

DeltaCare® USA – A Dental HMO Plan



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

Find a DeltaCare USA dentist

Select a conveniently located DeltaCare USA contracted general dentist. To find the most current listing of DeltaCare USA dental offices:



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



Call Customer Service for help in finding a DeltaCare dentist.

deltadentalins.com/universityoftexas

Welcome to DeltaCare USA - quality, convenience, predictable costs

The DeltaCare USA Plan provides you and your family with quality dental benefits at an affordable cost and 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.

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

Quality

- Extensive benefits for you and your family
- No restrictions on pre-existing conditions
- 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 7 a.m. to 8 p.m., Central time

Predictable costs

- No deductibles
- Out-of-pocket costs are clearly defined
- Emergency dental services coverage
- No annual or lifetime dollar maximums

Provided by Alpha Dental Programs, Inc.,
a single service (dental) HMO



Administered by Delta Dental Insurance Company

What if I have questions about my DeltaCare USA Plan?

Eligibility for you and your family

If you meet your group's eligibility requirements for dental coverage and live or work in the service area, you can enroll in the DeltaCare USA plan. You may also enroll eligible dependents. Contact your institution Benefits Office if you have any questions.

Service area means the state of Texas except for the following counties: Armstrong, Bailey, Bowie, Brewster, Briscoe, Brown, Carson, Castro, Cochran, Coke, Coleman, Collingsworth, Concho, Crosby, Culberson, Dallam, Deaf Smith, Donely, Edwards, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchison, Jasper, Jeff Davis, Kinney, Lamb, Lipscomb, Loving, Lubbock, McCullough, Menard, Moore, Motley, Newton, Ochiltrie, Oldham, Parmer, Pecos, Potter, Presidio, Randall, Reeves, Roberts, Runnels, Sabine, San Augustine, Schleicher, Shelby, Sherman, Sutton, Swisher, Terrell, Tom Green, Val Verde, Wheeler, and Willacy.

Easy enrollment

Simply complete the enrollment process as directed by your institution Benefits Office. Be sure to select a dentist (from the list of contract dental facilities) for both yourself and your eligible dependents.

How your DeltaCare USA plan 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 an Evidence of Coverage that fully describes the benefits of your dental plan. 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 plan, 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, a contract specialist or are not covered under provisions for emergency care below, must be preauthorized by us to be covered by your DeltaCare USA plan.

Provisions for emergency care

Under your DeltaCare USA plan, you are covered for emergency dental services as described in the "Description of Benefits and Copayments."

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 select individual 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/universityoftexas). 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?

Three 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. Many

Highlights of your DeltaCare USA Plan

DeltaCare USA dentists are in private group practices, which means greater appointment availability and extended office hours.

Does my DeltaCare USA plan cover tooth-colored fillings and crowns?

Porcelain and other tooth-colored materials are included as a benefit under your plan. The copayment shows you what your out of pocket cost will be.

Can I have my teeth whitened under the DeltaCare USA plan?

External bleaching is a benefit under your plan. See the "Description of Benefits and Copayments" and talk to your contract dentist about your options.

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 plan. Coverage for treatment started before joining the plan (that is, work in progress, such as preparations for crowns, root canals, impressions for dentures and orthodontics) is limited to completion of services that are benefits under the DeltaCare USA plan. See the "Limitations and Exclusions of Benefits."

How does the DeltaCare USA plan encourage preventive care?

Your DeltaCare USA plan 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 plan 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. If there is no contract specialist within your service area, a referral to an out-of-network specialist will be authorized.

What if I have questions about my DeltaCare USA plan?

Call Customer Service at 800-893-3582. We have multilingual representatives available from 7 a.m. to 8 p.m. Central time, Monday through Friday. Our Customer Service representatives 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 of the program. Please refer to *Schedule B* for further clarification of benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of benefits under this 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.

<u>CODE</u>	<u>DESCRIPTION</u>	<u>ENROLLEE PAYS</u>
D0100-D0999	I. DIAGNOSTIC - <i>When referable services are provided by a Contract Specialty Care Dentist, the Enrollee pays 75 percent of that Dentist's "filed fees."</i> *	
D0120	Periodic oral evaluation - established patient	No Cost
D0140	Limited oral evaluation - problem focused	\$20.00
D0150	Comprehensive oral evaluation - new or established patient	No Cost
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$15.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$15.00
D0180	Comprehensive periodontal evaluation - new or established patient	\$15.00
D0210	Intraoral <i>radiographs</i> - complete series (including bitewings) - <i>limited to 1 series every 24 months</i> ¹	No Cost
D0220	Intraoral - periapical first film	No Cost
D0230	Intraoral - periapical each additional film	No Cost
D0240	Intraoral - occlusal film	No Cost
D0250	Extraoral - first film	No Cost
D0260	Extraoral - each additional film	No Cost
D0270	Bitewing <i>radiograph</i> - single film	No Cost
D0272	Bitewings <i>radiographs</i> - two films	No Cost
D0274	Bitewings <i>radiographs</i> - four films - <i>limited to 1 series every 6 months</i> ¹	No Cost
D0277	Vertical bitewings - 7 to 8 films	No Cost
D0330	Panoramic film	\$5.00
D0415	Collection of microorganisms for culture and sensitivity	No Cost
D0425	Caries susceptibility tests	No Cost
D0460	Pulp vitality tests	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 - <i>When referable services are provided by a Contract Specialty Care Dentist, the Enrollee pays 75 percent of that Dentist's "filed fees."</i> *	
D1110	Prophylaxis <i>cleaning</i> - adult - <i>1 per 6 month period</i> ¹	No Cost
D1110	<i>Additional prophylaxis cleaning</i> - adult (<i>within the 6 month period</i>) ¹	\$25.00
D1120	Prophylaxis <i>cleaning</i> - child - <i>1 per 6 month period</i> ¹	No Cost
D1120	<i>Additional prophylaxis cleaning</i> - child (<i>within the 6 month period</i>) ¹	\$25.00
D1203	Topical application of fluoride - child - <i>to age 19; 1 per 6 month period</i> ¹	No Cost
D1310	Nutritional counseling for control of dental disease	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth - <i>through age 15</i>	\$10.00
D1510	Space maintainer - fixed - unilateral	\$135.00
D1515	Space maintainer - fixed - bilateral	\$135.00
D1520	Space maintainer - removable - unilateral	\$160.00
D1525	Space maintainer - removable - bilateral	\$180.00
D1550	Re-cementation of space maintainer	\$15.00

D2000-D2999 III. RESTORATIVE - When referable services are provided by a Contract Specialty Care Dentist, the Enrollee pays 75 percent of that Dentist's "filed fees." *

- 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 \$100.00 per crown, beyond the 6th unit.

- Replacement of existing crowns, inlays and onlays requires the restoration to be 5+ years old. Replacement of a lost or stolen crown, inlay or onlay is not a covered Benefit. Please see Exclusion #5 in Schedule B, Limitations and Exclusions of Benefits.

D2140	Amalgam - one surface, primary or permanent	\$10.00
D2150	Amalgam - two surfaces, primary or permanent	\$15.00
D2160	Amalgam - three surfaces, primary or permanent	\$25.00
D2161	Amalgam - four or more surfaces, primary or permanent	\$35.00
D2330	Resin-based composite - one surface, anterior	\$30.00
D2331	Resin-based composite - two surfaces, anterior	\$40.00
D2332	Resin-based composite - three surfaces, anterior	\$50.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$65.00
D2391	Resin-based composite - one surface, posterior	\$60.00
D2392	Resin-based composite - two surfaces, posterior	\$70.00
D2393	Resin-based composite - three surfaces, posterior	\$80.00
D2394	Resin-based composite - four or more surfaces, posterior	\$110.00
D2510	Inlay - metallic - one surface	\$287.00
D2520	Inlay - metallic - two surfaces	\$310.00
D2530	Inlay - metallic - three or more surfaces	\$335.00
D2542	Onlay - metallic - two surfaces	\$400.00
D2543	Onlay - metallic - three surfaces	\$405.00
D2544	Onlay - metallic - four or more surfaces	\$405.00
D2610	Inlay - porcelain/ceramic - one surface	\$385.00
D2620	Inlay - porcelain/ceramic - two surfaces	\$395.00
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$405.00
D2740	Crown - porcelain/ceramic substrate	\$575.00
D2750	Crown - porcelain fused to high noble metal	\$575.00
D2751	Crown - porcelain fused to predominantly base metal	\$525.00
D2752	Crown - porcelain fused to noble metal	\$550.00
D2790	Crown - full cast high noble metal	\$575.00
D2791	Crown - full cast predominantly base metal	\$525.00
D2792	Crown - full cast noble metal	\$550.00
D2794	Crown - titanium	\$575.00
D2910	Recent inlay, onlay or partial coverage restoration	\$15.00
D2920	Recent crown	\$15.00
D2930	Prefabricated stainless steel crown - primary tooth	\$80.00
D2940	Protective restoration	\$15.00
D2950	Core buildup, including any pins	\$75.00
D2951	Pin retention - per tooth, in addition to restoration	\$15.00
D2952	Post and core in addition to crown, indirectly fabricated - includes canal preparation	\$150.00
D2954	Prefabricated post and core in addition to crown - base metal post; includes canal preparation	\$80.00
D2962	Labial veneer (porcelain laminate) - laboratory	\$575.00
D2980	Crown repair, by report	\$50.00

D3000-D3999 IV. ENDODONTICS - When referable services are provided by a Contract Specialty Care Dentist, the Enrollee pays 75 percent of that Dentist's "filed fees." *

D3110	Pulp cap - direct (excluding final restoration)	\$15.00
D3120	Pulp cap - indirect (excluding final restoration)	\$10.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$40.00
D3310	Root canal - endodontic therapy, anterior tooth (excluding final restoration)	\$150.00
D3320	Root canal - endodontic therapy, bicuspid tooth (excluding final restoration)	\$225.00
D3330	Root canal - endodontic therapy, molar (excluding final restoration)	\$260.00
D3346	Retreatment of previous root canal therapy - anterior	\$320.00
D3347	Retreatment of previous root canal therapy - bicuspid	\$380.00

D3348	Retreatment of previous root canal therapy - molar	\$460.00
D3410	Apicoectomy/periradicular surgery - anterior	\$125.00
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$170.00
D3425	Apicoectomy/periradicular surgery - molar (first root)	\$220.00
D3426	Apicoectomy/periradicular surgery (each additional root)	\$100.00
D3430	Retrograde filling - per root	\$40.00
D3450	Root amputation, per root	\$70.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$80.00

D4000-D4999 V. PERIODONTICS - When referable services are provided by a Contract Specialty Care Dentist, the Enrollee pays 75 percent of that Dentist's "filed fees." *

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

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$120.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$65.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$140.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$100.00
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$350.00
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$203.00
D4320	Provisional splinting - intracoronal	\$80.00
D4321	Provisional splinting - extracoronal	\$75.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - limited to 4 quadrants during any 12 consecutive months	\$45.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - limited to 4 quadrants during any 12 consecutive months	\$27.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis - limited to 1 treatment in any 12 consecutive months	\$50.00
D4910	Periodontal maintenance - limited to 1 treatment each 6 month period	\$45.00

D5000-D5899 VI. PROSTHODONTICS (removable)

- For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.

- Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.

- Replacement of an existing denture or partial denture requires the denture to be 5+ years old. Replacement of a lost or stolen denture or partial denture is not a covered Benefit. Please see Exclusion #5 in Schedule B, Limitations and Exclusions of Benefits.

D5110	Complete denture - maxillary	\$620.00
D5120	Complete denture - mandibular	\$620.00
D5130	Immediate denture - maxillary	\$630.00
D5140	Immediate denture - mandibular	\$630.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$495.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$475.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$640.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$640.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$480.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$480.00
D5410	Adjust complete denture - maxillary	\$15.00
D5411	Adjust complete denture - mandibular	\$15.00
D5421	Adjust partial denture - maxillary	\$15.00
D5422	Adjust partial denture - mandibular	\$15.00
D5510	Repair broken complete denture base	\$85.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$70.00
D5610	Repair resin denture base	\$80.00
D5620	Repair cast framework	\$80.00
D5630	Repair or replace broken clasp	\$80.00

D5640	Replace broken teeth - per tooth	\$80.00
D5650	Add tooth to existing partial denture	\$80.00
D5660	Add clasp to existing partial denture	\$95.00
D5730	Reline complete maxillary denture (chairside)	\$60.00
D5731	Reline complete mandibular denture (chairside)	\$60.00
D5740	Reline maxillary partial denture (chairside)	\$60.00
D5741	Reline mandibular partial denture (chairside)	\$60.00
D5750	Reline complete maxillary denture (laboratory)	\$195.00
D5751	Reline complete mandibular denture (laboratory)	\$195.00
D5760	Reline maxillary partial denture (laboratory)	\$195.00
D5761	Reline mandibular partial denture (laboratory)	\$195.00
D5820	Interim partial denture (maxillary) - <i>limited to 1 in any 12 consecutive months</i>	\$245.00
D5821	Interim partial denture (mandibular) - <i>limited to 1 in any 12 consecutive months</i>	\$245.00
D5850	Tissue conditioning, maxillary	\$25.00
D5851	Tissue conditioning, mandibular	\$25.00
D5862	Precision attachment, by report	\$195.00

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES - Not Covered

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

- When a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional \$100.00 per unit, beyond the 6th unit.

- Replacement of an existing crown, pontic or stress breaker requires the bridge to be 5+ years old. Replacement of a lost or stolen crown, pontic or stress breaker is not a covered Benefit. Please see Exclusion #5 in Schedule B, Limitations and Exclusions of Benefits.

D6210	Pontic - cast high noble metal	\$575.00
D6211	Pontic - cast predominantly base metal	\$525.00
D6212	Pontic - cast noble metal	\$550.00
D6240	Pontic - porcelain fused to high noble metal	\$575.00
D6241	Pontic - porcelain fused to predominantly base metal	\$525.00
D6242	Pontic - porcelain fused to noble metal	\$550.00
D6245	Pontic - porcelain/ceramic	\$620.00
D6250	Pontic - resin with high noble metal	\$575.00
D6251	Pontic - resin with predominantly base metal	\$525.00
D6252	Pontic - resin with noble metal	\$550.00
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$190.00
D6720	Crown - resin with high noble metal	\$575.00
D6721	Crown - resin with predominantly base metal	\$525.00
D6722	Crown - resin with noble metal	\$550.00
D6750	Crown - porcelain fused to high noble metal	\$575.00
D6751	Crown - porcelain fused to predominantly base metal	\$525.00
D6752	Crown - porcelain fused to noble metal	\$550.00
D6780	Crown - $\frac{3}{4}$ cast high noble metal	\$575.00
D6781	Crown - $\frac{3}{4}$ cast predominantly base metal	\$525.00
D6782	Crown - $\frac{3}{4}$ cast noble metal	\$550.00
D6790	Crown - full cast high noble metal	\$575.00
D6791	Crown - full cast predominantly base metal	\$525.00
D6792	Crown - full cast noble metal	\$550.00
D6930	Recement fixed partial denture	\$55.00
D6940	Stress breaker	\$150.00
D6950	Precision attachment	\$195.00
D6980	Fixed partial denture repair, by report	\$195.00

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY - When referable services are provided by a Contract Specialty Care Dentist, the Enrollee pays 75 percent of that Dentist's "filed fees." *

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

D7111	Extraction, coronal remnants - deciduous tooth	\$15.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$15.00
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$50.00
D7220	Removal of impacted tooth - soft tissue	\$60.00
D7230	Removal of impacted tooth - partially bony	\$75.00
D7240	Removal of impacted tooth - completely bony	\$100.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$135.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$40.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$100.00
D7280	Surgical access of an unerupted tooth	\$85.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$60.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$90.00
D7510	Incision and drainage of abscess - intraoral soft tissue	\$35.00
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	\$125.00

D8000-D8999 XI. ORTHODONTICS

** If a Copayment dollar amount is not listed, the Enrollee pays 75 percent of the Contract Orthodontist's "filed fees."

- The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed \$125.00, may apply.

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

- Replacement of a lost, stolen or broken orthodontic appliance is not a covered Benefit. Please see Exclusion #13 in Schedule B, Limitations and Exclusions of Benefits.

Pre and post orthodontic records include:

The benefit for pre-treatment records and diagnostic services includes: \$200.00

D0210	Intraoral - complete series (including bitewings)
D0322	Tomographic survey
D0330	Panoramic film
D0340	Cephalometric film
D0350	Oral/facial photographic images
D0470	Diagnostic casts

The benefit for post-treatment records includes: \$70.00

D0210	Intraoral - complete series (including bitewings)
D0470	Diagnostic casts

D8010	Limited orthodontic treatment of the primary dentition	**
D8020	Limited orthodontic treatment of the transitional dentition - child or adolescent to age 19	**
D8030	Limited orthodontic treatment of the adolescent dentition - adolescent to age 19	**
D8040	Limited orthodontic treatment of the adult dentition - adults, including covered dependent adult children	**
D8050	Interceptive orthodontic treatment of the primary dentition	**
D8060	Interceptive orthodontic treatment of the transitional dentition	**
D8070	Comprehensive orthodontic treatment of the transitional dentition - child or adolescent to age 19	**
D8080	Comprehensive orthodontic treatment of the adolescent dentition - adolescent to age 19	**
D8090	Comprehensive orthodontic treatment of the adult dentition - adults, including covered dependent adult children	**
D8660	Pre-orthodontic treatment visit	\$25.00
D8680	Orthodontic retention (removal of appliances, construction and placement of removable retainers)	**
D8999	Unspecified orthodontic procedure, by report - includes treatment planning session	\$100.00

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES - When referable services are provided by a Contract Specialist, the Enrollee pays 75 percent of that Dentist's "filed fees." *

D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$25.00
D9220	Deep sedation/general anesthesia - first 30 minutes	\$180.00
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	\$15.00
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	\$165.00

D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	\$35.00
D9310	Consultation - diagnostic services provided by dentist or physician other than requesting dentist or physician	\$55.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$5.00
D9440	Office visit - after regularly scheduled hours	\$40.00
D9940	Occlusal guard, by report - <i>limited to 1 in 3 years</i>	\$210.00
D9951	Occlusal adjustment, limited	\$30.00
D9952	Occlusal adjustment, complete	\$145.00
D9972	External bleaching - per arch - <i>limited to one bleaching tray and gel for two weeks of self treatment</i>	\$155.00

* If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed, referable procedures that are not available in the contract facility or that require a Dentist to provide specialized services, may be provided by a contracted oral surgeon, endodontist, periodontist or pediatric dentist at 75 percent of the Contract Specialty Care Dentist's "filed fees." Specialized services are only available upon referral by the assigned Contract Dentist.

Procedures not listed above are not covered, however, may be available at the Contract Dentist's "filed fees." As used in this Schedule, "filed fees" mean the Contract Dentist's fees on file with Alpha and charged by the Contract Dentist for performing a specific dental service. Questions regarding these fees should be directed to the Customer Service department at 800-893-3582.

Emergency Dental Services - The Contract Dentist will provide Emergency Dental Services for covered procedures whenever possible. If an Enrollee requires Emergency Dental Services and is unable to access care from the Contract Dentist, then Alpha shall reimburse the Enrollee for the cost of such Emergency Dental Services which exceeds the Copayment. Emergency Dental Services shall be limited to listed procedures, and as described in code D9110 above: (Palliative (emergency) treatment of dental pain). Any further treatment of the cause of such Emergency Dental Services must be obtained from the Contract Dentist. All services are subject to the limitations and exclusions of the program.

FOOTNOTES

- Frequency limitations do not apply when services are needed more frequently due to medical necessity as determined by the Contract Dentist.*

<u>CODE</u>	<u>DESCRIPTION</u>	ENROLLEE <u>PAYS</u>
Sample visit #1		
D0999	Office Visit	No Cost
D0150	Comprehensive oral exam	No Cost
D0210	X-rays	<u>No Cost</u>
	TOTAL	No Cost
Sample visit #2		
D0999	Office Visit (6 mo. check up)	No Cost
D0160	Detailed oral exam	\$15.00
D0210	X-rays (if needed)	No Cost
D1120	Prophylaxis - child	<u>No Cost</u>
	TOTAL	\$15.00
Sample visit #3		
D0999	Office Visit	No Cost
D0160	Detailed oral exam	\$15.00
D0210	X-rays	No Cost
D7111	Single tooth extraction	<u>\$15.00</u>
	TOTAL	\$30.00
Sample visit #4		
D0999	Office Visit	No Cost
D2140	One surface amalgam filling	\$10.00
D2330	One surface resin filling	<u>\$30.00</u>
	TOTAL	\$40.00
Sample visit #5		
D0999	Office Visit	No Cost
D0160	Detailed oral exam	\$15.00
D2791	Crown - full cast predominantly base metal	<u>\$525.00</u>
	TOTAL	\$540.00

SCHEDULE B

LIMITATIONS AND EXCLUSIONS OF BENEFITS

Limitations of Benefits

1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments*.
2. If the Enrollee accepts a treatment plan from the general Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional \$100.00 above the listed Copayment for each of these services after the sixth unit has been provided.
3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241).
4. Benefits provided by a contract pediatric Dentist are available at 75 percent of the contract specialty care dentist's "filed fees." Referral by the assigned Contract Dentist is required before services are rendered.
5. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.
6. Benefits for dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with this program are limited as follows:

Upon request of a newly covered Enrollee, Alpha will provide Benefits for the completion of covered services begun prior to the time his or her coverage became effective. Alpha will not provide coverage for incomplete services that are not otherwise Benefits under the terms and conditions of the Contract. Enrollees may request completion of treatment in progress by calling the Customer Service department at 800-893-3582 during normal business hours, or by sending a written request to Alpha.

Whenever possible, an Enrollee should complete treatment in progress with the Dentist who initiated the service. If such Dentist is an out-of-network Dentist, that Dentist must agree to the same terms and conditions that apply to an in-network Dentist in order for Alpha to provide Benefits. Copayments and other cost sharing components will apply. Benefits may be adjusted so that the total paid by the Enrollee and/or coverage provided by all plans is not more than 100 percent of total Allowable Expenses (as defined in the Coordination of Benefits section of the Evidence of Coverage).

Should the Enrollee be unable to complete treatment with the Dentist who initiated the service, Alpha will make reasonable and appropriate arrangements for completion of such treatment by a Contract Dentist.

7. Orthodontic treatment in progress is limited to new Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under this program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Alpha is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

Exclusions of Benefits

1. Any procedure that is not specifically listed under *Schedule A, Description of Benefits and Copayments*.
2. Any procedure that in the professional opinion of the Contract Dentist:
 - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**
 - b. is inconsistent with generally accepted standards for dentistry.
3. Services solely for cosmetic purposes or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).
6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).

7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
9. Consultations for non-covered benefits.
10. Dental services received from any dental facility other than the assigned Contract Dentist including the services of an out-of-network dentist who provides Specialized Services, unless expressly authorized by Alpha except for *Emergency Dental Services* as described in *Schedule A*.
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. Lost, stolen or broken orthodontic appliances.
14. Changes in orthodontic treatment necessitated by accident of any kind.
15. Myofunctional and parafunctional appliances and/or therapies.
16. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
17. Extraction of teeth, when teeth are asymptomatic/non-pathologic (no signs or symptoms of pathology or infection), including but not limited to the removal of third molars and orthodontic extractions.
18. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

As used in this Schedule, "filed fees" means the Contract Dentist's fees on file with Alpha and charged by the Contract Dentist for performing a specific dental service. Questions regarding these fees should be directed to the Customer Service department at 800-893-3582.

The following dental terms have the meanings indicated:

Abrasion - The abnormal wearing away of the tooth by chewing, incorrect brushing methods, grinding or similar causes.

Alveoloplasty - A surgical procedure to reshape the jaw bones to achieve normal bone contour in preparation for tooth replacement via denture, partials or bridges.

Amalgam - A metal alloy used in filling teeth.

Apicoectomy - The surgical removal of the root tip.

Appliance - A device used to provide function or therapeutic effect.

Attrition - The normal loss of tooth substance resulting from friction during chewing.

Banding - Application of preformed stainless steel rings that are fitted around the teeth and cemented in place.

Banding dentition - Treatment of a tooth which involves banding (for orthodontic purposes).

Cephalometric x-rays - X-rays used in studying the measurements of the head in relation to specific soft tissue and bony reference points.

Cleft palate - A birth defect resulting in an incomplete closure or formation of the palate.

Debridement - The removal of plaque and tartar, above and below the gumline, which makes the ability to evaluate the gum condition difficult.

Equilibration - Changing the occlusal forms of the teeth by selective grinding, with the interest of balancing occlusal stresses more evenly on the teeth.

Erosion - Chemical or mechanical destruction of tooth substance, the mechanism of which is incompletely known, that leads to the creation of a depression in the tooth surface at the gumline.

Exostosis - An excessive growth of bone.

Expansion appliance - An appliance used to widen a dental arch to increase the room available for permanent teeth and/or to correct the bite.

Frenum - The fibers that attach the cheek, lips or tongue to the tissue lining the mouth.

Frenectomy - Surgical removal or loosening of the frenum.

Functional appliance - An appliance used to achieve minor tooth movement, to strengthen the muscles of the oral cavity or to maintain space created by the loss or delayed eruption of the teeth.

Gingiva - The soft tissue which covers a tooth or the gum surrounding a tooth.

Gingivectomy - The surgical removal of the unsupported gingiva to the level where it is attached.

Gingivoplasty - Surgical contouring of the gingiva to facilitate maintenance of tissue health and integrity.

Headgear - An apparatus encircling the head or neck that provides attachment for an intraoral appliance in use of extraoral anchorage.

Implant - A device specially designed to be placed surgically within or on the mandibular or maxillary bone as a means of providing for dental replacement of a missing tooth.

Lingual - Pertaining to the tongue.

Macrognathia - A definite overgrowth of the mandible and maxilla.

Mandible - The lower jaw.

Mandibular - Pertaining to the lower jaw.

Maxilla - The upper jaw.

Maxillary - Pertaining to the upper jaw.

Micrognathia - An abnormal smallness of the jaws, especially the mandible.

Myofunctional therapy - Training to curb or eliminate abnormal muscle function of the oral cavity.

Occlusal - The chewing surfaces of the posterior teeth.

Occlusion - The contact between the upper and lower teeth when in a closed position.

Orthodontic appliance - Any appliance used to apply forces for tooth movement during orthodontic treatment.

Palate - The roof of the mouth.

Palatal - Pertaining to the roof of the mouth.

Palliative - Action that relieves pain but does not cure the cause of the pain.

Panoramic film - An x-ray that offers a full view of the entire length of the jaws in a single x-ray.

Pediatric or **Pedodontic** - Pertaining to children.

Periapical - The area surrounding or enclosing the root tip of a tooth.

Periodontitis - Gingival changes that occur due to infection and loss of attachment between the tooth and gums. Periodontitis is a long-term progressive disease.

Periradicular - Around the root.

Pontic - The term used for the artificial tooth on a bridge.

Prophylaxis - The removal of plaque, tartar and stains on the crown portion of the teeth, including polishing.

Pulp cap - The covering of an exposed dental nerve with material that protects it from foreign irritants.

Quadrant - One of the four equal sections into which the dental arches can be divided; begins at the middle of the arch and goes to the last tooth on either side.

Rebase - Process of refitting a denture by replacing the acrylic base material.

Resin - Broad term used to indicate an organic substance that is usually tooth colored. Composite resin used in filling teeth, most often in the front of the mouth.

Retainer - An appliance used to maintain the positions of the teeth and jaws gained by orthodontic procedures.

Retrograde filling - A method of sealing the root canal by preparing and filling it from the root tip.

Root planing - A procedure designed to remove bacteria, tartar and diseased root tissue from the root surfaces. Often referred to as "deep cleaning."

Sealant - Application of a resin material to the biting surfaces of the permanent molars to seal the surface crevices to prevent the formation of decay.

Study model - A positive likeness of dental structures (teeth and adjoining tissues) for the purpose of study and treatment planning.

Supernumerary - Any tooth in excess of the 32 normal permanent teeth.

Temporomandibular joint - The joint formed by the connection of the lower jaw to the skull.

Tracing - As it relates to orthodontic treatment, a tracing is a line drawing of pertinent features of a cephalometric x-ray made on a piece of transparent paper placed over an x-ray. The tracing provides measurements of soft tissue and bony reference points that aid in predicting growth patterns and orthodontic diagnosis and treatment planning.

Trigeminal nerve - The main nerve that provides feeling to the muscles and tissues of the face, jaws and teeth.

Vertical demension - The vertical height of the face with teeth in occlusion.

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

An Evidence of Coverage will be sent to you upon enrollment. **If you wish to review an Evidence of Coverage prior to enrollment, you may request a copy by calling the Customer Service department at 800-893-3582.**

In Texas, DeltaCare USA is underwritten by Alpha Dental Programs, Inc. and administered by Delta Dental Insurance Company. These companies are financially responsible for their own products.

Customer Service

800-893-3582
Monday through Friday
7 a.m. to 8 p.m., Central time

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