
D0460	Pulp vitality tests .....	\$11.00
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 .....	No Cost
D0602	Caries risk assessment and documentation, with a finding of moderate risk .....	No Cost
D0603	Caries risk assessment and documentation, with a finding of high risk .....	No Cost
D0701	Panoramic radiographic image - image capture only .....	No Cost
D0702	2-D cephalometric radiographic image - image capture only .....	No Cost
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only .....	No Cost
S-A-AZ-D70-R20		AZD70 - V24

D0705	Extra-oral posterior dental radiographic image - image capture only .....	No Cost
D0706	Intraoral - occlusal radiographic image - image capture only .....	No Cost
D0707	Intraoral - periapical radiographic image - image capture only .....	No Cost
D0708	Intraoral - bitewing radiographic image - image capture only .....	No Cost
D0709	Intraoral - comprehensive series of radiographic images - image capture only .....	No Cost
D0999	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit (in addition to other services)</i> .....	No Cost

**D1000-D1999****II. PREVENTIVE**

D1110	Prophylaxis <i>cleaning</i> - adult - 2 D1110, D1120 or D4346 per calendar year, or more frequently if medically necessary .....	No Cost
D1110	<i>Additional prophylaxis cleaning</i> - adult (within the 12 month period) .....	\$45.00
D1120	Prophylaxis <i>cleaning</i> - child - 2 D1110, D1120 or D4346 per calendar year, or more frequently if medically necessary .....	No Cost
D1120	<i>Additional prophylaxis cleaning</i> - child (within the 12 month period) .....	\$30.00
D1206	Topical application of fluoride varnish - 2 D1206 or D1208 per calendar year, or more frequently if medically necessary .....	No Cost
D1208	Topical application of fluoride - excluding varnish - 2 D1206 or D1208 per calendar year, or more frequently if medically necessary .....	No Cost
D1330	Oral hygiene instructions .....	No Cost
D1351	Sealant - per tooth .....	\$15.00
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth .....	\$15.00
D1353	Sealant repair - per tooth .....	\$15.00
D1354	Application of caries arresting medicament - per tooth .....	No Cost
D1510	Space maintainer - fixed - unilateral - per quadrant .....	\$95.00
D1516	Space maintainer - fixed - bilateral, maxillary .....	\$155.00
D1517	Space maintainer - fixed - bilateral, mandibular .....	\$155.00
D1520	Space maintainer - removable - unilateral - per quadrant .....	\$95.00
D1526	Space maintainer - removable - bilateral, maxillary .....	\$155.00
D1527	Space maintainer - removable - bilateral, mandibular .....	\$155.00
D1551	Re-cement or re-bond bilateral space maintainer - maxillary .....	\$40.00
D1552	Re-cement or re-bond bilateral space maintainer - mandibular .....	\$40.00
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant .....	\$40.00
D1556	Removal of fixed unilateral space maintainer - per quadrant .....	No Cost
D1557	Removal of fixed bilateral space maintainer - maxillary .....	No Cost
D1558	Removal of fixed bilateral space maintainer - mandibular .....	No Cost
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant - <i>child to age 9</i> .....	\$95.00

**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 \$130.00 per crown, beyond the 6th unit.
- Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old or more frequently if medically necessary due to medical condition or disorder documented by the Enrollee's physician.

D2140	Amalgam - one surface, primary or permanent .....	\$16.00
D2150	Amalgam - two surfaces, primary or permanent .....	\$21.00
D2160	Amalgam - three surfaces, primary or permanent .....	\$26.00
D2161	Amalgam - four or more surfaces, primary or permanent .....	\$32.00
D2330	Resin-based composite - one surface, anterior .....	\$21.00
D2331	Resin-based composite - two surfaces, anterior .....	\$26.00
D2332	Resin-based composite - three surfaces, anterior .....	\$32.00
D2335	Resin-based composite - four or more surfaces (anterior) .....	\$80.00
D2390	Resin-based composite crown, anterior .....	\$105.00
D2391	Resin-based composite - one surface, posterior .....	\$42.00
D2392	Resin-based composite - two surfaces, posterior .....	\$53.00
D2393	Resin-based composite - three surfaces, posterior .....	\$74.00
D2394	Resin-based composite - four or more surfaces, posterior .....	\$100.00
D2510	Inlay - metallic - one surface .....	\$410.00



D2520	Inlay - metallic - two surfaces .....	\$410.00
D2530	Inlay - metallic - three or more surfaces .....	\$410.00
D2542	Onlay - metallic - two surfaces .....	\$470.00
D2543	Onlay - metallic - three surfaces .....	\$470.00
D2544	Onlay - metallic - four or more surfaces .....	\$470.00
D2710	Crown - resin-based composite (indirect) .....	\$250.00
D2712	Crown - 3/4 resin-based composite (indirect) .....	\$250.00
D2720	Crown - resin with high noble metal .....	\$460.00
D2721	Crown - resin with predominantly base metal .....	\$405.00
D2722	Crown - resin with noble metal .....	\$430.00
D2740	Crown - porcelain/ceramic .....	\$505.00
D2750	Crown - porcelain fused to high noble metal .....	\$460.00
D2751	Crown - porcelain fused to predominantly base metal .....	\$405.00
D2752	Crown - porcelain fused to noble metal .....	\$430.00
D2753	Crown - porcelain fused to titanium and titanium alloys .....	\$460.00
D2780	Crown - 3/4 cast high noble metal .....	\$460.00
D2781	Crown - 3/4 cast predominantly base metal .....	\$405.00
D2782	Crown - 3/4 cast noble metal .....	\$430.00
D2783	Crown - 3/4 porcelain/ceramic .....	\$460.00
D2790	Crown - full cast high noble metal .....	\$460.00
D2791	Crown - full cast predominantly base metal .....	\$405.00
D2792	Crown - full cast noble metal .....	\$430.00
D2794	Crown - titanium and titanium alloys .....	\$460.00
D2799	Interim crown - further treatment or completion of diagnosis necessary prior to final impression ...	\$95.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration .....	\$41.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core .....	\$41.00
D2920	Re-cement or re-bond crown .....	\$41.00
D2921	Reattachment of tooth fragment, incisal edge or cusp ( <i>anterior</i> ) .....	\$80.00
D2928	Prefabricated porcelain/ceramic crown - permanent tooth .....	\$98.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth - <i>anterior</i> .....	\$98.00
D2930	Prefabricated stainless steel crown - primary tooth .....	\$98.00
D2931	Prefabricated stainless steel crown - permanent tooth .....	\$98.00
D2932	Prefabricated resin crown - <i>anterior primary tooth</i> .....	\$120.00
D2933	Prefabricated stainless steel crown with resin window - <i>anterior primary tooth</i> .....	\$145.00
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth .....	\$145.00
D2940	Protective restoration .....	\$13.00
D2941	Interim therapeutic restoration - primary dentition .....	\$13.00
D2949	Restorative foundation for an indirect restoration .....	\$98.00
D2950	Core buildup, including any pins when required .....	\$98.00
D2951	Pin retention - per tooth, in addition to restoration .....	\$21.00
D2952	Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i> .....	\$155.00
D2954	Prefabricated post and core in addition to crown - <i>base metal post; includes canal preparation</i> ....	\$130.00
D2960	Labial veneer (resin laminate) - direct .....	\$95.00
D2976	Band stabilization - per tooth - <i>limited to once in a lifetime per tooth</i> .....	\$26.00
D2989	Excavation of a tooth resulting in the determination of non-restorability .....	No Cost
D2990	Resin infiltration of incipient smooth surface lesions - <i>limited to permanent molars through age 15</i> .	\$15.00
D2991	Application of hydroxyapatite regeneration medicament - <i>limited to twice per tooth in a 12 month period</i> .....	\$15.00

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

D3110	Pulp cap - direct (excluding final restoration) .....	\$33.00
D3120	Pulp cap - indirect (excluding final restoration) .....	\$33.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament .....	\$78.00
D3221	Pulpal debridement, primary and permanent teeth .....	\$78.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development .....	\$78.00
D3310	<i>Root canal</i> - endodontic therapy, anterior tooth (excluding final restoration) .....	\$315.00

D3320	Root canal - endodontic therapy, premolar tooth (excluding final restoration)	\$370.00
D3330	Root canal - endodontic therapy, molar tooth (excluding final restoration)	\$505.00
D3331	Treatment of root canal obstruction; non-surgical access	\$135.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$135.00
D3333	Internal root repair of perforation defects	\$135.00
D3346	Retreatment of previous root canal therapy - anterior	\$420.00
D3347	Retreatment of previous root canal therapy - premolar	\$475.00
D3348	Retreatment of previous root canal therapy - molar	\$605.00
D3410	Apicoectomy - anterior	\$375.00
D3421	Apicoectomy - premolar (first root)	\$405.00
D3425	Apicoectomy - molar (first root)	\$430.00
D3426	Apicoectomy (each additional root)	\$145.00
D3430	Retrograde filling - per root	\$100.00
D3471	Surgical repair of root resorption - anterior	\$375.00
D3472	Surgical repair of root resorption - premolar	\$375.00
D3473	Surgical repair of root resorption - molar	\$375.00
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	\$375.00
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	\$375.00
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	\$375.00

**D4000-D4999 V. PERIODONTICS**

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

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$240.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$120.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	No Cost
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$295.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$155.00
D4245	Apically positioned flap	\$295.00
D4249	Clinical crown lengthening - hard tissue	\$325.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$595.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$310.00
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	\$290.00
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	\$225.00
D4266	Guided tissue regeneration, natural teeth - resorbable barrier, per site	\$380.00
D4267	Guided tissue regeneration, natural teeth - non-resorbable barrier, per site	\$430.00
D4270	Pedicle soft tissue graft procedure	\$395.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	\$395.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	\$395.00
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	\$198.00
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$237.00
D4286	Removal of non-resorbable barrier	\$0.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	\$110.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	\$61.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - 2 D1110, D1120 or D4346 per calendar year, or more frequently if medically necessary ..	No Cost

D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit - <i>limited to 1 treatment in any 12 consecutive months</i> .....	\$83.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth .....	\$45.00
D4910	Periodontal maintenance - <i>limited to 2 per calendar year</i> .....	\$78.00
D4921	Gingival irrigation with a medicinal agent - per quadrant .....	No Cost

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

- For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. For all listed immediate dentures and immediate removable partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first three months after placement. You 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 .....	\$550.00
D5120	Complete denture - mandibular .....	\$550.00
D5130	Immediate denture - maxillary .....	\$550.00
D5140	Immediate denture - mandibular .....	\$550.00
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) .....	\$410.00
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) ....	\$410.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) .....	\$640.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) .....	\$640.00
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) .....	\$410.00
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) .....	\$410.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) .....	\$640.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) .....	\$640.00
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth) - prosthetic appliances will be replaced only after five years have elapsed from the time of delivery .	\$410.00
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth) .	\$410.00
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth) .....	\$410.00
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth) .....	\$410.00
D5410	Adjust complete denture - maxillary .....	\$33.00
D5411	Adjust complete denture - mandibular .....	\$33.00
D5421	Adjust partial denture - maxillary .....	\$33.00
D5422	Adjust partial denture - mandibular .....	\$33.00
D5511	Repair broken complete denture base, mandibular .....	\$65.00
D5512	Repair broken complete denture base, maxillary .....	\$65.00
D5520	Replace missing or broken teeth - complete denture (each tooth) .....	\$65.00
D5611	Repair resin partial denture base, mandibular .....	\$65.00
D5612	Repair resin partial denture base, maxillary .....	\$65.00
D5630	Repair or replace broken retentive/clasping materials - per tooth .....	\$82.00
D5640	Replace broken teeth - per tooth .....	\$65.00
D5650	Add tooth to existing partial denture .....	\$65.00
D5660	Add clasp to existing partial denture - per tooth .....	\$82.00
D5710	Rebase complete maxillary denture .....	\$195.00
D5711	Rebase complete mandibular denture .....	\$195.00
D5720	Rebase maxillary partial denture .....	\$195.00
D5721	Rebase mandibular partial denture .....	\$195.00
D5725	Rebase hybrid prosthesis .....	\$195.00
D5730	Reline complete maxillary denture (chairside) .....	\$115.00
D5731	Reline complete mandibular denture (chairside) .....	\$115.00



Plan AZD70	DeltaCare USA	Description of Benefits and Copayments
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D5740	Reline maxillary partial denture (chairside) .....	\$115.00
D5741	Reline mandibular partial denture (chairside) .....	\$115.00
D5750	Reline complete maxillary denture (laboratory) .....	\$170.00
D5751	Reline complete mandibular denture (laboratory) .....	\$170.00
D5760	Reline maxillary partial denture (laboratory) .....	\$170.00
D5761	Reline mandibular partial denture (laboratory) .....	\$170.00
D5765	Soft liner for complete or partial removable denture - indirect .....	\$170.00
D5810	Interim complete denture (maxillary) .....	\$295.00
D5811	Interim complete denture (mandibular) .....	\$295.00
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary - <i>limited to 1 in any 12 consecutive months</i> .....	\$235.00
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular - <i>limited to 1 in any 12 consecutive months</i> .....	\$235.00

**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 \$130.00 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 .....	\$460.00
D6211	Pontic - cast predominantly base metal .....	\$405.00
D6212	Pontic - cast noble metal .....	\$430.00
D6214	Pontic - titanium and titanium alloys .....	\$460.00
D6240	Pontic - porcelain fused to high noble metal .....	\$460.00
D6241	Pontic - porcelain fused to predominantly base metal .....	\$405.00
D6242	Pontic - porcelain fused to noble metal .....	\$430.00
D6243	Pontic - porcelain fused to titanium and titanium alloys .....	\$430.00
D6245	Pontic - porcelain/ceramic .....	\$450.00
D6602	Retainer inlay - cast high noble metal, two surfaces .....	\$460.00
D6603	Retainer inlay - cast high noble metal, three or more surfaces .....	\$460.00
D6604	Retainer inlay - cast predominantly base metal, two surfaces .....	\$405.00
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces .....	\$405.00
D6606	Retainer inlay - cast noble metal, two surfaces .....	\$430.00
D6607	Retainer inlay - cast noble metal, three or more surfaces .....	\$430.00
D6610	Retainer onlay - cast high noble metal, two surfaces .....	\$460.00
D6611	Retainer onlay - cast high noble metal, three or more surfaces .....	\$460.00
D6612	Retainer onlay - cast predominantly base metal, two surfaces .....	\$405.00
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces .....	\$405.00
D6614	Retainer onlay - cast noble metal, two surfaces .....	\$430.00
D6615	Retainer onlay - cast noble metal, three or more surfaces .....	\$430.00
D6624	Retainer inlay - titanium .....	\$460.00
D6634	Retainer onlay - titanium .....	\$460.00
D6740	Retainer crown - porcelain/ceramic .....	\$505.00
D6750	Retainer crown - porcelain fused to high noble metal .....	\$460.00
D6751	Retainer crown - porcelain fused to predominantly base metal .....	\$405.00
D6752	Retainer crown - porcelain fused to noble metal .....	\$430.00
D6753	Retainer crown - porcelain fused to titanium and titanium alloys .....	\$460.00
D6780	Retainer crown - 3/4 cast high noble metal .....	\$460.00
D6781	Retainer crown - 3/4 cast predominantly base metal .....	\$405.00
D6782	Retainer crown - 3/4 cast noble metal .....	\$430.00
D6790	Retainer crown - full cast high noble metal .....	\$460.00
D6791	Retainer crown - full cast predominantly base metal .....	\$405.00
D6792	Retainer crown - full cast noble metal .....	\$430.00

D6794	Retainer crown - titanium and titanium alloys .....	\$460.00
D6930	Re-cement or re-bond fixed partial denture .....	\$62.00

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

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

D7111	Extraction, coronal remnants - primary tooth .....	\$50.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) .....	\$50.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated .....	\$100.00
D7220	Removal of impacted tooth - soft tissue .....	\$110.00
D7230	Removal of impacted tooth - partially bony .....	\$145.00
D7240	Removal of impacted tooth - completely bony .....	\$220.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications .....	\$220.00
D7250	Removal of residual tooth roots (cutting procedure) .....	\$100.00
D7251	Coronectomy - intentional partial tooth removal, impacted teeth only .....	\$145.00
D7260	Oroantral fistula closure .....	\$315.00
D7261	Primary closure of sinus perforation .....	\$315.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth .....	\$155.00
D7280	Exposure of an unerupted tooth .....	\$185.00
D7283	Placement of device to facilitate eruption of impacted tooth .....	\$44.00
D7284	Excisional biopsy of minor salivary glands - <i>does not include pathology laboratory procedures</i> .....	\$120.00
D7285	Incisional biopsy of oral tissue-hard (bone, tooth) .....	\$155.00
D7286	Incisional biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i> .....	\$120.00
D7287	Exfoliative cytological sample collection .....	\$67.00
D7288	Brush biopsy - transepithelial sample collection .....	\$67.00
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 ...	\$50.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant .....	\$135.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant .....	\$66.00
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm .....	\$170.00
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm .....	\$170.00
D7471	Removal of lateral exostosis (maxilla or mandible) .....	\$190.00
D7472	Removal of torus palatinus .....	\$190.00
D7473	Removal of torus mandibularis .....	\$190.00
D7485	Reduction of osseous tuberosity .....	\$135.00
D7509	Marsupialization of odontogenic cyst .....	\$170.00
D7510	Incision and drainage of abscess - intraoral soft tissue .....	\$66.00
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) .....	\$100.00
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site .....	No Cost
D7961	Buccal/labial frenectomy (frenulectomy) .....	No Cost
D7962	Lingual frenectomy (frenulectomy) .....	No Cost
D7963	Frenuloplasty .....	\$17.00

**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:**

The Benefit for pre-treatment records and diagnostic services includes: ..... No Cost

D0210	Intraoral - comprehensive 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

D0396	3D printing of a 3D dental surface scan	No Cost
D0470	Diagnostic casts	
D0801	3D dental surface scan - direct	
D0802	3D dental surface scan - indirect	
D0803	3D facial surface scan - direct	
D0804	3D facial surface scan - indirect	
	<i>The Benefit for post-treatment records includes:</i> .....	\$70.00
D0210	Intraoral - comprehensive series of radiographic images	
D0470	Diagnostic casts	
D8070	Comprehensive orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i> .	\$2,774.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i> .....	\$2,774.00
D8090	Comprehensive orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i> .....	\$3,590.00
D8660	Pre-orthodontic treatment examination to monitor growth and development .....	\$61.00
D8670	Periodic orthodontic treatment visit .....	No Cost
D8680	Orthodontic retention (removal of appliances, construction and placement of <i>removable</i> retainers) .....	\$345.00
D8681	Removable orthodontic retainer adjustment .....	No Cost
D8999	Unspecified orthodontic procedure, by report - <i>includes treatment planning session and records</i> ...	\$175.00
<b>D9000-D9999</b>	<b>XII. ADJUNCTIVE GENERAL SERVICES</b>	
D9110	Palliative treatment of dental pain - per visit .....	\$45.00
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia .....	No Cost
D9222	Deep sedation/general anesthesia - first 15 minutes .....	\$73.00
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment .....	\$73.00
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes .....	\$73.00
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment .....	\$73.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician .....	No Cost
D9311	Consultation with a medical health care professional .....	No Cost
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed .....	No Cost
D9440	Office visit - after regularly scheduled hours .....	\$70.00
D9450	Case presentation, subsequent to detailed and extensive treatment planning .....	No Cost
D9912	Pre-visit patient screening .....	\$0.00
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
D9943	Occlusal guard adjustment .....	\$10.00
D9944	Occlusal guard - hard appliance, full arch - <i>limited to 1 D9944, D9945 or D9946 in 24 months</i> .....	\$255.00
D9945	Occlusal guard - soft appliance, full arch - <i>limited to 1 D9944, D9945 or D9946 in 24 months</i> .....	\$255.00
D9946	Occlusal guard - hard appliance, partial arch - <i>limited to 1 D9944, D9945 or D9946 in 24 months</i> ...	\$255.00
D9951	Occlusal adjustment, limited .....	\$50.00
D9952	Occlusal adjustment, complete .....	\$260.00
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> .....	\$165.00
D9990	Certified translation or sign-language services - per visit .....	No Cost
D9991	Dental case management - addressing appointment compliance barriers .....	No Cost
D9992	Dental case management - care coordination .....	No Cost
D9995	Teledentistry - synchronous; real-time encounter .....	No Cost
D9996	Teledentistry - asynchronous; information stored and forwarded to Dentist for subsequent review .	No Cost
D9997	Dental case management - Patients with special Health Care Needs .....	No Cost

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.

## SCHEDULE B

### Limitations and Exclusions of Benefits

1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments*.
2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional \$130.00 above the listed Copayment for each of these services after the sixth unit has been provided.
3. Crowns and Inlays/Onlays are limited to teeth that have reached developmental maturity and the size of the pulp chamber allows for adequate preparation of the tooth for a conventional crown.
4. Fixed prosthodontic appliances are a benefit when the affected teeth have reached completion of dental and skeletal growth.
5. 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).
6. Benefits provided by a pediatric Dentist are limited to Dependent Enrollees through age following an attempt by Contract Dentist to treat the Dependent Enrollee and upon Authorization by Us, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
7. Your cost for receiving orthodontic treatment when coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's submitted fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. You make payment directly to the Contract Orthodontist as arranged.
8. Orthodontic treatment in progress is available to You, if at the time of Your original effective date, You are in active treatment started under Your previous dental plan, as long as You continue to be eligible under the DeltaCare USA Plan. Active treatment means tooth movement has begun. You are responsible for all Copayments and fees subject to the provisions of Your prior dental plan. We are financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

### Exclusions of Benefits

1. Any procedure that is not specifically listed under *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 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. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers and crowns and fixed partial dentures (bridges).
5. Procedures, appliances or restorations if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
6. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.

7. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
8. Consultations for non-covered Benefits.
9. Dental services received from any dental facility other than the Contract Dentist, an authorized dental specialist, or a Contract Orthodontist except for *Emergency Services* as described in the Evidence of Coverage.
10. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
11. Prescription drugs.
12. Dental expenses incurred in connection with any dental or orthodontic procedure started before Your eligibility with the DeltaCare USA Plan. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.
13. Lost, stolen or broken orthodontic appliances.
14. Changes in orthodontic treatment necessitated by accident of any kind.
15. Myofunctional and parafunctional appliances and/or therapies.
16. Composite or ceramic brackets, lingual adaptation of orthodontic bands.
17. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.
18. Orthodontic treatment must be provided by a licensed Dentist. Self-administered orthodontics are not covered.



# More helpful tips for using your plan

## 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

## Create an online account at [deltadentalins.com/welcome](https://deltadentalins.com/welcome)

- Review your plan benefits
- Access your ID card if you want one (You do not need an ID card to receive services.)
- Select or change your dentist

## Enjoy the perks of Delta Dental coverage

Get extra member perks like oral and overall health savings, exclusive resources and more at [www1.deltadentalins.com/memberperks](https://www1.deltadentalins.com/memberperks).

You can also get oral health tools and tips at [deltadentalins.com/wellness](https://deltadentalins.com/wellness).

## Contact us

Need help? Let us know.

**Online:** Visit [deltadentalins.com/contact](https://deltadentalins.com/contact)

## 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 am to 9 pm ET. Or, use our automated phone system, available 24/7.

### Administered by:

Delta Dental Insurance Company  
1130 Sanctuary Parkway  
Alpharetta, GA 30009



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; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VA, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, 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.

### **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**.