Keep Smiling

DeltaCare® USA

provided by

Alpha Dental of Arizona, Inc.

Dental benefits made easy!

When you enroll in a DeltaCare USA[1] 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[3] for covered services
- 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 complete, and no plan ID card is required to receive treatment.

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

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; 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.

[2] Verify your selected DeltaCare USA primary care dentist before each appointment.

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

deltadentalins.com/enrollees

Frequently Asked Questions

What you need to know 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 weeks[1] 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 Customer Service. 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 the DeltaCare USA 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?**
   No. Each family member can select his or her own primary care network dentist.[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 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. In TX, there is no limit on the number of miles or on the dollar amount per emergency.

[2] In MA, you cannot select more than three primary care dentist facilities per family.

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 miles[3] from your primary care dentist. Your out-of-area emergency benefit (typically limited to $100 per person[4]) 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** to create a free, secure online account. 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 progress[3]), 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.

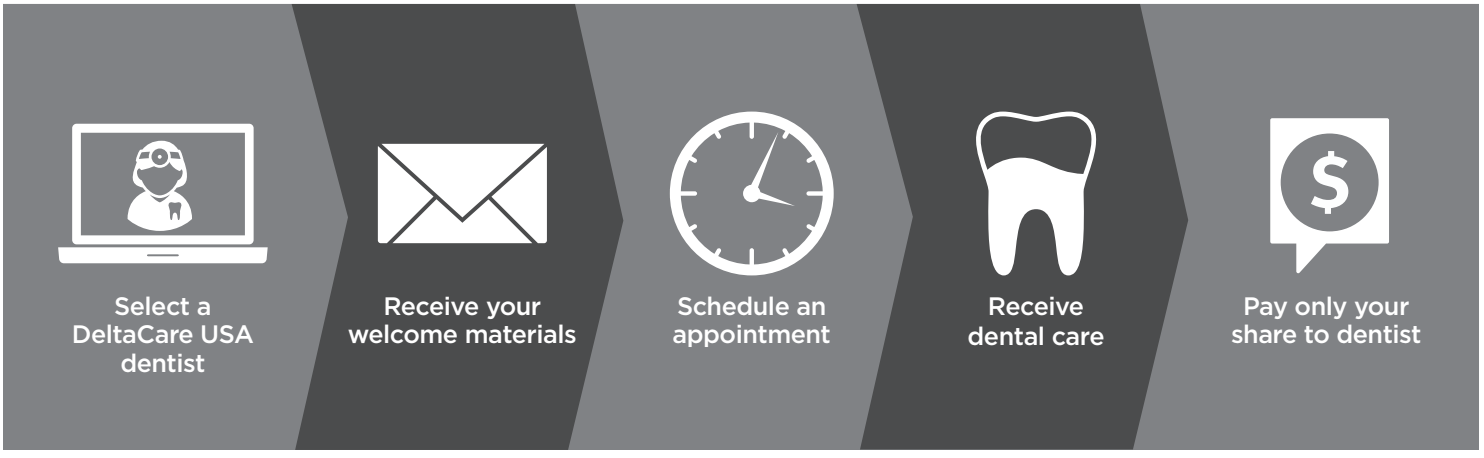
13. **Does my plan cover teeth whitening?**
    Yes. External bleaching is a benefit under your DeltaCare USA plan. Review your plan booklet for more information and talk to your dentist about your options.

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

We make it easy for you!



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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 Current Dental Terminology ("CDT"), CDT-2019 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
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	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 - complete series of radiographic images - *limited to 1 series every 24 months or more frequently if medically necessary*	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
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 - *limited to 1 series every 6 months or more frequently if medically necessary*	No Cost
D0277	Vertical bitewings - 7 to 8 radiographic images	No Cost
D0330	Panoramic radiographic image	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
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 - *limited to 2 D1110, D1120 or D4346 per calendar year*	No Cost
D1110	*Additional prophylaxis cleaning - adult (within the 12 month period)*	$45.00
D1120	Prophylaxis cleaning - child - *limited to 2 D1110, D1120 or D4346 per calendar year*	No Cost
D1120	*Additional prophylaxis cleaning - child (within the 12 month period)*	$30.00

D1206	Topical application of fluoride varnish - *child to age 19; 2 D1206 or D1208 per calendar year or more frequently if medically necessary*	No Cost
D1208	Topical application of fluoride - excluding varnish - *child to age 19; 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	Interim caries arresting medicament application - per tooth	No Cost
D1510	Space maintainer - fixed - unilateral	$95.00
D1516	Space maintainer - fixed - bilateral, maxillary	$155.00
D1517	Space maintainer - fixed - bilateral, mandibular	$155.00
D1520	Space maintainer - removable - unilateral	$95.00
D1526	Space maintainer - removable - bilateral, maxillary	$155.00
D1527	Space maintainer - removable - bilateral, mandibular	$155.00
D1550	Re-cement or re-bond space maintainer	$40.00
D1555	Removal of fixed space maintainer	No Cost
D1575	Distal shoe space maintainer - fixed - unilateral - *child to age 9*	$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 or involving incisal angle (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
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
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	$460.00
D2799	Provisional 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 *(anterior)*	$80.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth - *anterior*	$98.00
D2930	Prefabricated stainless steel crown - primary tooth	$98.00
D2931	Prefabricated stainless steel crown - permanent tooth	$98.00
D2932	Prefabricated resin crown - *anterior primary tooth*	$120.00
D2933	Prefabricated stainless steel crown with resin window - *anterior primary tooth*	$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 - *includes canal preparation*	$155.00
D2954	Prefabricated post and core in addition to crown - *base metal post; includes canal preparation*	$130.00
D2960	Labial veneer (resin laminate) - chairside	$95.00
D2990	Resin infiltration of incipient smooth surface lesions - *limited to permanent molars through age 15* .	$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	*Root canal* - 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
D3427	Periradicular surgery without apicoectomy	$375.00
D3430	Retrograde filling - per root	$100.00

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	$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	$120.00
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 - resorbable barrier, per site	$380.00
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	$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
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months*	$110.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months*	$61.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - *limited to 2 D1110, D1120 or D4346 per calendar year*	No Cost
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit - *limited to 1 treatment in any 12 consecutive months*	$83.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	$45.00
D4910	Periodontal maintenance - *limited to 2 per calendar year*	$78.00
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	$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 any conventional clasps, rests and teeth)	$640.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	$640.00
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	$410.00
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	$410.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	$640.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	$640.00

D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	$410.00
D5226	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
D5730	Reline complete maxillary denture (chairside)	$115.00
D5731	Reline complete mandibular denture (chairside)	$115.00
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
D5810	Interim complete denture (maxillary)	$295.00
D5811	Interim complete denture (mandibular)	$295.00
D5820	Interim partial denture (maxillary) - *limited to 1 in any 12 consecutive months*	$235.00
D5821	Interim partial denture (mandibular) - *limited to 1 in any 12 consecutive months*	$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	$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
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
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	$460.00
D6930	Re-cement or re-bond fixed partial denture	$62.00

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

- Includes preoperative and postoperative 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	$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
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	$155.00
D7286	Incisional biopsy of oral tissue - soft - *does not include pathology laboratory procedures*	$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
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
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	$11.00
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 - 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	
	The benefit for post-treatment records includes:	$70.00
D0210	Intraoral - complete series of radiographic images	
D0470	Diagnostic casts	
D8050	Interceptive orthodontic treatment of the primary dentition	$1,148.00
D8060	Interceptive orthodontic treatment of the transitional dentition	$1,401.00
D8070	Comprehensive orthodontic treatment of the transitional dentition - *child or adolescent to age 19*	$2,774.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - *adolescent to age 19*	$2,774.00
D8090	Comprehensive orthodontic treatment of the adult dentition - *adults, including covered dependent adult children*	$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 *removable* retainers)	$345.00
D8681	Removable orthodontic retainer adjustment	No Cost
D8999	Unspecified orthodontic procedure, by report - *includes treatment planning session and records*	$175.00

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain - minor procedure	$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 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, 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
D9943	Occlusal guard adjustment	$10.00
D9944	Occlusal guard - hard appliance, full arch - *limited to 1 D9944, D9945 or D9946 in 24 months*	$255.00
D9945	Occlusal guard - soft appliance, full arch - *limited to 1 D9944, D9945 or D9946 in 24 months*	$255.00
D9946	Occlusal guard - hard appliance, partial arch - *limited to 1 D9944, D9945 or D9946 in 24 months*	$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 - *limited to one bleaching tray and gel for two weeks of self-treatment*	$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

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 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. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241).
4. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by ALPHA, 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.
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. ALPHA is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

Exclusions of Benefits

1. Any procedure that is not specifically listed under *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 and crowns and fixed partial dentures (bridges).
6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.

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.
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 Program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.
14. Lost, stolen or broken orthodontic appliances.
15. Changes in orthodontic treatment necessitated by accident of any kind.
16. Myofunctional and parafunctional appliances and/or therapies.
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.

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Alpharetta, GA 30009

Call toll-free: 800-422-4234
Customer Service agents are available Monday through Friday, 8 am to 9 pm, Eastern time.
Or, use our automated phone system, available 24/7.

Underwritten by:
Alpha Dental of Arizona, Inc.
17871 Park Plaza Drive, Suite 200
Cerritos, CA 90703

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

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.

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