

DeltaCare[®] USA

Dental Health Care Program
for Eligible Members



**CENTRAL HEALTH
MEDICARE PLAN**

Plan CAD14
Group# 6572

Dental Evidence of Coverage and Disclosure Form



deltadentalins.com

Provided by:

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Administered by:

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Alpharetta, GA 30023

CENTRAL HEALTH MEDICARE PLAN

DENTAL EVIDENCE OF COVERAGE DISCLOSURE FORM DeltaCare USA Dental HMO Program

This booklet is a Combined Dental Evidence of Coverage and Disclosure Form for your DeltaCare USA Dental HMO Program (“Program”) provided and administered by Delta Dental of California (“Delta Dental”). The Program has been established and is administered in accordance with the provisions of a Group Dental Service Contract (“Contract”) issued by Delta Dental.

THE DENTAL EVIDENCE OF COVERAGE CONSTITUTES ONLY A SUMMARY OF THE PROGRAM. AS REQUIRED BY THE CALIFORNIA HEALTH & SAFETY CODE, THIS IS TO ADVISE YOU THAT THE CONTRACT MUST BE CONSULTED TO DETERMINE THE EXACT TERMS AND CONDITIONS OF THE COVERAGE PROVIDED UNDER IT.

A COPY OF THE CONTRACT WILL BE FURNISHED UPON REQUEST. ANY DIRECT CONFLICT BETWEEN THE CONTRACT AND THE DENTAL EVIDENCE OF COVERAGE WILL BE RESOLVED ACCORDING TO THE TERMS WHICH ARE MOST FAVORABLE TO YOU. READ THIS DENTAL EVIDENCE OF COVERAGE CAREFULLY AND COMPLETELY. PERSONS WITH SPECIAL HEALTHCARE NEEDS SHOULD READ THE SECTION ENTITLED “SPECIAL NEEDS”.

A STATEMENT DESCRIBING DELTA DENTAL OF CALIFORNIA'S POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST.

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW HOW TO OBTAIN DENTAL BENEFITS.

To obtain information about Benefits, call Customer Service at 866-247-2486 Monday through Friday from 5 a.m. to 6 p.m. Pacific time (TTY/TDD users call 1-800-735-2929).

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Definitions

As used in this booklet:

Appeal is something you do if you disagree with a decision to deny a request for dental care services or payment for services you already received. You may also make an appeal if you disagree with a decision to stop services that you are receiving. For example, you may ask for an appeal if our Plan doesn't pay for a service you think you should be able to receive.

Benefits mean those dental services which are provided under the terms of the DeltaCare USA Dental Service Contract and described in this booklet.

Contract Dentist means a Dentist who provides services in general dentistry, and who has agreed to provide Benefits to Enrollees under this Program.

Contract Specialist means a Dentist who provides Specialist Services and has agreed to provide Benefits to Enrollees under this Program.

Copayment means the amount charged to an Enrollee by a Contract Dentist for the Benefits provided under this Program.

Dentist means a duly licensed Dentist legally entitled to practice dentistry at the time and in the state or jurisdiction in which services are performed.

Eligible Member means any member who is eligible for Benefits as described in this booklet.

Emergency Service means care provided by a Dentist to treat a dental condition that manifests as a symptom of sufficient severity, including severe pain, such that the absence of immediate attention could reasonably be expected by the Enrollee to result in either: (i) placing the Enrollee's dental health in serious jeopardy, or (ii) serious impairment to dental functions.

Enrollee means an Eligible Member ("Enrollee") enrolled to receive Benefits.

Grievance means a type of complaint you make about us or one of our network providers, including a complaint concerning the quality of your care. This type of complaint does not involve coverage or payment disputes.

Out-of-Network means treatment by a Dentist who has not signed an agreement with Delta Dental to provide Benefits under this Program.

Preauthorization means the process by which Delta Dental determines if a procedure or treatment is a referable covered Benefit under the Enrollee's plan.

Reasonable means that an Enrollee exercises prudent judgment in determining that a dental emergency exists and makes at least one attempt to contact his/her Contract Dentist to obtain Emergency Services and, in the event the Dentist is not available, makes at least one attempt to contact Delta Dental for assistance before seeking care from another Dentist.

Special Health Care Need means a physical or mental impairment, limitation or condition that substantially interferes with an Enrollee's ability to obtain Benefits. Examples of such a Special Health Care Need are 1) the Enrollee's inability to obtain access to the assigned Contract Dentist's facility because of a physical disability and 2) the Enrollee's inability to comply with the Contract Dentist's instructions during examination or treatment because of physical disability or mental incapacity.

Specialist Services mean services performed by a Dentist who specializes in the practice of oral surgery, endodontics, periodontics or pediatric dentistry, and which must be preauthorized in writing by Delta Dental.

Treatment in Progress means any single dental procedure, as defined by the CDT Code, that has been started while the Enrollee was eligible to receive Benefits, and for which multiple appointments are necessary to complete the procedure whether or not the Enrollee continues to be eligible for Benefits under the DeltaCare USA plan. Examples include: teeth that have been prepared for crowns, root canals where a working length has been established, full or partial dentures for which an impression has been taken.

We, Us or Our means Delta Dental of California or the Administrator as appropriate.

Eligibility for Benefits

Eligible persons shall include all members of Central Health Medicare Plan (CHMP) with dental coverage, as determined by CHMP.

How to use the DeltaCare USA Plan - Choice of Contract Dentist

To enroll in this Program, you must select a Contract Dentist in the counties of Los Angeles, Orange and San Bernardino. If you fail to select a Contract Dentist or the Contract Dentist selected becomes unavailable, we will request the selection of another Contract Dentist or assign you to a Contract Dentist. You may change your assigned Contract Dentist by directing a request to the Customer Service Department at 866-247-2486, Monday through Friday, from 5 a.m. to 6 p.m. Pacific time (TTY/TDD users call 1-800-735-2929). In order to ensure that your Contract Dentist is notified and our eligibility lists are correct, changes in Contract Dentists must be requested prior to the 21st of the month for changes to be effective the first day of the following month.

Shortly after enrollment you will receive a DeltaCare USA membership packet that tells you the effective date of your Program and the address and telephone number of your Contract Dentist. After the effective date in your membership packet, you may obtain dental services which are Benefits. To make an appointment simply call your Contract Dentist's facility and identify yourself as a DeltaCare USA Member through CHMP. Initial appointments should be scheduled within four weeks unless a specific time has been requested. Inquiries regarding availability of appointments and accessibility of Dentists should be directed to the Customer Service Department at 866-247-2486, Monday through Friday, from 5 a.m. to 6 p.m. Pacific time (TTY/TDD users call 1-800-735-2929).

EACH ENROLLEE MUST GO TO HIS OR HER ASSIGNED CONTRACT DENTIST TO OBTAIN COVERED SERVICES, EXCEPT FOR SERVICES PROVIDED BY A SPECIALIST PREAUTHORIZED IN WRITING BY DELTA DENTAL, OR FOR

EMERGENCY SERVICES AS PROVIDED IN *EMERGENCY SERVICES*. ANY OTHER TREATMENT IS NOT COVERED UNDER THIS PROGRAM.

If your assigned Contract Dentist's agreement with Delta Dental terminates, that Contract Dentist will complete (a) a partial or full denture for which final impressions have been taken, and (b) all work on every tooth upon which work has started (such as completion of root canals in progress and delivery of crowns when teeth have been prepared).

Continuity of Care

Current Members:

You may have the right to the benefit of completion of care with your terminated Dentist for certain specified dental conditions. Please call Customer Service Department at 866-247-2486, Monday through Friday, from 5 a.m. to 6 p.m. Pacific time (TTY/TDD users call 1-800-735-2929) to see if you may be eligible for this benefit. You may request a copy of our Continuity of Care Policy. You must make a specific request to continue under the care of your terminated Dentist. We are not required to continue your care with that Dentist if you are not eligible under our policy or if we cannot reach agreement with your terminated Dentist on the terms regarding your care in accordance with California law.

New Members:

You may have the right to the qualified benefit of completion of care with an Out-of-Network Dentist for certain specified dental conditions. Please call the Customer Service Department at 866-247-2486, Monday through Friday, from 5 a.m. to 6 p.m. Pacific time (TTY/TDD users call 1-800-735-2929) to see if you may be eligible for this benefit. You may request a copy of our Continuity of Care Policy. You must make a specific request to continue under the care of your current Dentist. We are not required to continue your care with that Dentist if you are not eligible under our policy or if we cannot reach agreement with your Dentist on the terms regarding your care in accordance with California law. This policy does not apply to new Members of an individual subscriber contract.

Special Needs

If an Enrollee believes he or she has a Special Health Care Need, the Enrollee should contact Delta Dental's Customer Service Department at 866-247-2486, Monday through Friday, from 5 a.m. to 6 p.m. Pacific time (TTY/TDD users call 1-800-735-2929). Delta Dental will confirm that a Special Health Care Need exists, and what arrangements can be made to assist the Enrollee in obtaining such Benefits. Delta Dental shall not be responsible for the failure of any Contract Dentist to comply with any law or regulation concerning structural office requirements that apply to a Dentist treating persons with Special Health Care Needs.

Facility Accessibility

Many facilities provide Delta Dental with information about special features of their offices, including accessibility information for patients with mobility impairments. To obtain information regarding facility accessibility, contact Delta Dental's Customer Service Department at 866-247-2486, Monday through Friday, from 5 a.m. to 6 p.m. Pacific time (TTY/TDD users call call 1-800-735-2929).

Benefits, Limitations and Exclusions

This Program provides the Benefits described in the *Description of Benefits and Copayments* subject to the limitations and exclusions. The services are performed as deemed appropriate by your attending Contract Dentist. A Contract Dentist may provide services either personally or through associated Dentists, technicians or hygienists who may lawfully perform the services.

Copayments and Other Charges

You are required to pay any Copayments listed in the *Description of Benefits and Copayments* directly to the Dentist who provides treatment. Charges for broken appointments (unless notice is received by the Dentist at least 24 hours in advance or an emergency prevented such notice), and charges for visits after normal visiting hours are listed in the *Description of Benefits and Copayments*.

Emergency Services

If Emergency Services are needed, you should contact your Contract Dentist whenever possible. If you are a new Enrollee needing

Emergency Services, but do not have an assigned Contract Dentist yet, contact Delta Dental's Customer Service Department at 866-247-2486, Monday through Friday, from 5 a.m. to 6 p.m. Pacific time (TTY/TDD users call 1-800-735-2929) for help in locating a Contract Dentist. Benefits for Emergency Services by an Out-of-Network Dentist are limited to necessary care to stabilize your condition and/or provide palliative relief when you:

- 1) have made a Reasonable attempt to contact the Contract Dentist and the Contract Dentist is unavailable or you cannot be seen within 24 hours of making contact; or
- 2) have made a Reasonable attempt to contact Delta Dental prior to receiving Emergency Services, or it is Reasonable for you to access Emergency Services without prior contact with Delta Dental; or
- 3) reasonably believe that your condition makes it dentally/medically inappropriate to travel to the Contract Dentist to receive Emergency Services.

Benefits for Emergency Services not provided by the Contract Dentist are limited to a maximum of \$100.00 per emergency, per Enrollee, less the applicable Copayment. If the maximum is exceeded, or the above conditions are not met, you are responsible for any charges for services by a provider other than your Contract Dentist.

Specialist Services

Specialist Services must be referred by the assigned Contract Dentist and preauthorized in writing by Delta Dental. All preauthorized Specialist Services will be paid by us less any applicable Copayments. If an Enrollee is assigned to a dental school clinic for Specialist Services, those services may be provided by a Dentist, a dental student, a clinician or a dental instructor.

Second Opinion

You may request a second opinion if you disagree with or question the diagnosis and/or treatment plan determination made by your Contract Dentist. Delta Dental may also request that you obtain a second opinion to verify the necessity and appropriateness of dental treatment or the application of Benefits.

Second opinions will be rendered by a licensed Dentist in a timely manner, appropriate to the nature of your condition. Requests involving cases of imminent and serious health threat will be expedited (authorization approved or denied within 72 hours of receipt of the request, whenever possible). For assistance or additional information regarding the procedures and timeframes for second opinion authorizations, contact Delta Dental's Customer Service Department at 866-247-2486, Monday through Friday, from 5 a.m. to 6 p.m. Pacific time (TTY/TDD users call 1-800-735-2929) or write to Delta Dental.

Second opinions will be provided at another Contract Dentist's facility, unless otherwise authorized by Delta Dental. Delta Dental will authorize a second opinion by an Out-of-Network provider if an appropriately qualified Contract Dentist is not available. Delta Dental will only pay for a second opinion which Delta Dental has approved or authorized. You will be sent a written notification should Delta Dental decide not to authorize a second opinion. If you disagree with this determination, you may file an appeal with CHMP. Refer to the *Grievance and Appeals* section for additional information.

Claims for Reimbursement

Claims for covered Emergency Services or preauthorized Specialist Services should be submitted to Delta Dental within 90 days of the end of treatment. Valid claims received after the 90-day period will be reviewed if you can show that it was not reasonably possible to submit the claim within that time. The address for claims submission is: Claims Department, P.O. Box 1810, Alpharetta, GA 30023.

Provider Compensation

A Contract Dentist is compensated by Delta Dental through monthly capitation (an amount based on the number of Enrollees assigned to the Dentist), and by Enrollees through required Copayments for treatment received. A Contract Specialist is compensated by Delta Dental through an agreed-upon amount for each covered procedure, less the applicable Copayment paid by the Enrollee. In no event does Delta Dental pay a Contract Dentist or a specialist any incentive as an inducement to deny, reduce, limit or delay any appropriate treatment.

In the event we fail to pay a Contract Dentist, you will not be liable to that Dentist for any sums owed by us. By statute, the DeltaCare USA provider contract contains a provision prohibiting a Contract Dentist from charging an Enrollee for any sums owed by Delta Dental. Except for the provisions in *Emergency Services*, if you have not received Preauthorization for treatment from an Out-of-Network Dentist, and we fail to pay that Out-of-Network Dentist, you may be liable to that Dentist for the cost of services.

You may obtain further information concerning compensation by calling Delta Dental at the toll-free telephone number shown on the back cover of this booklet.

Processing Policies

The dental care guidelines for the DeltaCare USA Program explain to Contract Dentists what services are covered under the dental Contract. Contract Dentists will use their professional judgment to determine which services are appropriate for the Enrollee. Services performed by the Contract Dentist that fall under the scope of Benefits of the dental Program are provided subject to any Copayments. If a Contract Dentist believes that an Enrollee should seek treatment from a specialist, the Contract Dentist contacts Delta Dental for a determination of whether the proposed treatment is a covered benefit. Delta Dental will also determine whether the proposed treatment requires treatment by a specialist. An Enrollee may contact Delta Dental's Customer Service Department at 866-247-2486, Monday through Friday, from 5 a.m. to 6 p.m. Pacific time (TTY/TDD users call 1-800-735-2929) for information regarding the dental care guidelines for DeltaCare USA.

Coordination of Benefits

This Program provides Benefits without regard to coverage by any other group insurance policy or any other group health benefits program if the other policy or program covers services or expenses in addition to dental care. Otherwise, Benefits provided under this Program by specialists or Out-of-Network Dentists are coordinated with such other group dental insurance policy or any group dental benefits program. The determination of which policy or program is primary shall be governed by the rules stated in the Contract.

If this plan is secondary, it will pay the lesser of:

- the amount that it would have paid in the absence of any other dental benefit coverage, or
- the enrollee's total out-of-pocket cost payable under the primary dental benefit plan as long as the benefits are covered under this plan.

An Enrollee must provide to Delta Dental and Delta Dental may release to or obtain from any insurance company or other organization, any information about the Enrollee that is needed to administer coordination of benefits. Delta Dental shall, in its sole discretion, determine whether any reimbursement to an insurance company or other organization is warranted under these coordination of benefits provisions, and any such reimbursement paid shall be deemed to be Benefits under this Contract. Delta Dental will have the right to recover from a Dentist, Enrollee, insurance company or other organization, as Delta Dental chooses, the amount of any Benefit paid by Delta Dental which exceeds its obligations under these coordination of benefit provisions.

Grievance and Appeals Process

Our commitment to you is to ensure not only quality of care, but also quality in the treatment process. This quality of treatment extends from the professional services provided by Network Dentists to the courtesy extended to you by our telephone representatives. If you have any question or complaint regarding eligibility, the denial of dental services or claims, the policies, procedures or operations of Delta Dental or the quality of dental services performed by a Contract Dentist, you have the right to file a grievance or appeal with CHMP. See your CHMP Evidence of Coverage for information on the grievance process or contact CHMP at the number on your CHMP member ID card. For any questions please call: CHMP Member Services: 1-866-314-2427, 8am-8pm, 7 days a week (TTY/TDD users: 1-888-205-7671).

Public Policy Participation by Enrollees

Delta Dental's Board of Directors includes Enrollees who participate in establishing Delta Dental's public policy regarding Enrollees through periodic review of Delta Dental's Quality Assessment program

reports and communication from Enrollees. Enrollees may submit any suggestions regarding Delta Dental's public policy in writing to: Customer Service Department, P.O. Box 1803, Alpharetta, GA 30023.

Renewal and Termination of Benefits

This Program renews on the anniversary of the contract term unless we provide notice of a change in premiums or Benefits and CHMP does not accept the change. All Benefits terminate for any Enrollee as of the date that this Program is terminated, such person ceases to be eligible under the terms of this Program, or such person's enrollment is cancelled under the terms of this Program. We are not obligated to continue to provide Benefits to any such person in such event, except for completion of single procedures commenced while this Program was in effect.

Cancellation of Enrollment

To be eligible for Benefits under this dental plan, you must be enrolled under one of the various health plans or products offered by CHMP. If you lose your eligibility or you terminate your enrollment under CHMP, you are not eligible to receive Benefits under this plan. See your CHMP Evidence of Coverage for enrollment terms and conditions.

SCHEDULE A

Description of Benefits and Copayments

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to *Schedule B* for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of benefits under the DeltaCare USA program and is not to be interpreted as CDT-2015 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	
D0120	Periodic oral evaluation - established patient	No Cost
D0140	Limited oral evaluation - problem focused.....	No Cost
D0150	Comprehensive oral evaluation - new or established patient.....	No Cost
D0180	Comprehensive periodontal evaluation - new or established patient.....	No Cost
D0190	Screening of a patient.....	No Cost
D0191	Assessment of a patient.....	No Cost
D0210	Intraoral - complete series of radiographic images - <i>limited to 1 series every 24 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 - first radiographic image	No Cost
D0260	Extraoral - each additional 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 1 series every 6 months</i>	No Cost
D0330	Panoramic radiographic image	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 - 2 per 12 month period	No Cost
D1208	Topical application of fluoride - excluding varnish - 2 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

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.*
- *Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.*

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
D2720	Crown - resin with high noble metal.....	\$220.00
D2721	Crown - resin with predominantly base metal	No Cost

D2722	Crown - resin with noble metal.....	\$180.00
D2740	Crown - porcelain/ceramic substrate	\$220.00
D2750	Crown - porcelain fused to high noble metal.....	\$295.00
D2751	Crown - porcelain fused to predominantly base metal.....	\$75.00
D2752	Crown - porcelain fused to noble metal.....	\$255.00
D2780	Crown - $\frac{3}{4}$ cast high noble metal	\$220.00
D2781	Crown - $\frac{3}{4}$ cast predominantly base metal.....	\$180.00
D2782	Crown - $\frac{3}{4}$ cast noble metal	\$180.00
D2783	Crown - $\frac{3}{4}$ porcelain/ceramic.....	\$180.00
D2790	Crown - full cast high noble metal.....	\$220.00
D2791	Crown - full cast predominantly base metal	No Cost
D2792	Crown - full cast noble metal.....	\$180.00
D2794	Crown - titanium.....	\$220.00
D2920	Re-cement or re-bond crown	No Cost
D2921	Reattachment of tooth fragment, incisal edge or cusp (<i>anterior</i>)	No Cost
D2931	Prefabricated stainless steel crown - permanent tooth	No Cost
D2940	Protective restoration	No Cost
D2941	Interim therapeutic restoration - primary dentition	No Cost
D2949	Restorative foundation for an indirect restoration	No Cost
D2950	Core buildup, including any pins when required...	No Cost
D2951	Pin retention - per tooth, in addition to restoration	No Cost
D2952	Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i>	\$100.00
D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i>	\$75.00
D2954	Prefabricated post and core in addition to crown - <i>base metal post; includes canal preparation</i>	No Cost

D3000-D3999 IV. ENDODONTICS

D3110	Pulp cap - direct (excluding final restoration).....	No Cost
D3120	Pulp cap - indirect (excluding final restoration)	No Cost
D3310	<i>Root canal</i> - endodontic therapy, anterior tooth (excluding final restoration).....	No Cost

D3320	Root canal - endodontic therapy, bicuspid tooth (excluding final restoration).....	No Cost
D3330	Root canal - endodontic therapy, molar (excluding final restoration).....	No Cost
D3331	Treatment of root canal obstruction; non-surgical access	No Cost
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.....	No Cost
D3346	Retreatment of previous root canal therapy - anterior.....	No Cost
D3347	Retreatment of previous root canal therapy - bicuspid.....	No Cost
D3348	Retreatment of previous root canal therapy - molar.....	No Cost
D3410	Apicoectomy - anterior	No Cost
D3421	Apicoectomy - bicuspid (first root).....	No Cost
D3425	Apicoectomy - molar (first root).....	No Cost
D3426	Apicoectomy (each additional root).....	No Cost
D3427	Periradicular surgery without apicoectomy	No Cost

D4000-D4999 V. PERIODONTICS

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

D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	No Cost
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	No Cost
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis - <i>limited to 1 treatment in any 12 consecutive months</i>	No Cost
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth.....	No Cost
D4910	Periodontal maintenance - <i>limited to 1 treatment each 6 month period</i>	No Cost
D4921	Gingival irrigation - per quadrant	No Cost

D5000-D5899 VI. PROSTHODONTICS (removable)

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

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

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

D5110	Complete denture - maxillary	No Cost
D5120	Complete denture - mandibular	No Cost
D5130	Immediate denture - maxillary.....	No Cost
D5140	Immediate denture - mandibular.....	No Cost
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	No Cost
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	No Cost
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth).....	No Cost
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	No Cost
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$220.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$220.00
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
D5510	Repair broken complete denture base	No Cost
D5520	Replace missing or broken teeth - complete denture (each tooth)	No Cost
D5610	Repair resin denture base	No Cost
D5640	Replace broken teeth - per tooth	No Cost
D5650	Add tooth to existing partial denture	No Cost

D5660	Add clasp to existing partial denture	No Cost
D5710	Rebase complete maxillary denture	\$50.00
D5711	Rebase complete mandibular denture	\$50.00
D5720	Rebase maxillary partial denture	\$50.00
D5721	Rebase mandibular partial denture.....	\$50.00
D5730	Reline complete maxillary denture (chairside).....	No Cost
D5731	Reline complete mandibular denture (chairside)...	No Cost
D5740	Reline maxillary partial denture (chairside)	No Cost
D5741	Reline mandibular partial denture (chairside).....	No Cost
D5750	Reline complete maxillary denture (laboratory)	No Cost
D5751	Reline complete mandibular denture (laboratory)	No Cost
D5760	Reline maxillary partial denture (laboratory)	\$50.00
D5761	Reline mandibular partial denture (laboratory).....	\$50.00
D5850	Tissue conditioning, maxillary.....	No Cost
D5851	Tissue conditioning, mandibular.....	No Cost

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

- Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.

D6240	Pontic - porcelain fused to high noble metal	\$295.00
D6241	Pontic - porcelain fused to predominantly base metal.....	\$75.00
D6242	Pontic - porcelain fused to noble metal.....	\$255.00
D6750	Crown - porcelain fused to high noble metal.....	\$295.00
D6751	Crown - porcelain fused to predominantly base metal.....	\$75.00
D6752	Crown - porcelain fused to noble metal.....	\$255.00

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

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

- D7140 Extraction, erupted tooth or exposed root
(elevation and/or forceps removal) No Cost
- D7210 Surgical removal of 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 Surgical removal of residual tooth roots
(cutting procedure)..... No Cost
- D7310 Alveoloplasty in conjunction with extractions
- four or more teeth or tooth spaces,
per quadrant No Cost
- D7311 Alveoloplasty in conjunction with extractions
- one to three teeth or tooth spaces, per quadrant .. No Cost
- D7320 Alveoloplasty not in conjunction with
extractions - four or more teeth or tooth spaces,
per quadrant No Cost
- D7321 Alveoloplasty not in conjunction with
extractions - one to three teeth or tooth spaces,
per quadrant No Cost
- D9219 Evaluation for deep sedation or
general anesthesia No Cost

D8000-D8999 XI. ORTHODONTICS - Not Covered

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

- D9310 Consultation - diagnostic service provided by
dentist or physician other than requesting dentist
or physician No Cost
- D9931 Cleaning and inspection of a removable appliance No Cost

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

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 fees on file with the Plan. Questions regarding these fees should be directed to the Customer Service Department at 866-247-2486, Monday through Friday, from 5 a.m. to 6 p.m. Pacific time (TTY/TDD users call 1-800-735-2929).

SCHEDULE B

Limitations of Benefits

1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments*.
2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional \$125.00 above the listed Copayment for each of these services after the sixth unit has been provided.
3. Fixed bridges are only covered as described below. An anterior fixed bridge is covered subsequent to the recent extraction of up to two anterior teeth when:
 - a) Those extracted teeth are the only missing teeth in the arch (other than 3rd molars), and;
 - b) The attachment teeth immediately adjacent to the extraction sites have a good prognosis.

Exclusions of Benefits

1. Any procedure that is not specifically listed under *Schedule A, Description of Benefits and Copayments*.
2. Any procedure that in the professional opinion of the Contract Dentist:
 - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**
 - b. is inconsistent with generally accepted standards for dentistry.
3. Services solely for cosmetic purposes, with the exception of procedure D9975, (External bleaching for home application, per arch), or for conditions that are a result of hereditary or developmental defects, including but not limited to cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel.
4. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).
5. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
6. 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.
7. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
8. Consultations for non-covered benefits.

9. Dental services received from any dental facility other than the assigned Contract Dentist, a preauthorized dental specialist, or a Contract Orthodontist except for *Emergency Services* as described in the Contract and/or Benefit booklet.
10. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
11. Prescription drugs.
12. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with the DeltaCare USA program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.
13. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

Central Health Plan of California is an HMO plan with a Medicare contract. Enrollment in Central Health Plan of California depends on contract renewal.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply.

Benefits, formulary, pharmacy network, premium and/or copayments/co-insurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium if not otherwise paid for under Medicaid or by another third party.

Premiums, co-pays, co-insurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details

Central Health Medi-Medi Plan (HMO SNP) and Central Health Focus Plan (HMO SNP) have been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until 2017 based on a review of Central Health Medi-Medi Plan (HMO SNP) Model of Care and Central Health Focus Plan (HMO SNP) Model of Care.

Central Health Focus Plan (HMO SNP) is available to anyone with Medicare who has been diagnosed with Diabetes Mellitus.

Central Health Medi-Medi Plan (HMO SNP) is available to anyone who has both Medical Assistance from the State and Medicare

This information is available for free in other languages. Please call our customer service number at 1-866-314-2427, TTY/TDD 1-888-205-7671, 7 days a week, 8:00 AM to 8:00 PM (PT).

Esta información es disponible gratuitamente en otros lenguajes. Favor llame a nuestro número de servicio al cliente al 1-866-314-2427, TTY/TDD 1-888-205-7671, los 7 días de la semana, 8:00 AM a 8:00 PM (Tiempo Pacifico).

If you have any questions or need additional information, call or write:

Toll Free

866-247-2486

Monday through Friday, from 5 a.m. to 6 p.m.

Pacific time (TTY/TDD users call 1-800-735-2929)

Delta Dental of California

17871 Park Plaza Dr., Suite 200

Cerritos, CA 90703

IMPORTANT: Can you read this document? If not, we can have somebody help you read it. For free help, please call Delta Dental at 866-247-2486. You may also be able to receive this document in Spanish or Chinese.

IMPORTANTE: ¿Puede leer este documento? Si no, podemos ayudarle. Para obtener ayuda gratis, llame a Delta Dental al 866-247-2486. También puede recibir este documento en español o chino.

重要通知： 您能讀這份文件嗎？如有問題，我們可請他人協助您。如需免費協助，請電 Delta Dental 866-247-2486 您也能取得這份文件的西班牙文或中文譯本。