

# DeltaCare<sup>®</sup> USA – provided by Delta Dental Insurance Company



We'll do **whatever it takes and then some.**

## Find a DeltaCare USA dentist

Select from among the many conveniently located DeltaCare USA contracted general dentists. To find the most current listing of DeltaCare USA dental offices:



Visit our website and click on “Find a Dentist” on our home page. Select “DeltaCare USA” as your plan network.



Call Customer Service for help in finding a DeltaCare dentist.

[deltadentalins.com](http://deltadentalins.com)

## City of Hallandale

### Welcome to DeltaCare USA - quality, convenience, predictable costs

DeltaCare USA is a dental program that provides you and your family with quality dental benefits at an affordable cost. Offered through Delta Dental Insurance Company, the DeltaCare USA program is designed to encourage you and your family to visit the dentist regularly to maintain your dental health.

When you enroll, you select a contract dentist to provide services. The DeltaCare USA network consists of private practice dental facilities that have been carefully screened for quality.

**Delta Dental Insurance Company provides benefits as a Prepaid Limited Health Services Organization as described in Chapter 636 of the Florida Statutes.**

Enroll in DeltaCare USA and you'll enjoy these features:

#### Quality

- Extensive benefits for you and your family
- No restrictions on pre-existing conditions, except for work in progress
- Large, stable network of dentists, so you can enjoy a long-term relationship with your dentist

#### Convenience

- No claim forms to complete
- Easy access to specialty care
- Expanded business hours for toll-free customer service, from 8 a.m. to 9 p.m., Eastern time

#### Predictable costs

- No deductibles
- Out-of-pocket costs are clearly defined
- Out-of-area dental emergency coverage up to \$100 each 12 month period
- No annual or lifetime dollar maximums



Administered by Delta Dental Insurance Company

### What if I have questions about my DeltaCare USA Program?

#### Eligibility for you and your family

If you meet your group's eligibility requirements for dental coverage, you can enroll in the DeltaCare USA program. You may also enroll eligible dependents. Contact your benefits administrator if you have any questions.

#### Easy enrollment

Simply complete the enrollment process as directed by your benefits administrator. Be sure to indicate a dentist (from the list of contract dental facilities) for both yourself and your eligible dependents. Include the name of your group.

#### How your DeltaCare USA program works

Your selected contract dentist will take care of your dental care needs. If you require treatment from a specialist, your contract dentist will handle the referral for you.

After you have enrolled, you will receive a membership packet that includes an identification card and a Certificate of Coverage that fully describes the benefits of your dental program. Also included in this packet are the name, address and phone number of your contract dentist. Simply call the dental facility to make an appointment.

Under the DeltaCare USA program, many services are covered at no cost, while others have copayments (amount you pay your contract dentist) for certain benefits. See the "Description of Benefits and Copayments" for a list of your benefits.

Please note: Dental services that are not performed by your selected contract dentist, or are not covered under provisions for emergency care below, must be preauthorized by us to be covered by your DeltaCare USA program.

#### Provisions for emergency care

Under your DeltaCare USA program, you and your eligible dependents are covered for out-of-area dental emergencies (35 or more miles from your contract dentist). Your program pays up to \$100 for out-of-area emergency dental expenses per emergency for each enrollee.

#### My dentist is a Delta Dental dentist but is not on the list of DeltaCare USA dentists. Can I still receive treatment from this dentist?

You must receive treatment from your selected DeltaCare USA contract dentist. Please note that Delta Dental dentists are not necessarily DeltaCare USA dentists.

#### Do my family members receive treatment from the same DeltaCare USA contract dentist?

You and your eligible dependents may receive care from the same contract dentist, or if you prefer, you may collectively select up to a maximum of three contract dental facilities.

#### Can I change my contract dentist?

You may change contract dentists by notifying us either by phone or in writing, or by visiting our website ([deltadentalins.com](http://deltadentalins.com)). If you contact us by the 21st of the month, the change will become effective the first of the following month.

#### How long does it take to get an appointment with a DeltaCare USA dentist?

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

## Highlights of your DeltaCare USA Program

### **Are pre-existing dental conditions and work in progress covered?**

Treatment for pre-existing conditions, such as extracted teeth, is covered under the DeltaCare USA program. However, benefits are not provided for any dental treatment started before joining the program (that is, work in progress, such as preparations for crowns, root canals and impressions for dentures). Orthodontic treatment in progress may be covered for new DeltaCare USA enrollees. See the "Limitations and Exclusions of Benefits."

### **How does the DeltaCare USA program encourage preventive care?**

Your DeltaCare USA program is designed to encourage regular visits to the dentist by having no copayments (fees you pay to the contract dentist) on most diagnostic and preventive benefits. See the enclosed "Description of Benefits and Copayments."

### **Does my DeltaCare USA program cover specialists' services?**

Your contract dentist will coordinate your specialty care needs for oral surgery, endodontics, periodontics or pediatric dentistry with an approved contract specialist. There is no additional charge to you for receiving care from a specialist. If there is no contract specialist within your service area, a referral to an out-of-network specialist will be authorized at no extra cost, other than the applicable copayment.

### **What if I have questions about my DeltaCare USA program?**

Call Customer Service at 800-422-4234. We have multilingual representatives available from 8 a.m. to 9 p.m. Eastern time, Monday through Friday. Our Customer Service representatives have worked in dental facilities and can answer benefits questions, as well as arrange facility transfers and urgent care referrals.

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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 and governing administrative policies of the program. Please refer to *Schedules B and C* for further clarification of benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

**Text that appears in italics below is specifically intended to clarify the delivery of benefits under the DeltaCare® USA program and is not to be interpreted as CDT-2011 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association. The American Dental Association may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.**

CODE	DESCRIPTION	ENROLLEE PAYS
<b>D0100-D0999 I. DIAGNOSTIC</b>		
D0120	Periodic oral evaluation - established patient .....	No Cost
D0140	Limited oral evaluation - problem focused .....	No Cost
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver .....	No Cost
D0150	Comprehensive oral evaluation - new or established patient .....	No Cost
D0160	Detailed and extensive oral evaluation - problem focused, by report .....	No Cost
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit) .....	No Cost
D0180	Comprehensive periodontal evaluation - new or established patient .....	No Cost
D0210	Intraoral <i>radiographs</i> - complete series (including bitewings) - <i>limited to 1 series every 24 months</i> .....	No Cost
D0220	Intraoral - periapical first film .....	No Cost
D0230	Intraoral - periapical each additional film .....	No Cost
D0240	Intraoral - occlusal film .....	No Cost
D0270	Bitewing <i>radiograph</i> - single film .....	No Cost
D0272	Bitewings <i>radiographs</i> - two films .....	No Cost
D0273	Bitewings <i>radiographs</i> - three films .....	No Cost
D0274	Bitewings <i>radiographs</i> - four films - <i>limited to 1 series every 6 months</i> .....	No Cost
D0330	Panoramic film .....	No Cost
D0999	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit (in addition to other services)</i> .....	\$5.00
<b>D1000-D1999 II. PREVENTIVE</b>		
D1110	Prophylaxis <i>cleaning</i> - adult - <i>1 per 6 month period</i> .....	No Cost
D1120	Prophylaxis <i>cleaning</i> - child - <i>1 per 6 month period</i> .....	No Cost
D1203	Topical application of fluoride - child - <i>to age 19; 1 per 6 month period</i> .....	No Cost
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients - <i>child to age 19; 1 per 6 month period</i> .....	No Cost
D1330	Oral hygiene instructions .....	No Cost
D1351	Sealant - per tooth - <i>to age 14</i> .....	\$12.00
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - <i>to age 14</i> .....	\$12.00
D1510	Space maintainer - fixed - unilateral .....	\$48.00
D1515	Space maintainer - fixed - bilateral .....	\$48.00
D1520	Space maintainer - removable - unilateral .....	\$48.00
D1525	Space maintainer - removable - bilateral .....	\$48.00
D1550	Re-cementation of space maintainer .....	\$12.00
D1555	Removal of fixed space maintainer .....	\$12.00
<b>D2000-D2999 III. RESTORATIVE</b>		
<i>- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.</i>		
D2140	Amalgam - one surface, primary or permanent .....	No Cost
D2150	Amalgam - two surfaces, primary or permanent .....	No Cost
D2160	Amalgam - three surfaces, primary or permanent .....	No Cost
D2161	Amalgam - four or more surfaces, primary or permanent .....	No Cost
D2330	Resin-based composite - one surface, anterior .....	No Cost
D2331	Resin-based composite - two surfaces, anterior .....	No Cost
D2332	Resin-based composite - three surfaces, anterior .....	No Cost
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior) .....	No Cost

D2390	Resin-based composite crown, anterior .....	\$42.00
D2391	Resin-based composite - one surface, posterior .....	\$30.00
D2392	Resin-based composite - two surfaces, posterior .....	\$40.00
D2393	Resin-based composite - three surfaces, posterior .....	\$55.00
D2394	Resin-based composite - four or more surfaces, posterior .....	\$55.00
D2510	Inlay - metallic - one surface <sup>1, 2</sup> .....	\$170.00
D2520	Inlay - metallic - two surfaces <sup>1, 2</sup> .....	\$180.00
D2530	Inlay - metallic - three or more surfaces <sup>1, 2</sup> .....	\$190.00
D2543	Onlay - metallic - three surfaces <sup>1, 2</sup> .....	\$198.00
D2544	Onlay - metallic - four or more surfaces <sup>1, 2</sup> .....	\$206.00
D2710	Crown - resin-based composite (indirect) <sup>1</sup> .....	\$132.00
D2712	Crown - $\frac{3}{4}$ resin-based composite (indirect) <sup>1</sup> .....	\$132.00
D2740	Crown - porcelain/ceramic substrate <sup>1, 3</sup> .....	\$234.00
D2750	Crown - porcelain fused to high noble metal <sup>1, 2, 3</sup> .....	\$234.00
D2751	Crown - porcelain fused to predominantly base metal <sup>1, 3</sup> .....	\$234.00
D2752	Crown - porcelain fused to noble metal <sup>1, 3</sup> .....	\$234.00
D2780	Crown - $\frac{3}{4}$ cast high noble metal <sup>1, 2</sup> .....	\$234.00
D2781	Crown - $\frac{3}{4}$ cast predominantly base metal <sup>1</sup> .....	\$234.00
D2782	Crown - $\frac{3}{4}$ cast noble metal <sup>1</sup> .....	\$234.00
D2790	Crown - full cast high noble metal <sup>1, 2</sup> .....	\$234.00
D2791	Crown - full cast predominantly base metal <sup>1</sup> .....	\$234.00
D2792	Crown - full cast noble metal <sup>1</sup> .....	\$234.00
D2794	Crown - titanium <sup>1, 2</sup> .....	\$234.00
D2910	Recent inlay, onlay or partial coverage restoration .....	\$12.00
D2915	Recent cast or prefabricated post and core .....	\$12.00
D2920	Recent crown .....	\$12.00
D2930	Prefabricated stainless steel crown - primary tooth .....	\$42.00
D2931	Prefabricated stainless steel crown - permanent tooth .....	\$42.00
D2940	Protective restoration .....	No Cost
D2950	Core buildup, including any pins .....	\$18.00
D2951	Pin retention - per tooth, in addition to restoration .....	\$18.00
D2952	Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i> <sup>2</sup> .....	\$18.00
D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i> <sup>2</sup> .....	\$18.00
D2954	Prefabricated post and core in addition to crown - <i>base metal post; includes canal preparation</i> .....	\$18.00
D2957	Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i> .....	\$18.00
D2970	Temporary crown (fractured tooth) - <i>palliative treatment only</i> .....	\$12.00

**D3000-D3999 IV. ENDODONTICS**

D3110	Pulp cap - direct (excluding final restoration) .....	\$6.00
D3120	Pulp cap - indirect (excluding final restoration) .....	\$6.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament .....	\$6.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development. ....	\$6.00
D3310	<i>Root canal</i> - endodontic therapy, anterior tooth (excluding final restoration) <sup>4</sup> .....	\$90.00
D3320	<i>Root canal</i> - endodontic therapy, bicuspid tooth (excluding final restoration) <sup>4</sup> .....	\$144.00
D3330	<i>Root canal</i> - endodontic therapy, molar (excluding final restoration) <sup>4</sup> .....	\$216.00
D3346	Retreatment of previous root canal therapy - anterior <sup>4</sup> .....	\$90.00
D3347	Retreatment of previous root canal therapy - bicuspid <sup>4</sup> .....	\$144.00
D3348	Retreatment of previous root canal therapy - molar <sup>4</sup> .....	\$216.00
D3410	Apicoectomy/periradicular surgery - anterior <sup>4</sup> .....	\$102.00
D3421	Apicoectomy/periradicular surgery - bicuspid (first root) <sup>4</sup> .....	\$102.00
D3425	Apicoectomy/periradicular surgery - molar (first root) <sup>4</sup> .....	\$102.00
D3426	Apicoectomy/periradicular surgery (each additional root) <sup>4</sup> .....	\$60.00
D3430	Retrograde filling - per root <sup>4</sup> .....	\$60.00
D3450	Root amputation, per root - <i>not covered in conjunction with a hemisection</i> <sup>4</sup> .....	\$72.00

**D4000-D4999 V. PERIODONTICS**

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

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant .....	\$150.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant .....	\$30.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant .....	\$162.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant .....	\$162.00
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant .....	\$300.00
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant .....	\$300.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i> .....	\$54.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i> .....	\$54.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis - <i>limited to 1 treatment in any 12 consecutive months</i> .....	\$54.00
D4910	Periodontal maintenance - <i>limited to 1 treatment each 6 month period</i> .....	\$44.00

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

D5110	Complete denture - maxillary <sup>5, 6</sup> .....	\$270.00
D5120	Complete denture - mandibular <sup>5, 6</sup> .....	\$270.00
D5130	Immediate denture - maxillary <sup>5, 6</sup> .....	\$360.00
D5140	Immediate denture - mandibular <sup>5, 6</sup> .....	\$360.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) <sup>5, 6</sup> .....	\$330.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) <sup>5, 6</sup> .....	\$330.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) <sup>5, 6</sup> .....	\$330.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) <sup>5, 6</sup> .....	\$330.00
D5410	Adjust complete denture - maxillary <sup>5</sup> .....	\$12.00
D5411	Adjust complete denture - mandibular <sup>5</sup> .....	\$12.00
D5421	Adjust partial denture - maxillary <sup>5</sup> .....	\$12.00
D5422	Adjust partial denture - mandibular <sup>5</sup> .....	\$12.00
D5510	Repair broken complete denture base .....	\$24 + lab
D5520	Replace missing or broken teeth - complete denture (each tooth) .....	\$12 + lab
D5610	Repair resin denture base .....	\$24 + lab
D5620	Repair cast framework .....	\$24 + lab
D5630	Repair or replace broken clasp .....	\$24 + lab
D5640	Replace broken teeth - per tooth .....	\$12 + lab
D5650	Add tooth to existing partial denture .....	\$12 + lab
D5660	Add clasp to existing partial denture .....	\$12 + lab
D5710	Rebase complete maxillary denture <sup>7</sup> .....	\$60.00
D5711	Rebase complete mandibular denture <sup>7</sup> .....	\$60.00
D5720	Rebase maxillary partial denture <sup>7</sup> .....	\$60.00
D5721	Rebase mandibular partial denture <sup>7</sup> .....	\$60.00
D5730	Reline complete maxillary denture (chairside) <sup>7</sup> .....	\$36.00
D5731	Reline complete mandibular denture (chairside) <sup>7</sup> .....	\$36.00
D5740	Reline maxillary partial denture (chairside) <sup>7</sup> .....	\$36.00

D5741	Reline mandibular partial denture (chairside) <sup>7</sup> .....	\$36.00
D5750	Reline complete maxillary denture (laboratory) <sup>7</sup> .....	\$60.00
D5751	Reline complete mandibular denture (laboratory) <sup>7</sup> .....	\$60.00
D5760	Reline maxillary partial denture (laboratory) <sup>7</sup> .....	\$60.00
D5761	Reline mandibular partial denture (laboratory) <sup>7</sup> .....	\$60.00
D5820	Interim partial denture (maxillary) - <i>limited to initial placement of interim partial denture /stayplate to replace extracted anterior teeth during healing</i> <sup>5</sup> .....	\$30.00
D5821	Interim partial denture (mandibular) - <i>limited to initial placement of interim partial denture /stayplate to replace extracted anterior teeth during healing</i> <sup>5</sup> .....	\$30.00
D5850	Tissue conditioning, maxillary <sup>5,7</sup> .....	\$12.00
D5851	Tissue conditioning, mandibular <sup>5,7</sup> .....	\$12.00

**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])**

D6210	Pontic - cast high noble metal <sup>2,8</sup> .....	\$234.00
D6211	Pontic - cast predominantly base metal <sup>8</sup> .....	\$234.00
D6212	Pontic - cast noble metal <sup>8</sup> .....	\$234.00
D6240	Pontic - porcelain fused to high noble metal <sup>2,3,8</sup> .....	\$234.00
D6241	Pontic - porcelain fused to predominantly base metal <sup>3,8</sup> .....	\$234.00
D6242	Pontic - porcelain fused to noble metal <sup>3,8</sup> .....	\$234.00
D6602	Inlay - cast high noble metal, two surfaces <sup>2,8</sup> .....	\$180.00
D6603	Inlay - cast high noble metal, three or more surfaces <sup>2,8</sup> .....	\$190.00
D6604	Inlay - cast predominantly base metal, two surfaces <sup>8</sup> .....	\$180.00
D6605	Inlay - cast predominantly base metal, three or more surfaces <sup>8</sup> .....	\$190.00
D6606	Inlay - cast noble metal, two surfaces <sup>8</sup> .....	\$180.00
D6607	Inlay - cast noble metal, three or more surfaces <sup>8</sup> .....	\$190.00
D6611	Onlay - cast high noble metal, three or more surfaces <sup>2,8</sup> .....	\$198.00
D6613	Onlay - cast predominantly base metal, three or more surfaces <sup>8</sup> .....	\$198.00
D6615	Onlay - cast noble metal, three or more surfaces <sup>8</sup> .....	\$198.00
D6750	Crown - porcelain fused to high noble metal <sup>2,3,8</sup> .....	\$234.00
D6751	Crown - porcelain fused to predominantly base metal <sup>3,8</sup> .....	\$234.00
D6752	Crown - porcelain fused to noble metal <sup>3,8</sup> .....	\$234.00
D6780	Crown - $\frac{3}{4}$ cast high noble metal <sup>2,8</sup> .....	\$234.00
D6781	Crown - $\frac{3}{4}$ cast predominantly base metal <sup>8</sup> .....	\$234.00
D6782	Crown - $\frac{3}{4}$ cast noble metal <sup>8</sup> .....	\$234.00
D6790	Crown - full cast high noble metal <sup>2,8</sup> .....	\$234.00
D6791	Crown - full cast predominantly base metal <sup>8</sup> .....	\$234.00
D6792	Crown - full cast noble metal <sup>8</sup> .....	\$234.00
D6930	Recement fixed partial denture .....	\$18.00
D6940	Stress breaker <sup>8</sup> .....	\$30.00
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated - <i>includes canal preparation</i> <sup>2</sup> .....	\$18.00
D6972	Prefabricated post and core in addition to fixed partial denture retainer - <i>base metal post; includes canal preparation</i> .....	\$18.00
D6976	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i> <sup>2</sup> .....	\$18.00
D6977	Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i> .....	\$18.00

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

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

D7111	Extraction, coronal remnants - deciduous tooth .....	\$8.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) .....	\$8.00
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated .....	\$18.00
D7220	Removal of impacted tooth - soft tissue .....	\$48.00
D7230	Removal of impacted tooth - partially bony .....	\$72.00

D7240	Removal of impacted tooth - completely bony .....	\$96.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications .....	\$96.00
D7250	Surgical removal of residual tooth roots (cutting procedure) .....	\$36.00
D7251	Coronectomy - intentional partial tooth removal .....	\$96.00
D7286	Biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i> .....	\$24.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant .....	\$48.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant .....	\$48.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant .....	\$72.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant .....	\$72.00
D7471	Removal of lateral exostosis (maxilla or mandible) .....	\$60.00
D7510	Incision and drainage of abscess - intraoral soft tissue .....	\$25.00
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	No Cost

**D8000-D8999 XI. ORTHODONTICS**

D8070	Comprehensive orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i> <sup>9</sup> .....	\$1,800.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i> <sup>9</sup> .....	\$1,800.00
D8090	Comprehensive orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children from age 19 to 25</i> <sup>9</sup> .....	\$2,000.00
D8660	Pre-orthodontic treatment visit - <i>not to be charged with any other consultation procedure(s)</i> <sup>10</sup> .....	No Cost
D8680	Orthodontic retention (removal of appliances, construction and placement of retainers) <sup>11</sup> .....	No Cost
D8999	Unspecified orthodontic procedure, by report - <i>includes the START-UP FEE, which includes initial examination, diagnosis, consultation and initial banding</i> .....	\$350.00

**D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES**

D9110	Palliative (emergency) treatment of dental pain - minor procedure .....	\$12.00
D9211	Regional block anesthesia .....	No Cost
D9212	Trigeminal division block anesthesia .....	No Cost
D9215	Local anesthesia in conjunction with operative or surgical procedures .....	No Cost
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician .....	\$24.00
D9440	Office visit - after regularly scheduled hours .....	\$24.00
D9999	Unspecified adjunctive procedure, by report - <i>includes failed appointment without 24 hour notice - per 15 minutes of appointment time</i> .....	\$10.00

Procedures not listed above are not covered, however, may be available at the Contract Dentist's "filed fees."

"Filed fees" means the Contract Dentist's or Contract Specialist's fees on file with Delta Dental. Questions regarding these fees should be directed to the Customer Service department at 800-422-4234.

## FOOTNOTES

- 1 *Replacement is subject to a limitation requiring the existing restoration to be 5+ years old.*
- 2 *Base or noble metal is the benefit. High noble metal (precious), if used, will be charged to the Enrollee at the additional laboratory cost of the high noble metal. This applies to crowns (including titanium crowns), bridges, indirectly fabricated posts and cores, inlays and onlays.*
- 3 *Porcelain on molars is considered optional treatment.*
- 4 *A benefit for permanent teeth only.*
- 5 *Includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement, if the Enrollee continues to be eligible and the service is provided at the Contract Dentist's facility where the denture was originally delivered.*
- 6 *Replacement is subject to a limitation requiring the existing denture to be 5+ years old.*
- 7 *Limited to 1 per denture during any 12 consecutive months.*
- 8 *Replacement is subject to a limitation requiring the existing bridge to be 5+ years old.*
- 9 *Listed Copayment covers up to 24 months of active orthodontic treatment excluding the services listed for D8999 "Start-up fee." Beyond 24 months of active treatment, an additional office visit charge at the Contract Orthodontist's "filed fee" applies.*

- <sup>10</sup> *In the event comprehensive orthodontic treatment is not required or is declined by the Enrollee, a fee of \$25.00 will apply. The Enrollee is also responsible for any incurred orthodontic diagnostic record fees.*
- <sup>11</sup> *Includes adjustments and/or office visits up to 24 months. After 24 months, an additional office visit charge at the Contract Orthodontist's "filed fee" applies.*

**SCHEDULE B****Limitations of Benefits**

1. Prophylaxis is limited to one treatment each six month period (includes periodontal maintenance).
2. Full maxillary and/or mandibular dentures including immediate dentures are not to exceed one each in any five-year period from initial placement.
3. Partial dentures are not to be replaced within any five year period from initial placement, unless necessary due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible.
4. Crowns and fixed partial dentures (bridges) are not to be replaced within any five year period from initial placement.
5. Denture relines are limited to one per denture during any 12 consecutive months.
6. Periodontal scaling and root planing are limited to four quadrants during any 12 consecutive month period.
7. Full mouth debridement (gross scale) is limited to one treatment in any 12 consecutive month period.
8. Bitewing x-rays are limited to not more than one series of four films in any six month period.
9. Full mouth x-rays are limited to one set every 24 consecutive months.
10. Sealant benefits include the application of sealants only to permanent first and second molars with no decay, with no restorations and with the occlusal surface intact, for first molars up to age nine and second molars up to age 14. Sealant benefits do not include the repair or replacement of a sealant on any tooth within three years of its application.

**Exclusions of Benefits**

1. General anesthesia and the services of a special anesthesiologist.
2. Cosmetic dental care.
3. Dental conditions arising out of and due to Enrollee's employment for which Workers' Compensation is payable. 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.
4. Dental services performed in a hospital and related hospital fees.
5. Treatment of fractures and dislocations.
6. Loss or theft of fixed and removable prosthetics (crowns, bridges, full or partial dentures).
7. Dental expenses incurred in connection with any dental procedure started after termination of eligibility for coverage.
8. Any service that is not specifically listed as a covered expense.
9. Dental expenses incurred in connection with any dental procedure started before the Enrollee's eligibility with the DeltaCare USA program. Examples include: teeth prepared for crowns, root canals in progress.
10. Congenital malformations (e.g. congenitally missing teeth, supernumerary teeth, enamel and dentinal dysplasias, etc.), except for the treatment of newborn children with congenital defects or birth abnormalities.
11. Cysts and malignancies.
12. Dispensing of drugs not normally supplied in a dental facility.
13. Accidental injury. Accidental injury is defined as damage to the hard and soft tissue of the oral cavity resulting from forces external to the mouth. Damages to the hard and soft tissues of the oral cavity from normal masticatory (chewing) function will be covered at the normal schedule of benefits.
14. Cases in which, in the professional judgment of the attending Dentist, a satisfactory result cannot be obtained or where the prognosis is poor or guarded.
15. Dental services received from any dental facility other than the assigned dental facility, unless expressly authorized by Delta Dental or as cited under *Emergency Services*.
16. Prophylactic removal of impactions (asymptomatic, nonpathological).
17. "Specialist consultations" for noncovered benefits.

18. Implant placement or removal, appliances placed on or services associated with implants, including but not limited to prophylaxis and periodontal treatment.
19. Crown lengthening procedures.
20. Treatment required by reason of war declared or undeclared.

### Orthodontic Limitations

The DeltaCare USA program provides coverage for orthodontic treatment plans provided through Contract Orthodontists. The start-up fees and the cost to the Enrollee for the treatment plan are listed in *Schedule A, Description of Benefits and Copayments* and subject to the following:

1. Orthodontic treatment must be provided by a Contract Orthodontist.
2. Plan benefits cover 24 months of usual and customary orthodontic treatment.
3. Should an Enrollee's coverage be cancelled or terminated for any reason, and at the time of cancellation or termination be receiving any orthodontic treatment, the Enrollee and not Delta Dental will be responsible for payment of balance due for treatment provided after cancellation or termination. In such a case the Enrollee's payment shall be based on a maximum of \$2,300 for dependent children to age 19 and \$2,500 for adults and dependent adult children from age 19 to 25. The amount will be pro-rated over the number of months to completion of the treatment and, will be payable by the Enrollee on such terms and conditions as are arranged between the Enrollee and the Contract Orthodontist. Start-up fees are included in these amounts.
4. Start-up fees cover the initial examination, diagnosis, consultation and the retention phase of treatment of up to two years maximum. This includes initial construction, placement and adjustments to retainers and office visits for a maximum period of two years.
5. If treatment is not required or the Enrollee chooses not to start treatment after the diagnosis and consultation has been completed by the Contract Orthodontist, the Enrollee will be charged a consultation fee of \$25.00 in addition to diagnostic record fees.
6. Three (3) recementations or replacements of a bracket/band on the same tooth or a total of five (5) rebracketings/rebandings on different teeth during the covered course of treatment is a benefit. If any additional recementations or replacements of brackets/bands are performed, the Enrollee is responsible for the cost.
7. Comprehensive orthodontic treatment (Phase II) consists of repositioning all or nearly all of the permanent teeth in an effort to make the Enrollee's occlusion as ideal as possible. This treatment usually requires complete fixed appliances; however, when the Contract Orthodontist deems it suitable, a European or removable appliance therapy may be substituted at the same Copayment amounts as for fixed appliances.

### Orthodontic Exclusions

1. Pre-, mid- and post-treatment records which include cephalometric x-rays, tracings, photographs and study models.
2. Lost, stolen or broken orthodontic appliances, functional appliances, headgear, retainers and expansion appliances.
3. Retreatment of orthodontic cases.
4. Changes in treatment necessitated by accident of any kind, and/or lack of patient cooperation.
5. Surgical procedures incidental to orthodontic treatment.
6. Myofunctional therapy.
7. Surgical procedures related to cleft palate, micrognathia or macrognathia.
8. Treatment related to temporomandibular joint disturbances and/or hormonal imbalance.
9. Supplemental appliances not routinely utilized in typical Phase II orthodontics.
10. Treatment that extends more than 24 months from the point of banding dentition will be subject to an office visit charge at the Contract Orthodontist's "filed fee."
11. Restorative work caused by orthodontic treatment.
12. Phase I orthodontics is an exclusion as well as activator appliances and minor treatment for tooth guidance and/or arch expansion. Phase I orthodontics is defined as early treatment including interceptive orthodontia prior to the development of late mixed dentition.
13. Extractions solely for the purpose of orthodontics.

14. Treatment in progress at inception of eligibility.
15. Transfer after banding has been initiated.

"Filed fees" means the Contract Orthodontist's fees on file with Delta Dental. Questions regarding these fees should be directed to the Customer Service department at 800-422-4234.

### SCHEDULE C

#### Governing Administrative Policies

Unlike medical care where the diagnosis dictates more specifically the method of treatment to be rendered, in dental care, the dentist and patient frequently consider various treatment plans.

The following guidelines are an integral part of the dental program and are consistent with the principles of accepted dental practice and the continued maintenance of good dental health.

In all cases in which the Enrollee selects a more expensive plan of treatment than is customarily provided, the more expensive treatment is considered optional. The Enrollee must pay the difference in cost between the Contract Dentist's "filed fees" for the two plans of treatment plus any copayment for covered procedures.

Replacement of prosthetic appliances (crowns, bridges, partials and full dentures) shall be considered only if the existing appliance is no longer functional or cannot be made functional by repair or adjustment and meets the five year limitation for replacement.

#### 1. PARTIAL DENTURES

A removable cast metal partial denture is considered an adequate restoration. If the Enrollee selects another course of treatment, the Enrollee must pay the difference in cost between the Contract Dentist's "filed fees" for the covered benefit and the optional treatment, plus any copayment for the covered benefit.

If an cast metal partial denture will restore the case, the Contract Dentist will apply the difference of the cost of such procedure toward a more complicated precision appliance which the Enrollee and dentist may choose to use. The Enrollee must pay the difference in cost between the Contract Dentist's "filed fees" for the covered benefit and the optional treatment plus any copayment for the covered benefit.

An acrylic partial denture may be considered a covered benefit in cases involving extensive periodontal disease. Enrollee shall pay the applicable copayment for an cast metal partial denture.

#### 2. COMPLETE DENTURES

If, in the construction of a denture, the Enrollee and the Contract Dentist decide on personalized restorations or employ specialized techniques as opposed to standard procedures, the Enrollee must pay the difference in cost between the Contract Dentist's "filed fees" for the covered benefit and optional treatment, plus any copayment for the covered benefit.

Full upper and/or lower dentures are not to exceed one each in any five-year period. The Enrollee is entitled to a new upper or lower denture only if the existing denture is more than five years old and cannot be made satisfactory by either reline or repair.

#### 3. FILLINGS AND CROWNS

Crowns will be covered only if there is not enough retentive quality left in the tooth to hold a filling. For example, the buccal or lingual walls are either fractured or decayed to the extent that they will not hold a filling.

Porcelain or porcelain fused to metal crowns on all molars are considered optional treatment. If performed, the Enrollee must pay the difference in cost between the Contract Dentist's "filed fees" for the covered benefit and optional treatment, plus any copayment for the covered benefit.

The DeltaCare USA program provides amalgam and resin restorations for treatment of caries. If the tooth can be restored with such materials, any other restoration such as a crown or jacket is considered optional, and if provided, the Enrollee must pay the difference in cost between the Contract Dentist's "filed fees" for the covered benefit and optional treatment, plus any copayment for the covered benefit.

A restoration is a covered benefit only when required for restorative reasons (radiographic evidence of decay or missing tooth structure). Restorations placed for any other purposes including but not limited to cosmetics, abrasion, attrition, erosion, restoring or altering vertical dimension, congenital or developmental malformation of teeth, or the anticipation of future fractures, are not covered benefits.

Porcelain crowns, porcelain fused to metal or plastic processed to metal type crowns are not a benefit for children under 16 years of age. An allowance will be made for an acrylic crown. If performed, the Enrollee must pay the difference in cost between the Contract Dentist's "filed fees" for the covered benefit and optional treatment, plus any copayment for the covered benefit.

A crown placed on a specific tooth is allowable only once in a five-year period.

A pulp cap is a benefit only on a permanent tooth with an open apex.

#### 4. FIXED BRIDGES

A fixed bridge is considered standard dental treatment when it is necessary to replace one missing permanent anterior tooth in a person 16 years old or older. Such treatment will be covered if the Enrollee's oral health and general dental condition permits.

Fixed bridges used to replace missing posterior teeth are considered optional when the abutment teeth are dentally sound and would be crowned only for the purpose of supporting a pontic. A fixed bridge used under these circumstances is considered optional dental treatment. The Enrollee must pay the difference in cost between the Contract Dentist's "filed fees" for the covered benefit and optional treatment, plus any copayment for the covered benefit.

Fixed bridges are not a benefit when provided in connection with a partial denture on the same arch. If provided, the Enrollee must pay the difference in cost between the Contract Dentist's "filed fees" for the covered benefit and optional treatment, plus any copayment for the covered benefit.

Replacement of an existing nonfunctional bridge is limited to once in a five-year period from initial placement and shall be covered only when the replacement duplicates the original bridge.

Fixed bridges are not a benefit for Enrollees under the age of 16. A fixed bridge under these circumstances is considered optional dental treatment. If performed, the Enrollee must pay the difference in cost between the Contract Dentist's "filed fees" for the covered benefit and optional treatment, plus any copayment for the covered benefit.

#### 5. RECONSTRUCTION

The DeltaCare USA program provides coverage for procedures necessary to eliminate oral disease and to replace missing teeth. Appliances or restorations necessary to increase vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth, periodontal splinting, gnathologic recordings, equilibration or treatment of disturbances of the temporomandibular joint (TMJ) are not covered benefits. Extensive treatment plans involving 10 or more crowns or units of fixed bridgework is considered full mouth reconstruction and is not a benefit of the DeltaCare USA program. The program will allow for complete or partial denture(s).

#### 6. SPECIALIZED TECHNIQUES

Precious metal for removable appliances, precision abutments for partials or bridges (overlays, implants, and appliances associated therewith), personalization and characterization, are all considered optional treatment. If performed, the Enrollee must pay the difference in cost between the Contract Dentist's "filed fees" for the covered benefit and optional treatment, plus any copayment for the covered benefit.

#### 7. PREVENTIVE CONTROL PROGRAMS

Soft tissue management programs are not covered. The periodontal pocket charting, root planing/scaling/curettage, oral hygiene instruction and prophylaxis are covered benefits and, if performed as part of a soft tissue management program, will be provided for listed copayments, if any. Irrigation, infusion, special tooth brush, etc., is considered as optional treatment. If performed, the Enrollee is responsible for the cost.

#### 8. STAYPLATES

Stayplates in conjunction with fixed or removable appliances, are only a benefit to replace extracted anterior teeth for adults during a healing period and as anterior space maintainers for children.

### 9. FRENECTOMY

The frenum can be excised when the tongue has limited mobility; or has a large diastema between teeth; or when the frenum interferes with a prosthetic appliance.

### 10. PEDODONTIA

Pedodontic referrals must be preauthorized by Delta Dental. Benefits for dependent children through age three are covered at 100% of the agreed upon fee less any applicable copayments for covered benefits and children four years and older are at 50% of agreed upon fee less any applicable copayments for covered services.

### 11. TREATMENT PLANNING

The objective of this Program is to see that all Enrollees are brought to a good level of oral health and that this level of oral health is maintained. To achieve this objective takes careful treatment planning. Priorities have been established on the following basis:

- a. Priority attention is given to those procedures that, if not done first, could have an immediate effect on the Enrollee's overall oral health.
- b. Priority is next given to work such as active dental decay and periodontal problems that would not have an immediate effect on the Enrollee's oral health.
- c. Priority is then given to replacement of missing teeth not causing a gross lack of function.

Exceptions are made to this treatment planning concept based on individual circumstances.

"Filed fees" mean the Contract Dentist's fees on file with Delta Dental. Questions regarding these fees should be directed to the Customer Service department at 800-422-4234.

## Free newsletter

Get the latest in oral health with *Dental Wire*, our bi-monthly e-mail newsletter. Sign up at: [deltadentalins.com/oral\\_health](http://deltadentalins.com/oral_health).

## DeltaCare USA Customer Service

800-422-4234  
[deltadentalins.com](http://deltadentalins.com)



Find all of our dental health resources, including risk assessment quizzes, articles, videos and a free newsletter subscription at [mysmileway.com](http://mysmileway.com).

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

The Group Dental Service Contract must be consulted to determine the exact terms and conditions of coverage. A Certificate of Coverage will be sent to you upon enrollment. **If you wish to review a Certificate of Coverage prior to enrollment, you may request a copy by calling the Customer Service department at 800-422-4234.**

*In Florida, DeltaCare USA is underwritten and administered by Delta Dental Insurance Company.*

### **Customer Service**

800-422-4234  
Monday through Friday  
8 a.m. to 9 p.m., Eastern time

*Provided by:*

**Delta Dental Insurance Company**  
1130 Sanctuary Parkway, Suite 600  
Alpharetta, GA 30009

