

2019 DENTAL FEE

DeltaCare USA (CAC15)

Brand New Day Dual Access Plan (HMO DSNP) 24

brand new day

HEALTHCARE YOU CAN FEEL GOOD ABOUT

Dual Access (SNP) Plan 24 CAC15

For Individuals with Brand New Day Medicare Plans with Medi-Cal

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. The table below shows coverage for members in the Brand New Day Plan 24 coordinating with the members Medi-Cal coverage.

Text that appears in italics below is specifically intended to clarify the delivery of benefits under the DeltaCare USA program *coordinated with a Medi-Cal benefit* and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2018 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association ("ADA"). The ADA may periodically change CDT codes or definitions. Dental Providers are to bill Medi-Cal for Medi-Cal covered services and bill Delta Dental for **Brand New Day *Enhanced benefits**. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

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

<u>CODE</u>	<u>DESCRIPTION</u>	<u>ENROLLEE PAYS</u>
D0100-D0999	I. DIAGNOSTIC - <i>When referable services are provided by a Contract Specialist, the Enrollee pays Specialist contracted copayment</i>	
D0120	Periodic oral evaluation - established patient - <i>1 per 6 month period</i>	No Cost
D0140	Limited oral evaluation - problem focused - <i>1 per 6 month period</i>	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 - <i>1 per 6 month period</i>	No Cost
D0160	Detailed and extensive oral evaluation - problem focused, by report - <i>1 per 6 month period</i>	No Cost
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit) - <i>1 per 6 month period</i>	No Cost
D0171	Re-evaluation - post-operative office visit	No Cost
D0180	Comprehensive periodontal evaluation - new or established patient - <i>1 per 6 month period</i>	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 36 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 - <i>limited to 1 every 12 months, per provider</i>	No Cost
D0273	Bitewings three radiographic images - <i>limited to 1 every 12 months, per provider</i>	No Cost
D0274	Bitewings - four radiographic images - <i>limited to 1 series every 12 months, per provider</i>	No Cost
D0277	Vertical bitewings - 7 to 8 radiographic images	No Cost
D0330	Panoramic radiographic image - <i>1 in a 24-month period</i>	No Cost
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	No Cost
D0460	Pulp vitality tests	No Cost
D0470	Diagnostic casts	No Cost
D0601	Caries risk assessment and documentation, with a finding of low risk - <i>1 every 3 years</i>	No Cost
D0602	Caries risk assessment and documentation, with a finding of moderate risk - <i>1 every 3 years</i>	No Cost
D0603	Caries risk assessment and documentation, with a finding of high risk - <i>1 every 3 years</i>	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 - *When referable services are provided by a Contract Specialist, the Enrollee pays Specialist contracted copayment*

*D1110	Prophylaxis - adult - 1 D1110 or D4346 per 6 month period	No Cost
D1110	<i>Additional prophylaxis cleaning - adult (within the 6 month period) .</i>	No Cost
D1206	Topical application of fluoride varnish - <i>1 D1206 or D1208 per 6 month period</i>	No Cost
D1208	Topical application of fluoride - excluding varnish - <i>1 D1206 or D1208 per 6 month period</i>	No Cost
D1310	Nutritional counseling for control of dental disease	No Cost
D1320	Tobacco counseling for the control and prevention of oral disease ...	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth - <i>limited to first and second permanent molars up to age 14</i>	No Cost
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - <i>limited to first and second permanent molars up to age 14</i>	No Cost
D1353	Sealant repair - per tooth - <i>limited to first and second permanent molars up to age 14</i>	No Cost
D1354	Interim caries arresting medicament application - per tooth - <i>1 per 6 month period</i>	No Cost
D1510	Space maintainer - fixed - unilateral	No Cost
D1515	Space maintainer - fixed - bilateral	No Cost
D1520	Space maintainer - removable - unilateral	No Cost
D1525	Space maintainer - removable - bilateral	No Cost
D1550	Re-cement or re-bond space maintainer	No Cost
D1555	Removal of fixed space maintainer	No Cost
D1575	Distal shoe space maintainer - fixed - unilateral - <i>child to age 9</i>	No Cost

D2000-D2999 III. RESTORATIVE - *When referable services are provided by a Contract Specialist, the Enrollee pays Specialist contracted copayment*

- *Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.*
- *Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.*
- *Fillings are limited to one amalgam, resin composite filling per surface per tooth, every 2 calendar years.*
- *Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed \$325.00 in addition to the listed Copayment. Refer to Limitation of Benefits #3 for additional information.*
- *Base metal is the benefit. If a crown, pontic, inlay, onlay or indirectly fabricated post and core is made of noble or high noble metal, an additional fee up to \$250.00 per tooth will be charged for the upgrade. This charge also applies to a titanium crown.*
- *Porcelain and other tooth-colored materials (i.e. resin) on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$250.00.*

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)	No Cost
D2390	Resin-based composite crown, anterior	No Cost
D2391	Resin-based composite - one surface, posterior	No Cost
D2392	Resin-based composite - two surfaces, posterior	No Cost
D2393	Resin-based composite - three surfaces, posterior	No Cost
D2394	Resin-based composite - four or more surfaces, posterior	No Cost
D2510	Inlay - metallic - one surface	No Cost
D2520	Inlay - metallic - two surfaces	No Cost
D2530	Inlay - metallic - three or more surfaces	No Cost
D2542	Onlay - metallic - two surfaces	No Cost
D2543	Onlay - metallic - three surfaces	No Cost
D2544	Onlay - metallic - four or more surfaces	No Cost
D2610	Inlay - porcelain/ceramic - one surface	No Cost
D2620	Inlay - porcelain/ceramic - two surfaces	No Cost
D2630	Inlay - porcelain/ceramic - three or more surfaces	No Cost
D2642	Onlay - porcelain/ceramic - two surfaces	No Cost
D2643	Onlay - porcelain/ceramic - three surfaces	No Cost
D2644	Onlay - porcelain/ceramic - four or more surfaces	No Cost
D2650	Inlay - resin-based composite - one surface	No Cost
D2651	Inlay - resin-based composite - two surfaces	No Cost
D2652	Inlay - resin-based composite - three or more surfaces	No Cost
D2662	Onlay - resin-based composite - two surfaces	No Cost
D2663	Onlay - resin-based composite - three surfaces	No Cost
D2664	Onlay - resin-based composite - four or more surfaces	No Cost
D2710	Crown - resin-based composite (indirect)	No Cost

D2710	Crown - resin-based composite (indirect) - <i>limited to permanent anterior teeth</i>	No Cost
D2712	Crown - 3/4 resin-based composite (indirect)	No Cost
D2720	Crown - resin with high noble metal	No Cost
D2721	Crown - resin with predominantly base metal	No Cost
D2722	Crown - resin with noble metal	No Cost
D2740	Crown - porcelain/ceramic	No Cost
D2750	Crown - porcelain fused to high noble metal	No Cost
D2751	Crown - porcelain fused to predominantly base metal	No Cost
D2752	Crown - porcelain fused to noble metal	No Cost
D2780	Crown - 3/4 cast high noble metal	No Cost
D2781	Crown - 3/4 cast predominantly base metal	No Cost
D2782	Crown - 3/4 cast noble metal	No Cost
D2783	Crown - 3/4 porcelain/ceramic	No Cost
D2790	Crown - full cast high noble metal	No Cost
D2791	Crown - full cast predominantly base metal	No Cost
D2792	Crown - full cast noble metal	No Cost
D2794	Crown - titanium	No Cost
D2799	Provisional crown - further treatment or completion of diagnosis necessary prior to final impression	No Cost
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	No Cost
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	No Cost
D2920	Re-cement or re-bond crown	No Cost
D2921	Reattachment of tooth fragment, incisal edge or cusp (<i>anterior</i>)	No Cost
D2929	Prefabricated porcelain/ceramic crown - primary tooth	No Cost
D2930	Prefabricated stainless steel crown - primary tooth	No Cost
D2931	Prefabricated stainless steel crown - permanent tooth - <i>1 in 36 months</i>	No Cost
D2932	Prefabricated resin crown - <i>anterior primary tooth - 1 in 36 months</i> ..	No Cost
D2933	Prefabricated stainless steel crown with resin window - <i>1 in 36 months</i>	No Cost
D2940	Protective restoration	No Cost
D2941	Interim therapeutic restoration - primary dentition	No Cost
D2949	Restorative foundation for an indirect restoration	No Cost
D2950	Core buildup, including any pins when required	No Cost
D2951	Pin retention - per tooth, in addition to restoration	No Cost
D2952	Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i>	No Cost
D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i>	No Cost
D2954	Prefabricated post and core in addition to crown - <i>base metal post; includes canal preparation</i>	No Cost
D2957	Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i>	No Cost
D2971	Additional procedures to construct new crown under existing partial denture framework	No Cost
D2975	Coping	No Cost
D2980	Crown repair necessitated by restorative material failure	No Cost
D2981	Inlay repair necessitated by restorative material failure	No Cost
D2982	Onlay repair necessitated by restorative material failure	No Cost
D2983	Veneer repair necessitated by restorative material failure	No Cost
D2990	Resin infiltration of incipient smooth surface lesions	No Cost

D3000-D3999 IV. ENDODONTICS - *When referable services are provided by a Contract Specialist, the Enrollee pays Specialist contracted copayment*

Endodontic services are limited to 1 per tooth, per lifetime (i.e. root canal).

D3110	Pulp cap - direct (excluding final restoration)	No Cost
D3120	Pulp cap - indirect (excluding final restoration)	No Cost
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	No Cost
D3221	Pulpal debridement, primary and permanent teeth	No Cost
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	No Cost
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	No Cost
D3310	<i>Root canal</i> - endodontic therapy, anterior tooth (excluding final restoration)	No Cost
D3320	<i>Root canal</i> - endodontic therapy, premolar tooth (excluding final restoration)	No Cost
D3330	<i>Root canal</i> - endodontic therapy, molar tooth (excluding final restoration)	No Cost
D3331	Treatment of root canal obstruction; non-surgical access	No Cost
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	No Cost
D3333	Internal root repair of perforation defects	No Cost
D3346	Retreatment of previous root canal therapy - anterior	No Cost
D3347	Retreatment of previous root canal therapy - premolar	No Cost
D3348	Retreatment of previous root canal therapy - molar	No Cost
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	No Cost
D3352	Apexification/recalcification - interim medication replacement	No Cost
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	No Cost
D3410	Apicoectomy - anterior	No Cost
D3421	Apicoectomy - premolar (first root)	No Cost
D3425	Apicoectomy - molar (first root)	No Cost
D3426	Apicoectomy (each additional root)	No Cost
D3427	Periradicular surgery without apicoectomy	No Cost
D3430	Retrograde filling - per root	No Cost
D3450	Root amputation - per root	No Cost
D3920	Hemisection (including any root removal), not including root canal therapy	No Cost

D4000-D4999	V. PERIODONTICS - <i>When referable services are provided by a Contract Specialist, the Enrollee pays Specialist contracted copayment</i>	
	- <i>Includes preoperative and postoperative evaluations and treatment under a local anesthetic.</i>	
	- <i>No more than 2 quadrants of periodontal scaling and root planing per appointment/ per day are allowable.</i>	
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant - <i>once per quadrant in 36 months</i>	No Cost
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant - <i>once per quadrant in 36 months</i>	No Cost
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth - <i>once per quadrant in 36 months</i>	No Cost
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4245	Apically positioned flap	No Cost
D4249	Clinical crown lengthening - hard tissue	No Cost
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant - <i>once per quadrant in 36 months</i>	No Cost
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant - <i>once per quadrant in 36 months</i>	No Cost
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	No Cost
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	No Cost
D4270	Pedicle soft tissue graft procedure	No Cost
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	No Cost
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	No Cost
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	No Cost
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 1 per quadrant in 2 calendar years</i>	No Cost
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 1 per quadrant in 2 calendar years</i>	No Cost
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - <i>1 D1110 or D4346 per 6 month period</i>	No Cost
D4355	Full mouth debridement to enable comprehensive oral evaluation and diagnosis on subsequent visit - <i>limited to 1 treatment in any 12 consecutive months</i>	No Cost
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per arch.....	No Cost
*D4910	Periodontal maintenance - limited to 1 treatment each 3 month period	No Cost
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 2 per denture per calendar year.

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

D5110	Complete denture - maxillary	No Cost
D5120	Complete denture - mandibular	No Cost
D5130	Immediate denture - maxillary	No Cost
D5140	Immediate denture - mandibular	No Cost
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	No Cost
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	No Cost
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	No Cost
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) ..	No Cost
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	No Cost
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	No Cost
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	No Cost
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	No Cost
*D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	No Cost
*D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	No Cost
D5410	Adjust complete denture - maxillary	No Cost
D5411	Adjust complete denture - mandibular	No Cost
D5421	Adjust partial denture - maxillary	No Cost
D5422	Adjust partial denture - mandibular	No Cost
D5511	Repair broken complete denture base, mandibular	No Cost
D5512	Repair broken complete denture base, maxillary	No Cost
D5520	Replace missing or broken teeth - complete denture (each tooth)	No Cost
D5611	Repair resin partial denture base, mandibular	No Cost
D5612	Repair resin partial denture base, maxillary	No Cost
D5621	Repair cast partial framework, mandibular	No Cost
D5622	Repair cast partial framework, maxillary	No Cost
D5630	Repair or replace broken clasp - per tooth	No Cost
D5640	Replace broken teeth - per tooth	No Cost
D5650	Add tooth to existing partial denture	No Cost
D5660	Add clasp to existing partial denture - per tooth	No Cost
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	No Cost
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	No Cost
D5710	Rebase complete maxillary denture	No Cost

D5711	Rebase complete mandibular denture	No Cost
D5720	Rebase maxillary partial denture	No Cost
D5721	Rebase mandibular partial denture	No Cost
D5730	Reline complete maxillary denture (chairside)	No Cost
D5731	Reline complete mandibular denture (chairside)	No Cost
D5740	Reline maxillary partial denture (chairside)	No Cost
D5741	Reline mandibular partial denture (chairside)	No Cost
D5750	Reline complete maxillary denture (laboratory)	No Cost
D5751	Reline complete mandibular denture (laboratory)	No Cost
D5760	Reline maxillary partial denture (laboratory)	No Cost
D5761	Reline mandibular partial denture (laboratory)	No Cost
D5820	Interim partial denture (maxillary) - <i>limited to 1 in any 12 consecutive months</i>	No Cost
D5821	Interim partial denture (mandibular) - <i>limited to 1 in any 12 consecutive months</i>	No Cost
D5850	Tissue conditioning, maxillary	No Cost
D5851	Tissue conditioning, mandibular	No Cost

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES

*D6010	<i>Surgical placement of implant body: endosteal implant</i>	\$1,740.00
*D6056	<i>Prefabricated abutment - includes modification and placement</i>	\$620.00
D6058	Abutment supported porcelain/ceramic crown	No Cost
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	No Cost
*D6060	<i>Abutment supported porcelain fused to metal crown (predominantly base metal)</i>	\$1,040.00
D6061	Abutment supported porcelain fused to metal crown (noble metal) ..	No Cost
D6062	Abutment supported cast metal crown (high noble metal)	No Cost
D6063	Abutment supported cast metal crown (predominantly base metal) ..	No Cost
D6064	Abutment supported cast metal crown (noble metal)	No Cost
D6065	Implant supported porcelain/ceramic crown	No Cost
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	No Cost
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	No Cost
D6068	Abutment supported retainer for porcelain/ceramic FPD	No Cost
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	No Cost
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	No Cost
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	No Cost
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	No Cost
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	No Cost
D6074	Abutment supported retainer for cast metal FPD (noble metal)	No Cost
D6075	Implant supported retainer for ceramic FPD	No Cost

D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	No Cost
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	No Cost
D6092	Re-cement or re-bond implant/abutment supported crown	No Cost
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	No Cost
D6094	Abutment supported crown, titanium	No Cost
D6096	Remove broken implant retaining screw	No Cost
D6194	Abutment supported retainer crown, FPD, titanium	No Cost

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

- Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.
- Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed \$325.00 in addition to the listed Copayment. Refer to Limitation of Benefits #3 for additional information.
- Porcelain is considered a materials upgrade with a maximum additional charge to Enrollee of \$150.00
- Porcelain margins are a cosmetic option. Contract Dentists have agreed to charge a maximum of \$75.00 for porcelain

D6210	Pontic - cast high noble metal	No Cost
*D6211	Pontic - cast predominantly base metal	No Cost
D6212	Pontic - cast noble metal	No Cost
D6240	Pontic - porcelain fused to high noble metal	No Cost
D6241	Pontic - porcelain fused to predominantly base metal	No Cost
D6242	Pontic - porcelain fused to noble metal	No Cost
D6245	Pontic - porcelain/ceramic	No Cost
D6250	Pontic - resin with high noble metal	No Cost
D6251	Pontic - resin with predominantly base metal	No Cost
D6252	Pontic - resin with noble metal	No Cost
D6600	Retainer inlay - porcelain/ceramic, two surfaces	No Cost
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	No Cost
D6602	Retainer inlay - cast high noble metal, two surfaces	No Cost
D6603	Retainer inlay - cast high noble metal, three or more surfaces	No Cost
D6604	Retainer inlay - cast predominantly base metal, two surfaces	No Cost
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	No Cost
D6606	Retainer inlay - cast noble metal, two surfaces	No Cost
D6607	Retainer inlay - cast noble metal, three or more surfaces	No Cost
D6608	Retainer onlay - porcelain/ceramic, two surfaces	No Cost
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	No Cost
D6610	Retainer onlay - cast high noble metal, two surfaces	No Cost
D6611	Retainer onlay - cast high noble metal, three or more surfaces	No Cost
D6612	Retainer onlay - cast predominantly base metal, two surfaces	No Cost
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	No Cost
D6614	Retainer onlay - cast noble metal, two surfaces	No Cost
D6615	Retainer onlay - cast noble metal, three or more surfaces	No Cost
D6720	Retainer crown - resin with high noble metal	No Cost
D6721	Retainer crown - resin with predominantly base metal	No Cost
D6722	Retainer crown - resin with noble metal	No Cost
D6740	Retainer crown - porcelain/ceramic	No Cost
D6750	Retainer crown - porcelain fused to high noble metal	No Cost
D6751	Retainer crown - porcelain fused to predominantly base metal	No Cost
D6752	Retainer crown - porcelain fused to noble metal	No Cost
D6780	Retainer crown - 3/4 cast high noble metal	No Cost
D6781	Retainer crown - 3/4 cast predominantly base metal	No Cost
D6782	Retainer crown - 3/4 cast noble metal	No Cost

D6790	Retainer crown - full cast high noble metal	No Cost
D6791	Retainer crown - full cast predominantly base metal	No Cost
D6792	Retainer crown - full cast noble metal	No Cost
D6930	Re-cement or re-bond fixed partial denture	No Cost
D6940	Stress breaker	No Cost
D6980	Fixed partial denture repair necessitated by restorative material failure	No Cost
D6999	Unspecified fixed prosthodontic procedure, by report	No Cost

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY - *When referable services are provided by a Contract Specialist, the Enrollee pays Specialist contracted copayment*

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

D7111	Extraction, coronal remnants - primary tooth	No Cost
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	No Cost
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	No Cost
D7220	Removal of impacted tooth - soft tissue	No Cost
D7230	Removal of impacted tooth - partially bony	No Cost
D7240	Removal of impacted tooth - completely bony	No Cost
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	No Cost
D7250	Removal of residual tooth roots (cutting procedure)	No Cost
D7251	Coronectomy - intentional partial tooth removal	No Cost
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	No Cost
D7280	Exposure of an unerupted tooth	No Cost
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	No Cost
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>	No Cost
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	No Cost
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	No Cost
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	No Cost
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	No Cost
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)	No Cost
D7472	Removal of torus palatinus	No Cost
D7473	Removal of torus mandibularis	No Cost
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	No Cost
D7971	Excision of pericoronal gingiva	No Cost

D8000-D8999 XI. ORTHODONTICS - Not Covered

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES - *When referable services are provided by a Contract Specialist, the Enrollee pays Specialist contracted copayment*

D9110	Palliative (emergency) treatment of dental pain - minor procedure ..	No Cost
D9211	Regional block anesthesia	No Cost
D9212	Trigeminal division block anesthesia	No Cost
D9215	Local anesthesia in conjunction with operative or surgical procedures	No Cost
D9219	Evaluation for deep sedation or general anesthesia - <i>1 per 6 month period</i>	No Cost
D9222	Deep sedation/general anesthesia - first 15 minutes	No Cost
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	No Cost
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	No Cost
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	No Cost
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	No Cost
D9311	Consultation with 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	No Cost
D9450	Case presentation, detailed and extensive treatment planning	No Cost
D9932	Cleaning and inspection of removable complete denture, maxillary - <i>1 per 6 month period</i>	No Cost
D9933	Cleaning and inspection of removable complete denture, mandibular - <i>1 per 6 month period</i>	No Cost
D9934	Cleaning and inspection of removable partial denture, maxillary - <i>1 per 6 month period</i>	No Cost
D9935	Cleaning and inspection of removable partial denture, mandibular - <i>1 per 6 month period</i>	No Cost
D9940	Occlusal guard, by report - <i>limited to 1 in 3 years</i>	No Cost
D9943	Occlusal guard adjustment	No Cost
D9950	Occlusion analysis - mounted case	No Cost
D9951	Occlusal adjustment - limited - for natural teeth only	No Cost
D9952	Occlusal adjustment - complete - for permanent dentition	No Cost
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	No Cost
D9986	Missed appointment - <i>without 24 hour notice</i>	No Cost
D9987	Canceled appointment - <i>without 24 hour notice</i>	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

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

SCHEDULE B

Limitations of Benefits

1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments*.
2. 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 Delta Dental, less applicable copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis
3. Contract Dentists may offer services that utilize brand or trade names at an additional fee. The Enrollee must be offered the plan benefits of a high quality laboratory processed crown/pontic that may include:porcelain/ceramic;porcelain with base, noble or high-noble metal. If the Enrollee chooses the alternative of a material upgrade (name brand laboratory processed or in office processed crowns/pontics produced through specialized technique or materials, including but not limited to: Captek,Procera,Lava, Empress and Cerec, the Contract Dentist may charge an additional fee not to exceed \$325.00 in addition to the listed copayment. Contact the Customer Service department at 800-422-4234 if you have questions regarding the additional fee or name brand services.

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. 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, unless listed in *Schedule A, Description of Benefits and Copayments*
9. Consultations for non-covered benefits.
10. Dental services received from any dental facility other than the assigned Contract Dentist or a preauthorized dental specialist except for *Emergency Services* as described in the Contract and/or Evidence of Coverage.
11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, Home Health services or other similar care facility.

12. Prescription drugs.
13. Dental expenses incurred in connection with any dental or orthodontic procedure started before Enrollee's eligibility with this program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken
14. Treatment or appliances that are provided by a Dentist whose practice specializes in Prosthodontic services