



Benefit highlights

DeltaCare[®] USA

provided by

Delta Dental of California

LAUSD



DeltaCare USA¹ offers you straightforward and affordable care from a trusted in-network dentist that you choose.² 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 maximums³ for covered services
- Transparent out-of-pocket costs listed in your plan booklet or online account⁴

- 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.⁵

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.

West Virginia: Learn about our commitment to providing access to a quality dentist network at deltadentalins.com/about/legal/index-enrollee.html.

² Verify your selected DeltaCare USA general 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.

⁴ State-specific exceptions may apply.

⁵ 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

What you need to know in advance, or about your DeltaCare[®] 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.¹
 - Dependent children under the age of 14 may obtain covered care from an in-network pediatric dentist without referral from a general dentist. 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.²
- **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 with low or no copayments
- 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 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.³ 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.⁴ Standard plan limitations, exclusions and copayments may apply.

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

² 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. Dependent children under the age of 14 may obtain covered care from an in-network pediatric dentist without referral from a general dentist.

³ State-specific minimum distance requirements may apply.

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

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.⁵ 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.⁶

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.⁶



For more help with understanding dental terms, visit
www1.deltadentalins.com/members/glossary.html



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

⁶ Dependent children covered under a DeltaCare USA plan have the option to seek dental care from a pediatric dentist through the age of 13, whether or not the child has an assigned general dentist. Referrals to visit a pediatric specialist are not required. If the pediatric dentist determines that additional specialty care is needed, they may refer pediatric patients directly to other specialists, such as an orthodontist. At age 14, covered dependent children must obtain care from their assigned DeltaCare USA general dentist.

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-2025 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	No Cost
D0210	Intraoral - comprehensive 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	No Cost
D0273	Bitewings three radiographic images	No Cost
D0274	Bitewings - four radiographic images - <i>limited to 2 series every 12 months</i>	No Cost
D0277	Vertical bitewings - 7 to 8 radiographic images	No Cost
D0330	Panoramic radiographic image - <i>limited to 1 every 36 months</i>	No Cost
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	No Cost
D0350	2D oral/facial photographic image obtained intraorally or extra-orally	No Cost
D0396	3D printing of a 3D dental surface scan	No Cost
D0415	Collection of microorganisms for culture and sensitivity	No Cost
D0425	Caries susceptibility tests	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	No Cost
D0470	Diagnostic casts	No Cost
D0472	Accession of tissue, gross examination, preparation and transmission of written report - <i>available only when performed in conjunction with a covered biopsy</i>	No Cost
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report - <i>available only when performed in conjunction with a covered biopsy</i>	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 - <i>available only when performed in conjunction with a covered biopsy</i>	No Cost
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	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

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 - 3 D1110, D1120 or D4346 per 12 month period	No Cost
D1120	Prophylaxis <i>cleaning</i> - child - 3 D1110, D1120 or D4346 per 12 month period	No Cost
D1206	Topical application of fluoride varnish - 3 D1206 or D1208 per 12 month period	No Cost
D1208	Topical application of fluoride - excluding varnish - 3 D1206 or D1208 per 12 month period	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 1 per tooth per 3 years for permanent molars through age 15</i>	No Cost
D1354	Application of caries arresting medicament - per tooth - 3 per 12 month period	No Cost
D1510	Space maintainer - fixed - unilateral - per quadrant	No Cost
D1516	Space maintainer - fixed - bilateral, maxillary	No Cost
D1517	Space maintainer - fixed - bilateral, mandibular	No Cost
D1520	Space maintainer - removable - unilateral - per quadrant	No Cost
D1526	Space maintainer - removable - bilateral, maxillary	No Cost
D1527	Space maintainer - removable - bilateral, mandibular	No Cost
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	No Cost
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	No Cost
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	No Cost
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	No Cost

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 \$125.00 per crown, beyond the 6th unit.

- The cost for the use of porcelain, noble, high noble or titanium metal is included in the listed copayment.

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 (anterior)	No Cost
D2390	Resin-based composite crown, anterior	No Cost
D2391	Resin-based composite - one surface, posterior	\$85.00
D2392	Resin-based composite - two surfaces, posterior	\$109.00
D2393	Resin-based composite - three surfaces, posterior	\$133.00
D2394	Resin-based composite - four or more surfaces, posterior	\$140.00
D2510	Inlay - metallic - one surface	\$20.00
D2520	Inlay - metallic - two surfaces	\$145.00
D2530	Inlay - metallic - three or more surfaces	\$145.00
D2542	Onlay - metallic - two surfaces	\$145.00
D2543	Onlay - metallic - three surfaces	\$145.00
D2544	Onlay - metallic - four or more surfaces	\$145.00
D2610	Inlay - porcelain/ceramic - one surface	\$145.00
D2620	Inlay - porcelain/ceramic - two surfaces	\$145.00

Plan CAD81	DeltaCare USA	Description of Benefits and Copayments
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D2630	Inlay - porcelain/ceramic - three or more surfaces	\$145.00
D2642	Onlay - porcelain/ceramic - two surfaces	\$145.00
D2643	Onlay - porcelain/ceramic - three surfaces	\$145.00
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$145.00
D2650	Inlay - resin-based composite - one surface	\$145.00
D2651	Inlay - resin-based composite - two surfaces	\$145.00
D2652	Inlay - resin-based composite - three or more surfaces	\$145.00
D2662	Onlay - resin-based composite - two surfaces	\$145.00
D2663	Onlay - resin-based composite - three surfaces	\$145.00
D2664	Onlay - resin-based composite - four or more surfaces	\$145.00
D2710	Crown - resin-based composite (indirect)	\$20.00
D2712	Crown - 3/4 resin-based composite (indirect)	\$20.00
D2720	Crown - resin with high noble metal	\$165.00
D2721	Crown - resin with predominantly base metal	\$40.00
D2722	Crown - resin with noble metal	\$165.00
D2740	Crown - porcelain/ceramic	\$30.00
D2750	Crown - porcelain fused to high noble metal	\$165.00
D2751	Crown - porcelain fused to predominantly base metal	\$40.00
D2752	Crown - porcelain fused to noble metal	\$165.00
D2753	Crown - porcelain fused to titanium and titanium alloys	\$165.00
D2780	Crown - 3/4 cast high noble metal	\$165.00
D2781	Crown - 3/4 cast predominantly base metal	\$40.00
D2782	Crown - 3/4 cast noble metal	\$165.00
D2783	Crown - 3/4 porcelain/ceramic	\$30.00
D2790	Crown - full cast high noble metal	\$165.00
D2791	Crown - full cast predominantly base metal	\$40.00
D2792	Crown - full cast noble metal	\$165.00
D2794	Crown - titanium and titanium alloys	\$40.00
D2799	Interim 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
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	No Cost
D2930	Prefabricated stainless steel crown - primary tooth	No Cost
D2931	Prefabricated stainless steel crown - permanent tooth	No Cost
D2932	Prefabricated resin crown - <i>anterior primary tooth</i>	No Cost
D2933	Prefabricated stainless steel crown with resin window - <i>anterior primary tooth</i>	No Cost
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	No Cost
D2940	Placement of interim direct 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>	\$10.00
D2954	Prefabricated post and core in addition to crown - <i>base metal post; includes canal preparation</i>	No Cost
D2955	Post removal	No Cost
D2957	Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i>	\$10.00
D2960	Labial veneer (resin laminate) - direct - <i>limited to replacement of significant tooth structure loss due to caries or fracture</i>	\$250.00
D2961	Labial veneer (resin laminate) - indirect - <i>limited to replacement of significant tooth structure loss due to caries or fracture</i>	\$300.00
D2962	Labial veneer (porcelain laminate) - indirect - <i>limited to replacement of significant tooth structure loss due to caries or fracture</i>	\$350.00
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework.	\$25.00
D2976	Band stabilization - per tooth - <i>limited to once in a lifetime per tooth</i>	No Cost
D2980	Crown repair necessitated by restorative material failure	No Cost

D3000-D3999**IV. ENDODONTICS**

D3110	Pulp cap - direct (excluding final restoration)	No Cost
D3120	Pulp cap - indirect (excluding final restoration)	No Cost
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	No Cost
D3221	Pulpal debridement, primary and permanent teeth	No Cost
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	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)	\$20.00
D3320	<i>Root canal</i> - endodontic therapy, premolar tooth (excluding final restoration)	\$30.00
D3330	<i>Root canal</i> - endodontic therapy, molar tooth (excluding final restoration)	\$40.00
D3331	Treatment of root canal obstruction; non-surgical access	\$40.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$35.00
D3333	Internal root repair of perforation defects	\$40.00
D3346	Retreatment of previous root canal therapy - anterior - <i>limited to 1 per tooth per lifetime</i>	No Cost
D3347	Retreatment of previous root canal therapy - premolar - <i>limited to 1 per tooth per lifetime</i>	No Cost
D3348	Retreatment of previous root canal therapy - molar - <i>limited to 1 per tooth per lifetime</i>	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
D3430	Retrograde filling - per root	No Cost
D3450	Root amputation - per root	No Cost
D3910	Surgical procedure for isolation of tooth with rubber dam	No Cost
D3911	Intraorifice barrier	\$0.00
D3920	Hemisection (including any root removal), not including root canal therapy	No Cost
D3921	Decoronation or submergence of an erupted tooth	No Cost
D3950	Canal preparation and fitting of preformed dowel or post	No Cost

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	No Cost
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	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 - <i>limited to 1 per tooth per lifetime</i>	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>limited to 1 per 36 consecutive month period, per quadrant</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>limited to 1 per 36 consecutive month period, per quadrant</i>	No Cost
D4263	Bone replacement graft - retained natural tooth - first site in quadrant - <i>limited to 1 per 36 consecutive month period, per quadrant</i>	\$120.00
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant - <i>limited to 1 per 36 consecutive month period, per quadrant</i>	\$92.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) - <i>limited to 1 per 36 consecutive month period, per quadrant</i>	No Cost
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 4 quadrants during any 24 consecutive months</i>	No Cost

D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 24 consecutive months</i>	No Cost
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - <i>3 D1110, D1120 or D4346 per 12 month period</i>	No Cost
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit	No Cost
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$43.00
D4910	Periodontal maintenance - <i>following active periodontal therapy are limited to 2 treatments each 12 month period in combination with routine prophylaxis</i>	No Cost
D4999	Periodontal charting for planning treatment of periodontal disease	No Cost
D4999	Periodontal hygiene instruction	No Cost

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

- For all listed dentures and partial dentures, Copayment includes after delivery adjustments, tissue conditioning, relines or rebases, 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.

- Subsequent denture relines or rebases are limited to 1 per denture during any 36 consecutive months thereafter.

D5110	Complete denture - maxillary	\$50.00
D5120	Complete denture - mandibular	\$50.00
D5130	Immediate denture - maxillary	\$50.00
D5140	Immediate denture - mandibular	\$50.00
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$50.00
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$50.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$55.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$55.00
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$50.00
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$50.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$55.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$55.00
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 .	\$63.00
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth) .	\$63.00
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$50.00
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$50.00
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	\$25.00
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	\$25.00
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests, and teeth) - per quadrant	\$25.00
D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests, and teeth) - per quadrant	\$25.00
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 - per 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 retentive/clasping materials - per tooth	No Cost
D5640	Replace missing or broken teeth - partial denture - per tooth	No Cost
D5650	Add tooth to existing partial denture - per tooth	No Cost
D5660	Add clasp to existing partial denture - per tooth	No Cost
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$36.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$36.00
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
D5725	Rebase hybrid prosthesis	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)	\$15.00
D5751	Reline complete mandibular denture (laboratory)	\$15.00
D5760	Reline maxillary partial denture (laboratory)	\$15.00
D5761	Reline mandibular partial denture (laboratory)	\$15.00
D5765	Soft liner for complete or partial removable denture - indirect	\$15.00
D5810	Interim complete denture (maxillary)	\$50.00
D5811	Interim complete denture (mandibular)	\$50.00
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary - <i>limited to 1 in any 12 consecutive months</i>	\$50.00
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular - <i>limited to 1 in any 12 consecutive months</i>	\$50.00
D5850	Tissue conditioning, maxillary	No Cost
D5851	Tissue conditioning, mandibular	No Cost
D5862	Precision attachment, by report	\$160.00

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 retainer crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional \$125.00 per unit, beyond the 6th unit.

- The cost for the use of porcelain, noble, high noble or titanium metal is included in the listed copayment.

D6205	Pontic - indirect resin based composite	\$40.00
D6210	Pontic - cast high noble metal	\$165.00
D6211	Pontic - cast predominantly base metal	\$40.00
D6212	Pontic - cast noble metal	\$165.00
D6214	Pontic - titanium and titanium alloys	\$40.00
D6240	Pontic - porcelain fused to high noble metal	\$165.00
D6241	Pontic - porcelain fused to predominantly base metal	\$40.00
D6242	Pontic - porcelain fused to noble metal	\$165.00
D6243	Pontic - porcelain fused to titanium and titanium alloys	\$165.00
D6245	Pontic - porcelain/ceramic	\$40.00
D6250	Pontic - resin with high noble metal	\$165.00
D6251	Pontic - resin with predominantly base metal	\$40.00
D6252	Pontic - resin with noble metal	\$165.00
D6253	Interim pontic - further treatment or completion of diagnosis necessary prior to final impression ...	No Cost
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$40.00
D6600	Retainer inlay - porcelain/ceramic, two surfaces	\$145.00
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	\$145.00
D6602	Retainer inlay - cast high noble metal, two surfaces	\$165.00

D6603	Retainer inlay - cast high noble metal, three or more surfaces	\$165.00
D6604	Retainer inlay - cast predominantly base metal, two surfaces	\$40.00
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	\$40.00
D6606	Retainer inlay - cast noble metal, two surfaces	\$165.00
D6607	Retainer inlay - cast noble metal, three or more surfaces	\$165.00
D6608	Retainer onlay - porcelain/ceramic, two surfaces	\$145.00
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	\$145.00
D6610	Retainer onlay - cast high noble metal, two surfaces	\$165.00
D6611	Retainer onlay - cast high noble metal, three or more surfaces	\$165.00
D6612	Retainer onlay - cast predominantly base metal, two surfaces	\$40.00
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	\$40.00
D6614	Retainer onlay - cast noble metal, two surfaces	\$165.00
D6615	Retainer onlay - cast noble metal, three or more surfaces	\$165.00
D6710	Retainer crown - indirect resin based composite	\$40.00
D6720	Retainer crown - resin with high noble metal	\$165.00
D6721	Retainer crown - resin with predominantly base metal	\$40.00
D6722	Retainer crown - resin with noble metal	\$165.00
D6740	Retainer crown - porcelain/ceramic	\$40.00
D6750	Retainer crown - porcelain fused to high noble metal	\$165.00
D6751	Retainer crown - porcelain fused to predominantly base metal	\$40.00
D6752	Retainer crown - porcelain fused to noble metal	\$165.00
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	\$165.00
D6780	Retainer crown - 3/4 cast high noble metal	\$165.00
D6781	Retainer crown - 3/4 cast predominantly base metal	\$40.00
D6782	Retainer crown - 3/4 cast noble metal	\$165.00
D6783	Retainer crown - 3/4 porcelain/ceramic	\$40.00
D6784	Retainer crown - 3/4 titanium and titanium alloys	\$165.00
D6790	Retainer crown - full cast high noble metal	\$165.00
D6791	Retainer crown - full cast predominantly base metal	\$40.00
D6792	Retainer crown - full cast noble metal	\$165.00
D6794	Retainer crown - titanium and titanium alloys	\$40.00
D6930	Re-cement or re-bond fixed partial denture	No Cost
D6940	Stress breaker	\$110.00
D6950	Precision attachment	\$195.00
D6980	Fixed partial denture repair necessitated by restorative material failure	No Cost

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

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

- Extractions solely for orthodontic purposes are not covered.

- Removal of asymptomatic third molars is not covered.

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
D7252	Partial extraction for immediate implant placement - <i>Once in a lifetime</i>	No Cost
D7280	Exposure of an unerupted tooth	No Cost
D7283	Placement of device to facilitate eruption of impacted tooth	No Cost
D7284	Excisional biopsy of minor salivary glands - <i>does not include pathology laboratory procedures</i>	No Cost
D7285	Incisional biopsy of oral tissue - hard (bone, tooth) - <i>does not include pathology laboratory procedures</i>	No Cost
D7286	Incisional biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i>	No Cost
D7287	Exfoliative cytological sample collection	\$45.00

D7288	Brush biopsy - transepithelial sample collection	\$45.00
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
D7510	Incision and drainage of abscess - intraoral soft tissue	No Cost
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$15.00
D7520	Incision and drainage of abscess - extraoral soft tissue	No Cost
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$15.00
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	No Cost
D7970	Excision of hyperplastic tissue - per arch	No Cost
D7971	Excision of pericoronal gingiva	No Cost

D8000-D8999**XI. ORTHODONTICS**

The listed Copayment for orthodontic treatment covers up to 24 months of active treatment.

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

- Treatment plans extending beyond 24 months of active treatment, or 24 months of the retention phase of treatment will be subject to a monthly office visit fee to the Enrollee at the Orthodontist's usual fee.

Pre and post orthodontic records include:

The Benefit for pre-treatment records and diagnostic services includes: \$100.00

D0210 Intraoral - comprehensive series of radiographic images - *limited to 1 of (D0210 or D0330) per 24 months. Either one (1) D0210 or one (1) D0330 permitted*

D0322 Tomographic survey

D0330 Panoramic radiographic image - *limited to 1 of (D0210 or D0330) per 24 months. Either one (1) D0210 or one (1) D0330 permitted*

D0340 2D cephalometric radiographic image - acquisition, measurement and analysis

D0350 2D oral/facial photographic images obtained intra-orally or extra-orally

D0396 3D printing of a 3D dental surface scan

D0470 Diagnostic casts

D0801 3D intraoral surface scan - direct

D0802 3D dental surface scan - indirect

D0803 3D facial surface scan - direct

D0804 3D facial surface scan - indirect

The Benefit for post-treatment records includes: \$65.00

D0210 Intraoral - comprehensive series of radiographic images - *limited to 1 of (D0210 or D0330) per 24 months. Either one (1) D0210 or one (1) D0330 permitted*

D0470 Diagnostic casts

D8070 Comprehensive orthodontic treatment of the transitional dentition - *child or adolescent to age 19* . \$1,000.00

D8080 Comprehensive orthodontic treatment of the adolescent dentition - *adolescent to age 19*\$1,000.00

D8090 Comprehensive orthodontic treatment of the adult dentition - *adults, including covered dependent adult children*\$1,250.00

D8091 Comprehensive orthodontic treatment with orthognathic surgery - *adults, including covered dependent adult children*\$1,440.00

D8660 Pre-orthodontic treatment examination to monitor growth and development No Cost

D8670 Periodic orthodontic treatment visit - *included in comprehensive orthodontic case fee* No Cost

D8671 Periodic orthodontic treatment visit associated with orthognathic surgery - *included in comprehensive orthodontic case fee* No Cost

D8680 Orthodontic retention (removal of appliances, construction and placement of retainers) \$240.00

D8681	Removable orthodontic retainer adjustment	No Cost
D8999	Unspecified orthodontic procedure, by report - <i>includes treatment planning session</i>	\$100.00
D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES		
D9110	Palliative treatment of dental pain - per visit	No Cost
D9120	Fixed partial denture sectioning	No Cost
D9210	Local anesthesia not in conjunction with operative or surgical procedures	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 moderate sedation, deep sedation or general anesthesia	No Cost
D9222	Deep sedation/general anesthesia - first 15 minutes	\$68.00
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	\$68.00
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$15.00
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	\$42.00
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	\$42.00
D9248	Non-intravenous conscious sedation	\$15.00
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	\$40.00
D9450	Case presentation, subsequent to detailed and extensive treatment planning	No Cost
D9610	Therapeutic parenteral drug, single administration	\$15.00
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	\$25.00
D9630	Drugs or medicaments dispensed in the office for home use	\$15.00
D9910	Application of desensitizing medicament	\$15.00
D9942	Repair and/or relines of occlusal guard	\$40.00
D9943	Occlusal guard adjustment	\$10.00
D9944	Occlusal guard - hard appliance, full arch - <i>limited to 1 D9944, D9945 or D9946 in 3 years</i>	\$85.00
D9945	Occlusal guard - soft appliance, full arch - <i>limited to 1 D9944, D9945 or D9946 in 3 years</i>	\$85.00
D9946	Occlusal guard - hard appliance, partial arch - <i>limited to 1 D9944, D9945 or D9946 in 3 years</i>	\$85.00
D9951	Occlusal adjustment, limited	No Cost
D9952	Occlusal adjustment, complete	No Cost
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays - <i>limited to one bleaching tray and gel for two weeks of self-treatment</i>	\$125.00
D9986	Missed appointment - <i>without 24 hour notice</i>	\$25.00
D9987	Canceled appointment - <i>if less than 24 hour notice, See D9986</i>	No Cost
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

Procedures with age restrictions will be subject to exceptions based on medical necessity.

If services for a listed procedure are performed by the Contract Dentist, You pay the specified Copayment. Listed procedures which require a Dentist to provide Specialist Services must be referred by the Contract Dentist. You pay the copayment specified for such services.

SCHEDULE B

Limitations and Exclusions below with age restrictions will be subject to exceptions based on medical necessity.

Limitations and Exclusions of Benefits

Limitations

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 \$125.00 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 D7220, D7230, D7240, and D7241).
4. Benefits provided by a pediatric Dentist are limited to children through age 13 following an attempt by the assigned Contract Dentist to treat the child and upon authorization by Us, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
5. 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.
6. 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

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:
 - * has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**
 - * 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. The replacement of 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 restorations 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 Contract Dentist, an authorized dental specialist, or a Contract Orthodontist except for *Emergency Services* as described in the 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 conditions arising out of and due to Enrollee's employment for which Workers' Compensation is paid. Services which are provided to the Enrollee by state government or agency thereof, or are provided without cost to the Enrollee by any municipality, county or other subdivision, except as provided in Section 1373(a) of the California Health and Safety Code.
14. Orthognathic surgery.
15. Dental services considered experimental in nature.
16. Services, supplies or charges that are necessary due to lack of cooperation with the treating dentist, or failure to comply with a professionally prescribed treatment plan.
17. 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.
18. Lost, stolen or broken orthodontic appliances.
19. Changes in orthodontic treatment necessitated by accident of any kind.
20. Myofunctional and parafunctional appliances and/or therapies, with the exception of procedures D9944, D9945, D9946 (occlusal guard).
21. Composite or ceramic brackets, lingual adaptation of orthodontic bands.
22. Retreatment of orthodontic cases.
23. Treatment or appliances that are provided by a Contract Dentist whose practice specializes in prosthodontic services.
24. Orthodontic treatment must be provided by a licensed Dentist. Self-administered orthodontics are not covered.
25. The removal of fixed orthodontic appliances for reasons other than completion of treatment is not a covered benefit.

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

- 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 at any time

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.

You can also get oral health tools and tips at deltadentalins.com/wellness.

Contact us

Need help? Let us know.

Online: Visit deltadentalins.com/contact

Write to:

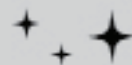
Delta Dental Insurance Company
1130 Sanctuary Parkway
Alpharetta, GA 30009

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**.