



DENTAL BENEFITS ADDENDUM

CENTRAL HEALTH MEDICARE PLAN

CAC27

Administered by:



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INTRODUCTION

We are pleased to welcome you to the dental plan for CENTRAL HEALTH MEDICARE PLAN. Your plan is administered by Delta Dental of California (“Delta Dental”). Our goal is to provide you with high quality dental care and to help you maintain good dental health. We encourage you not to wait until you have a problem to see the dentist, but to see him/her on a regular basis.

This plan is available in the following counties: Alameda, Contra Costa, Fresno, Los Angeles, Orange, Riverside, San Bernardino, San Joaquin, San Mateo, Santa Clara, and Ventura.

Using This Evidence of Coverage

This Dental Benefit Addendum (“Plan”), which includes Attachment A, Schedule of Copayments and Attachment B, Services, Limitations and Exclusions, discloses the terms and conditions of your coverage and is designed to help you make the most of your dental plan. It will help you understand how the Plan works and how to obtain dental care. Please read this booklet completely and carefully. Please read the Definitions section, which will explain any words that have special or technical meanings in this Plan.

The benefit explanations contained in this Plan booklet are subject to all provisions of the Contract on file with CENTRAL HEALTH MEDICARE PLAN (“Contractholder”) and do not modify the terms and conditions of the Contract in any way, nor shall you accrue any rights because of any statement in or omission from this booklet.

Notice: *This Plan booklet is a summary of your dental plan, and its accuracy should be verified before receiving treatment. This information is not a guarantee of covered Benefits, services or payments.*

Contact Us

For more information please visit www.deltadentalins.com/centralhealth or call Delta Dental’s Customer Service Center at 855-370-3867 (TTY 711). A Customer Service Representative can answer questions you may have about obtaining dental care, help you locate a Delta Dental Participating Provider, explain Benefits, check the status of a claim, and assist you in filing a claim.

You can access Delta Dental’s automated information line at 855-370-3867 (TTY 711) during regular business hours to obtain information about Member’s eligibility and Benefits, or claim status, or to speak to a Customer Service Representative for assistance. If you prefer to write Delta Dental with your question(s), please mail your inquiry to the following address:

Delta Dental
1130 Sanctuary Parkway
Alpharetta, GA 30009

DEFINITIONS

Terms when capitalized in this Plan booklet have defined meanings, given in the section below or throughout the booklet sections.

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 -- the dental services under this Plan to which you are entitled to receive.

Calendar Year -- the 12 months of the year from January 1st through December 31st.

Claim Form -- the standard form used to file a claim or request a Pre-Treatment Estimate.

Contract -- the Agreement between CENTRAL HEALTH MEDICARE PLAN and Delta Dental of California for the Provision of Dental Services.

Contractholder -- CENTRAL HEALTH MEDICARE PLAN.

Cost-sharing -- the amounts which may be charged to a Member as the Member's share of the cost for the provision of covered services. Cost sharing under this Plan consists of copayments listed in Attachment A.

Delta Dental Participating Provider (Participating Provider) -- means a person licensed to practice dentistry when and where performed who has entered into a contract with Delta Dental agreeing to participate in this Plan and provide covered services in general dentistry to Members.

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

Effective Date -- the original date the Plan starts. This date is given on this booklet's cover and Attachment A.

Member -- a person with Medicare who is eligible to get covered services, who has enrolled in the Plan and whose enrollment has been confirmed by CMS.

Non Participating Provider -- a dentist who has not entered into an agreement with Delta Dental to be a Participating Provider under this Plan.

Plan -- this dental plan which describes the Benefits, limitations, exclusions, terms and conditions of coverage for Members enrolled in Contractholder's Medicare Advantage Plan.

Plan Year -- the 12 months starting on the Effective Date and each subsequent 12 month period thereafter.

Pre-Treatment Estimate -- an estimation of the allowable Benefits under the Plan for the services proposed.

Procedure Code -- the Current Dental Terminology[®] (CDT) number assigned to a Single Procedure by the American Dental Association.

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

Single Procedure -- a dental procedure that is assigned a separate Procedure Code.

Specialist Services -- mean services performed by a licensed 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 Procedure Code that has been started while the Member was eligible to receive Benefits, and for which multiple appointments are necessary to complete the procedure whether or not the Member continues to be eligible for Benefits under the 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.

How to use this Plan - Choice of Participating Provider

To receive Benefits under this Plan, you must select a Participating Provider from the directory of Participating Providers. If you fail to select a Participating Provider or the Participating Provider selected by you becomes unavailable, we will request you select another Participating Provider, or we will assign you to a Participating Provider. You may change your assigned Participating Provider by directing a request to the Customer Service department at 855-370-3867 Monday through Sunday from 8 a.m. to 8 p.m., 7 days a week (TTY users call 711). In order to ensure that your Participating Provider is notified, and our eligibility lists are correct, changes in Participating Providers 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 membership packet that tells you the effective date of your Plan and the address and telephone number of your Participating Provider. After the effective date in your membership packet, you may obtain dental services under the Plan. To make an appointment simply call your Participating Provider's facility and identify yourself as a Member through CENTRAL HEALTH MEDICARE PLAN. Inquiries regarding availability of appointments and accessibility of Participating Providers should be directed to the Customer Service department at 855-370-3867 (TTY users 711).

EACH MEMBER MUST GO TO HIS OR HER ASSIGNED PARTICIPATING PROVIDER TO OBTAIN COVERED SERVICES, EXCEPT EMERGENCY SERVICES OR SERVICES PROVIDED BY A SPECIALIST, WHICH MUST BE PREAUTHORIZED IN WRITING BY DELTA DENTAL. ANY OTHER TREATMENT IS NOT COVERED UNDER THIS PLAN.

If your assigned Participating Provider's agreement with Delta Dental terminates, that Participating Provider 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

Existing Members:

You may have the right to have completion of care with your terminated Participating Provider for certain specified dental conditions. Please call Customer Service at 855-370-3867 Monday through Sunday from 8 a.m. to 8 p.m., 7 days a week (TTY users call 711) 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 Participating Provider. We are not required to continue your care with that Participating Provider if you are not eligible for coverage under the Plan or if we cannot reach agreement with your terminated Participating Provider on the terms regarding your care.

New Members:

You may have the right to the qualified benefit of completion of care with a Non Participating Provider for certain specified dental conditions. Please call the Customer Service department at 855-370-3867 Monday through Sunday from 8 a.m. to 8 p.m., 7 days a week (TTY users call 711) 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 Non Participating Provider. We are not required to continue your care with that dentist if you are not eligible under the Plan or if we cannot reach agreement with your dentist on the terms regarding your care.

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 855-370-3867 Monday through Sunday from 8 a.m. to 8 p.m., 7 days a week (TTY users call 711).

Benefits, Limitations and Exclusions

This Plan provides the Benefits described in Attachment A, *Description of Benefits and Copayments* subject to the limitations and exclusions described in Attachment B. The services are performed as deemed appropriate by your attending Participating Provider. A Participating Provider 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 Attachment A, *Description of Benefits and Copayments* directly to the Participating Provider or Specialist 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 Participating Provider whenever possible. If you are a new Member needing Emergency Services, but do not have an assigned Participating Provider yet, contact Delta Dental's Customer Service department at 855-370-3867 Monday through Sunday from 8 a.m. to 8 p.m., 7 days a week (TTY users call 711) for help in locating a Participating Provider. Benefits for Emergency Services by a Non Participating Provider 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 Participating Provider and the Participating Provider 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 Participating Provider to receive Emergency Services.

Benefits for Emergency Services not provided by the Participating Provider are limited to a maximum of \$100.00 per emergency 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 dentist other than your Participating Provider.

Specialist Services

Specialist Services must be referred by the assigned Participating Provider and preauthorized in writing by Delta Dental. All preauthorized Specialist Services will be paid by us less any applicable Copayments.

Second Opinion

You may request a second opinion if you disagree with or question the diagnosis and/or treatment plan determination made by your Participating Provider. 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 855-370-3867 Monday through Sunday from 8 a.m. to 8 p.m., 7 days a week (TTY users call 711) or write to Delta Dental.

Second opinions will be provided at another Participating Provider's facility, unless otherwise authorized by Delta Dental. Delta Dental will authorize a second opinion by a Non Participating Provider if an appropriately qualified Participating Provider 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 CENTRAL HEALTH MEDICARE PLAN. Please refer to the section of this booklet titled "Grievance and Appeals Process" below for an explanation of how to file an Appeal.

Claims for Reimbursement

Claims for 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 Participating Provider is compensated by Delta Dental through monthly capitation (an amount based on the number of Members assigned to the Participating Provider), and by Members through required Cost Sharing for treatment received. A Specialist is compensated by Delta Dental through an agreed-upon amount for each covered procedure, less the applicable Copayment paid by the Member. In no event does Delta Dental pay a Participating Provider 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 Participating Provider, you will not be liable to that Participating Provider for any sums owed by us. The Participating Provider's contract with Delta Dental contains a provision prohibiting the Participating Provider from charging a Member for any sums owed by Delta Dental. Except for the provisions in *Emergency Services*, if you have not received Preauthorization for treatment from a Non Participating Provider or Specialist, and we fail to pay that 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 listed in this booklet.

Processing Policies

The dental care guidelines for the Plan explain to Participating Providers what services are covered under the dental Contract. Participating Providers will use their professional judgment to determine which services are appropriate for the Member. Services performed by the Participating Provider that fall under the scope of Benefits of the dental Plan are provided subject to any Copayments. If a Participating Provider believes that a Member should obtain treatment from a Specialist, the Participating Provider 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. A Member may contact Delta Dental's Customer Service department at 855-370-3867 Monday through Sunday from 8 a.m. to 8 p.m., 7 days a week (TTY users call 711) for information regarding the dental care guidelines for the Plan.

Coordination of Benefits

This Plan provides Benefits without regard to coverage by any other group insurance policy or any other group health benefits Plan if the other policy or Plan covers services or expenses in addition to dental care. Otherwise, Benefits provided under this Plan by Specialists or Non Participating Providers are coordinated with such other group dental insurance policy or any group dental benefits Plan. The determination of which policy or Plan 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.

A Member must provide to Delta Dental and Delta Dental may release to or obtain from any insurance company or other organization, any information about the Member 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 Plan. Delta Dental will have the right to recover from a dentist, Member, insurance company or other organization, as Delta Dental chooses, the amount of any Benefits 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 Participating Providers to the courtesy extended 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 Participating Provider, you have the right to file a grievance or appeal with CENTRAL HEALTH MEDICARE PLAN.

Renewal and Termination of Benefits

This Plan renews on the anniversary of the contract term unless we provide notice of a change in premiums or Benefits and CENTRAL HEALTH MEDICARE PLAN does not accept the change. All Benefits terminate for any Member as of the date that this Plan is terminated, such person ceases to be eligible under the terms of this Plan, or such person's enrollment is cancelled under the terms of this Plan. 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 Plan was in effect.

Cancellation of Enrollment

To be eligible for Benefits under this Plan, you must be enrolled under one of the various Medicare Advantage health plans or products offered by CENTRAL HEALTH MEDICARE PLAN. If you lose your eligibility or you terminate your enrollment under your CENTRAL HEALTH MEDICARE PLAN, you are not eligible to receive Benefits under this Plan. See your CENTRAL HEALTH MEDICARE PLAN Evidence of Coverage Booklet for enrollment terms and conditions.

SCHEDULE A
Description of Benefits and Copayments

The Benefits shown below are performed as deemed appropriate by the Contract Dentist subject to the *Limitations and Exclusions* of the Plan. Please refer to *Schedule B* for further clarification of Benefits. **You should discuss all treatment options with Your Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of benefits under the DHMO program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2024 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

<u>CODE</u>	<u>DESCRIPTION</u>	<u>ENROLLEE PAYS</u>
D0100-D0999	I. DIAGNOSTIC	
	- Two periapical or bitewing x-rays (D0220, D0230, D0270, D0272, D0273 or D0274) every calendar year	
D0120	Periodic oral evaluation - established patient - <i>Two oral evaluations (D0120, D0140, D0160 or D0170) every calendar year</i>	No Cost
D0140	Limited oral evaluation - problem focused - <i>Two oral evaluations (D0120, D0140, D0160 or D0170) every calendar year</i>	No Cost
D0150	Comprehensive oral evaluation - new or established patient - <i>One comprehensive evaluation (D0150 or D0180) every 3 calendar years per provider or location</i>	No Cost
D0160	Detailed and extensive oral evaluation - problem focused, by report- <i>Two oral evaluations (D0120, D0140, D0160 or D0170) every calendar year</i>	\$17.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)- <i>Two oral evaluations (D0120, D0140, D0160 or D0170) every calendar year</i>	\$12.00
D0180	Comprehensive periodontal evaluation - new or established patient - <i>One comprehensive evaluation (D0150 or D0180) every 3 calendar years per provider or location</i>	No Cost
D0190	Screening of a patient - <i>One (D0190 or D0191) every calendar year</i>	No Cost
D0191	Assessment of a patient - <i>One (D0190 or D0191) every calendar year</i>	No Cost
D0210	Intraoral - comprehensive series of radiographic images - <i>One (D0210 or D0330) every calendar year</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 - <i>1 per arch per day</i>	No Cost
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector - <i>1 per calendar year</i>	No Cost
D0251	Extraoral posterior dental radiographic image - <i>If there is a history of prior extra-oral radiograph within the frequency limitation for D0330, the fees for D0251 are NOT BILLABLE TO THE PATIENT.</i>	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	No Cost
D0277	vertical bitewings - 7 to 8 radiographic images - <i>One D0277 every calendar year</i>	\$41.00
D0330	Panoramic radiographic image - <i>1 every calendar year</i>	No Cost
D0396	3D printing of a 3D dental surface scan	No Cost
D0419	Assessment of salivary flow by measurement - <i>1 every 2 calendar years</i>	No Cost
D0460	Pulp vitality tests - <i>1 every 2 calendar years</i>	\$15.00

D0601	Caries risk assessment and documentation, with a finding of low risk - <i>One (D0601, D0602 or D0603) every 2 calendar years</i>	No Cost
D0602	Caries risk assessment and documentation, with a finding of moderate risk - <i>One (D0601, D0602 or D0603) every 2 calendar years</i>	No Cost
D0603	Caries risk assessment and documentation, with a finding of high risk - <i>One (D0601, D0602 or D0603) every 2 calendar years</i>	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 - <i>Two (D1110, D4346 or D4910) every calendar year</i>	No Cost
D1206	Topical application of fluoride varnish - <i>Two fluoride applications (D1206 or D1208) every calendar year</i>	\$13.00
D1208	Topical application of fluoride - excluding varnish - <i>Two fluoride applications (D1206 or D1208) every calendar year</i>	No Cost
D1310	Nutritional counseling for control of dental disease - <i>One every calendar year</i>	No Cost
D1320	Tobacco counseling for the control and prevention of oral disease - <i>Two every calendar year</i>	No Cost
D1330	Oral hygiene instructions - <i>One every calendar year</i>	No Cost
D2000-D2999	III. RESTORATIVE	
	- <i>Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.</i>	
	- <i>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.</i>	
	- <i>Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.</i>	
	- <i>Two fillings procedures every calendar year (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393 or D2394)</i>	
	- <i>Two crown or onlay procedures every calendar year (any combination of D2542 - D2544, D2642 - D2644, D2710 - D2794, D2931)</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 (anterior)	No Cost
D2390	Resin-based composite crown, anterior	\$111.00
D2391	Resin-based composite - one surface, posterior	\$46.00
D2392	Resin-based composite - two surfaces, posterior	\$64.00
D2393	Resin-based composite - three surfaces, posterior	\$77.00
D2394	Resin-based composite - four or more surfaces, posterior	\$85.00
D2542	onlay - metallic-two surfaces - <i>One crown or onlay per tooth every 5 calendar years</i>	\$382.00
D2543	Onlay - metallic-three surfaces - <i>One crown or onlay per tooth every 5 calendar years</i>	\$384.00
D2544	Onlay - metallic-four or more surfaces - <i>One crown or onlay per tooth every 5 calendar years</i>	\$385.00
D2642	Onlay - porcelain/ceramic - two surfaces - <i>One crown or onlay per tooth every 5 calendar years</i>	\$421.00
D2643	Onlay - porcelain/ceramic - <i>three surfaces</i> - <i>One crown or onlay per tooth every 5 calendar years</i>	\$423.00

D2644	Onlay - porcelain/ceramic - four or more surfaces - <i>One crown or onlay per tooth every 5 calendar years</i>	\$424.00
D2710	Crown - resin-based composite (indirect) - <i>One crown or onlay per tooth every 5 calendar years</i>	\$150.00
D2712	Crown -3/4 resin-based composite (indirect) - <i>One crown or onlay per tooth every 5 calendar years</i>	\$149.00
D2720	Crown - resin with high noble metal - <i>One crown or onlay per tooth every 5 calendar years</i>	\$220.00
D2721	Crown - resin with predominantly base metal - <i>One crown or onlay per tooth every 5 calendar years</i>	No Cost
D2722	Crown - resin with noble - <i>One crown or onlay per tooth every 5 calendar years</i>	\$180.00
D2740	Crown - porcelain/ceramic - <i>One crown or onlay per tooth every 5 calendar years</i>	\$220.00
D2750	Crown - porcelain fused to high noble metal - <i>One crown or onlay per tooth every 5 calendar years</i>	\$295.00
D2751	Crown - porcelain fused to predominantly base metal - <i>One crown or onlay per tooth every 5 calendar years</i>	\$75.00
D2752	Crown - porcelain fused to noble metal - <i>One crown or onlay per tooth every 5 calendar years</i>	\$255.00
D2753	Crown - porcelain fused to titanium and titanium alloys - <i>One crown or onlay per tooth every 5 calendar years</i>	\$295.00
D2780	Crown - 3/4 cast high noble metal - <i>One crown or onlay per tooth every 5 calendar years</i>	\$220.00
D2781	Crown - 3/4 cast predominantly base metal - <i>One crown or onlay per tooth every 5 calendar years</i>	\$180.00
D2782	Crown - 3/4 cast noble metal - <i>One crown or onlay per tooth every 5 calendar years</i>	\$180.00
D2783	Crown - 3/4 porcelain/ceramic - <i>One crown or onlay per tooth every 5 calendar years</i>	\$180.00
D2790	Crown - full cast high noble metal - <i>One crown or onlay per tooth every 5 calendar years</i>	\$220.00
D2791	Crown - full cast predominantly base metal - <i>One crown or onlay per tooth every 5 calendar years</i>	No Cost
D2792	Crown - full cast noble metal - <i>One crown or onlay per tooth every 5 calendar years</i>	\$220.00
D2794	Crown - titanium and titanium alloys - <i>One crown or onlay per tooth every 5 calendar years</i>	No Cost
D2915	Re-cement or re-bond crown - <i>One recement (D2915 or D2920) per tooth every 2 calendar years</i>	\$31.00
D2920	Re-cement or re-bond crown - <i>One recement (D2915 or D2920) per tooth every 2 calendar years</i>	No Cost
D2921	Reattachment of tooth fragment, incisal edge or cusp (<i>anterior</i>) - <i>One every 2 calendar years</i>	No Cost
D2928	Prefabricated porcelain/ceramic crown - permanent tooth - <i>One per tooth every 2 calendar years</i>	\$221.00
D2931	Prefabricated stainless steel crown - permanent <i>One crown or onlay per tooth every 5 calendar years</i>	No Cost
D2940	Protective restoration - <i>One (D2940 or D2941) per tooth per lifetime</i>	No Cost
D2941	Interim therapeutic restoration - primary dentition - <i>One (D2940 or D2941) per tooth per lifetime</i>	No Cost
D2949	Restorative foundation for an indirect restoration	No Cost
D2950	Core buildup, including any pins when required - <i>One (D2950, D2952 or D2954) per tooth every 5 calendar years</i>	No Cost

D2951	Pin retention - per tooth, in addition to restoration - <i>One per tooth every 2 calendar years</i>	No Cost
D2952	Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation - One (D2950, D2952 or D2954) per tooth every 5 calendar years</i>	\$100.00
D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation - One per tooth every 5 calendar year when billed with D2952</i>	\$75.00
D2954	Prefabricated post and core in addition to crown - <i>base metal post; includes canal preparation - One (D2950, D2952 or D2954) per tooth every 5 calendar years</i>	No Cost
D2980	Crown repair necessitated by restorative material failure - <i>One per tooth every 2 calendar years</i>	\$23.00
D2976	Band stabilization - per tooth - limited to once in a lifetime per tooth.	No Cost
D2989	Excavation of a tooth resulting in the determination of non-restorability	No Cost
D3000-D3999	IV. ENDODONTICS	
	- <i>Two root canal procedures every calendar year (D3310, D3320, D3330, D3346, D3347 or D3348)</i>	
D3110	Pulp cap - direct (excluding final restoration)	No Cost
D3120	Pulp cap - indirect (excluding final restoration)	No Cost
D3310	<i>Root canal - endodontic therapy, anterior tooth (excluding final restoration)</i>	No Cost
D3330	<i>Root canal - endodontic therapy, molar tooth (excluding final restoration)</i>	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 - premolar	No Cost
D3348	Retreatment of previous root canal therapy - molar	No Cost
D3410	Apicoectomy - anterior - <i>One per tooth per lifetime</i>	No Cost
D3421	Apicoectomy - premolar (first root) - <i>One per tooth per lifetime</i>	No Cost
D3425	Apicoectomy - molar (first root) <i>One per tooth per lifetime</i>	No Cost
D3426	Apicoectomy (each additional root) <i>One per tooth per lifetime</i>	No Cost
D4000-D4999	V. PERIODONTICS	
	- <i>Includes pre-operative and post-operative evaluations and treatment under a local anesthetic.</i>	
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>One (D4341 or D4342) per quadrant every 2 calendar years</i>	No Cost
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>One (D4341 or D4342) per quadrant every 2 calendar years</i>	No Cost
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - <i>Two (D1110, D4346 or D4910) every calendar year</i>	No Cost
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit - <i>One every 2 calendar years</i>	No Cost
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth - <i>One per tooth every 2 calendar years</i>	No Cost
D4910	Periodontal maintenance - <i>Two (D1110, D4346 or D4910) every calendar year</i>	No Cost
D4921	Gingival irrigation with a medicinal agent - per quadrant	No Cost
D5000-D5899	VI. PROSTHODONTICS (removable)	
	- <i>For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. For all listed immediate dentures and immediate removable partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first three months after placement. You</i>	

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, repairs and tissue conditioning are included in the initial fee within 6 months of initial placement. Relines are permitted 3 months after the delivery of an immediate denture.

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

D5110	Complete denture - maxillary - <i>One maxillary denture (D5110 or D5130) every 5 calendar years</i>	No Cost
D5120	Complete denture - mandibular - <i>One mandibular denture (D5120 or D5140) every 5 calendar years</i>	No Cost
D5130	Immediate denture - maxillary - <i>One maxillary denture (D5110 or D5130) every 5 calendar years</i>	No Cost
D5140	Immediate denture - mandibular - <i>One mandibular denture (D5120 or D5140) every 5 calendar years</i>	No Cost
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) - <i>One partial maxillary denture (D5211, D5213, D5221, D5223, D5225 or D5227) every 5 calendar years</i>	No Cost
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) - <i>One partial mandibular denture (D5212, D5214, D5222, D5224, D5226 or D5228) every 5 calendar years</i>	No Cost
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) - <i>One partial maxillary denture (D5211, D5213, D5221, D5223, D5225 or D5227) every 5 calendar years</i>	No Cost
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) - <i>One partial mandibular denture (D5212, D5214, D5222, D5224, D5226 or D5228) every 5 calendar years</i>	No Cost
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) - <i>One partial maxillary denture (D5211, D5213, D5221, D5223, D5225 or D5227) every 5 calendar years</i>	No Cost
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) - <i>One partial mandibular denture (D5212, D5214, D5222, D5224, D5226 or D5228) every 5 calendar years</i>	No Cost
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) - <i>One partial maxillary denture (D5211, D5213, D5221, D5223, D5225 or D5227) every 5 calendar years</i>	No Cost
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) - <i>One partial mandibular denture (D5212, D5214, D5222, D5224, D5226 or D5228) every 5 calendar years</i>	No Cost
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth) - prosthetic appliances will be replaced only after five years have elapsed from the time of delivery - <i>One partial maxillary denture (D5211, D5213, D5221, D5223, D5225 or D5227) every 5 calendar years</i>	\$220.00
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth) - <i>One partial mandibular denture (D5212, D5214, D5222, D5224, D5226 or D5228) every 5 calendar years</i>	\$220.00
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth) - <i>One partial maxillary denture (D5211, D5213, D5221, D5223, D5225 or D5227) every 5 calendar years</i>	No Cost

D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth) - <i>One partial mandibular denture (D5212, D5214, D5222, D5224, D5226 or D5228) every 5 calendar years</i>	No Cost
D5410	Adjust complete denture - maxillary - <i>Two every calendar years</i>	No Cost
D5411	Adjust complete denture - mandibular - <i>Two every calendar years</i>	No Cost
D5421	Adjust partial denture - maxillary - <i>Two every calendar years</i>	No Cost
D5422	Adjust partial denture - mandibular - <i>Two every calendar years</i>	No Cost
D5511	Repair broken complete denture base, mandibular - <i>One every calendar year</i>	No Cost
D5512	Repair broken complete denture base, maxillary - <i>One every calendar year</i>	No Cost
D5520	Replace missing or broken teeth - complete denture (each tooth) - <i>One every calendar year</i>	No Cost
D5611	Repair resin partial denture base, mandibular - <i>One (D5611 or D5621) every calendar year</i>	No Cost
D5612	Repair resin partial denture base, maxillary - <i>One (D5612 or D5622) every calendar year</i>	No Cost
D5621	Repair cast partial framework, mandibular - <i>One (D5611 or D5621) every calendar year</i>	\$95.00
D5622	Repair cast partial framework, maxillary - <i>One (D5612 or D5622) every calendar year</i>	\$90.00
D5630	Repair or replace broken clasp - per tooth - <i>One (D5611 - D5660) every calendar year</i>	\$77.00
D5640	Replace broken teeth - per tooth - <i>One (D5611 - D5660) every calendar year</i>	No Cost
D5650	Add tooth to existing partial denture - <i>One (D5611 - D5660) every calendar year</i>	No Cost
D5660	Add clasp to existing partial denture - per tooth - <i>One (D5611 - D5660) every calendar year</i>	No Cost
D5710	Rebase complete maxillary denture - <i>One every 2 calendar years</i>	\$50.00
D5711	Rebase complete mandibular denture - <i>One every 2 calendar years</i>	\$50.00
D5720	Rebase maxillary partial denture - <i>One every 2 calendar years</i>	\$50.00
D5721	Rebase mandibular partial denture - <i>One every 2 calendar years</i>	\$50.00
D5725	Rebase hybrid prosthesis - <i>One every 2 calendar years</i>	\$50.00
D5730	Reline complete maxillary denture (chairside) - <i>Two (D5730, D5740, D5750, D5760 or D5765) per calendar year</i>	No Cost
D5731	Reline complete mandibular denture (chairside) - <i>Two (D5731, D5741, D5751, D5761 or D5765) per calendar year</i>	No Cost
D5740	Reline maxillary partial denture (chairside) - <i>Two (D5730, D5740, D5750, D5760 or D5765) per calendar year</i>	No Cost
D5741	Reline mandibular partial denture (chairside) - <i>Two (D5731, D5741, D5751, D5761 or D5765) per calendar year</i>	No Cost
D5750	Reline complete maxillary denture (laboratory) - <i>Two (D5730, D5740, D5750, D5760 or D5765) per calendar year</i>	No Cost
D5751	Reline complete mandibular denture (laboratory) - <i>Two (D5731, D5741, D5751, D5761 or D5765) per calendar year</i>	No Cost
D5760	Reline maxillary partial denture (laboratory) - <i>Two (D5730, D5740, D5750, D5760 or D5765) per calendar year</i>	\$50.00
D5761	Reline mandibular partial denture (laboratory) - <i>Two (D5731, D5741, D5751, D5761 or D5765) per calendar year</i>	\$50.00
D5765	Soft liner for complete or partial removable denture - indirect - <i>Two (D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761 or D5765) per calendar year</i>	\$50.00
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary - <i>One every 5 calendar years</i>	\$170.00

D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular - <i>One every 5 calendar years</i>	\$170.00
D5850	Tissue conditioning, maxillary - <i>One every calendar year</i>	No Cost
D5851	Tissue conditioning, mandibular - <i>One every calendar year</i>	No Cost
D5900-D5999	VII. MAXILLOFACIAL PROSTHETICS - Not Covered	
D6000-D6199	VIII. IMPLANT SERVICES	
	- <i>One surgical implant placement (D6010, D6013 or D6040) per implant site every 5 calendar years</i>	
	- <i>Two implant-supported prosthetics (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082 or D6094) every calendar year</i>	
	- <i>One implant-supported prosthetic (D6058, D6059, D6060, D6061, D6062, D6063, D6064, D6065, D6066, D6067, D6068, D6069, D6070, D6071, D6072, D6073, D6074, D6075, D6076, D6077, D6082 or D6094) per implant site every 5 calendar years</i>	
D6010	Surgical placement of implant body: endosteal implant - <i>Two (D6010 or D6013) every calendar year</i>	\$1,023.00
D6011	Surgical access to an implant body (second stage implant surgery) - <i>Included in fee for D6010</i>	\$247.00
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant - <i>Two every calendar year</i>	\$726.00
D6013	Surgical placement of mini implant - <i>Two (D6010 or D6013) every calendar year</i>	\$665.00
D6040	Surgical placement: eposteal implant - <i>One every calendar year</i>	\$2,160.00
D6050	Surgical placement: transosteal implant - <i>One every calendar year</i>	\$2,051.00
D6055	Connecting bar - implant supported or abutment supported - <i>One every calendar year</i>	\$1,231.00
D6056	Prefabricated abutment - includes modification and placement - <i>Two (D6056, D6057) every calendar</i>	\$418.00
D6057	Custom fabricated abutment - includes placement - <i>Two (D6056, D6057) every calendar</i>	\$486.00
D6058	Abutment supported porcelain/ceramic crown	\$502.00
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$456.00
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$435.00
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$448.00
D6062	Abutment supported cast metal crown (high noble metal)	\$453.00
D6063	Abutment supported cast metal crown (predominantly base metal)	\$433.00
D6064	Abutment supported cast metal crown (noble metal)	\$445.00
D6065	Implant supported porcelain/ceramic crown	\$567.00
D6066	Implant supported crown - porcelain fused to high noble alloys	\$565.00
D6067	Implant supported crown - high noble alloys	\$562.00
D6068	Abutment supported retainer for porcelain/ceramic FPD	\$595.00
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$626.00
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$404.00
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$540.00
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$527.00
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$495.00
D6074	Abutment supported retainer for cast metal FPD (noble metal)	\$517.00
D6075	Implant supported retainer for ceramic FPD	\$515.00
D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys	\$738.00

D6077	Implant supported retainer for metal FPD - high noble alloys	\$548.00
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments - <i>One every calendar year - One per arch every 3 calendar years</i>	\$96.00
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure - <i>One every calendar year - One per implant site every 2 calendar years</i>	\$103.00
D6082	Implant supported crown - porcelain fused to predominantly base alloys	\$431.00
D6089	Accessing and retorquing loose implant screw - per screw - <i>limited to once per 24 months</i>	\$86.00
D6090	Repair implant supported prosthesis, by report - <i>One every calendar year - One per implant site every 5 calendar years</i>	\$127.00
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment - <i>One every calendar year One per implant site every 5 calendar years</i>	\$136.00
D6095	Repair implant abutment, by report - <i>One every calendar year - One per implant site every 5 calendar years</i>	\$288.00
D6096	Remove broken implant retaining screw - <i>One per tooth every 5 calendar years</i>	\$86.00
D6100	Surgical removal of implant body - <i>One every calendar year - One per implant site every 5 calendar years</i>	\$192.00
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure - <i>One every calendar year One per implant every 3 calendar years</i>	\$263.00
D6102	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure - <i>One every calendar year One per implant every 3 calendar years</i>	\$447.00
D6103	Bone graft for repair of peri-implant defect - does not include flap entry and closure - <i>One every calendar year One per implant every 3 calendar years</i>	\$263.00
D6104	Bone graft at time of implant placement - <i>One every calendar year</i>	\$270.00
D6105	Removal of implant body not requiring bone removal or flap elevation - <i>One every calendar year One per implant every 3 calendar years</i>	No Cost
D6190	Radiographic/surgical implant index, by report - <i>One per arch every 5 calendar years</i>	\$174.00
D6198	Remove interim implant component - <i>Included in fee for prosthetic service</i>	No Cost
D6200-D6999	IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])	
	- <i>When a crown and/or pontic exceeds six units in the same treatment plan, You may be charged an additional \$30.00 per unit, beyond the 6th unit.</i>	
	- <i>Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.</i>	
	- <i>One pontic (D6240, D6241, D6242, or D6243) per tooth per 5 calendar years</i>	
	- <i>One retainer crown (D6750, D6751, D6752 or D6753) per tooth per 5 calendar years</i>	
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
D6243	Pontic - porcelain fused to titanium and titanium alloys	\$255.00
D6750	Retainer crown - porcelain fused to high noble metal	\$295.00
D6751	Retainer crown - porcelain fused to predominantly base metal	\$75.00
D6752	Retainer crown - porcelain fused to noble metal	\$255.00

D6753	Retainer crown - porcelain fused to titanium and titanium alloys	\$295.00
D7000-D7999	X. ORAL AND MAXILLOFACIAL SURGERY	
	- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.	
	- Three extractions every calendar year (D7140, D7210, D7220, D7230, D7240, D7241, D7250 or D7251)	
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) - <i>One extraction per tooth per lifetime.</i>	No Cost
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated - <i>One extraction per tooth per lifetime.</i>	No Cost
D7220	Removal of impacted tooth - soft tissue - <i>One extraction per tooth per lifetime.</i>	No Cost
D7230	Removal of impacted tooth - partially bony - <i>One extraction per tooth per lifetime.</i>	No Cost
D7240	Removal of impacted tooth - completely bony - <i>One extraction per tooth per lifetime.</i>	No Cost
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications - <i>One extraction per tooth per lifetime.</i>	No Cost
D7250	Removal of residual tooth roots (cutting procedure) - <i>One extraction per tooth per lifetime.</i>	No Cost
D7251	Coronectomy - intentional partial tooth removal- <i>One extraction per tooth per lifetime.</i>	\$237.00
D7310	Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant - <i>One (D7310 or D7311) per quadrant per lifetime</i>	No Cost
D7311	Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant - <i>One (D7310 or D7311) per quadrant per lifetime</i>	No Cost
D7320	Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant - <i>One (D7320 or D7321) per quadrant per lifetime</i>	No Cost
D7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant- <i>One (D7320 or D7321) per quadrant per lifetime</i>	No Cost
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site - <i>Included in fee for completed service</i>	No Cost
D8000-D8999	XI. ORTHODONTICS - Not Covered	
D9000-D9999	XII. ADJUNCTIVE GENERAL SERVICES	
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia - <i>Included in fee for completed service</i>	No Cost
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician - <i>One per lifetime per provider</i>	No Cost
D9311	Consultation with a medical health care professional - <i>Included in fee for other services</i>	No Cost
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed - <i>Not separately payable</i>	\$28.00
D9440	Office visit - after regularly scheduled hours - <i>One every calendar year</i>	\$58.00
D9450	Case presentation, detailed and extensive treatment planning	\$93.00
D9912	Pre-visit patient screening - <i>Included in fee for completed service</i>	No Cost
D9932	Cleaning and inspection of removable complete denture, maxillary - <i>Not separately payable</i>	No Cost
D9933	Cleaning and inspection of removable complete denture, mandibular - <i>Not separately payable</i>	No Cost
D9934	Cleaning and inspection of removable partial denture, maxillary - <i>Not separately payable</i>	No Cost

D9935	Cleaning and inspection of removable partial denture, mandibular - <i>Not separately payable</i>	No Cost
D9951	Occlusal adjustment - limited - <i>One every 5 calendar years</i>	\$38.00
D9952	Occlusal adjustment - complete - <i>One every 5 calendar years</i>	\$166.00
D9990	Certified translation or sign-language services - per visit - <i>Included in fee</i>	No Cost
D9991	Dental case management - addressing appointment compliance barriers - <i>Included in fee</i>	No Cost
D9992	Dental case management - care coordination - <i>Included in fee</i>	No Cost
D9995	Teledentistry - synchronous; real-time encounter - <i>Not separately payable. Included in fee for other services.</i>	No Cost
D9996	Teledentistry - asynchronous; information stored and forwarded to Dentist for subsequent review - <i>Not separately payable. Included in fee for other services.</i>	No Cost
D9997	Dental case management - Patients with special Health Care Needs - <i>Not separately payable. Included in fee for other services.</i>	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.

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. Any procedure that in the professional opinion of the Network Dentist or Delta Dental clinical staff:
 - 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, **or**
 - c. services considered inclusive or part of another procedure cannot be charged separately.
3. The following oral evaluations (D0140, D0170, D0171, D0190 and D0191) are not billable to the patient on the same day as codes D0120 or D0150.
4. Benefits are limited to either an intraoral comprehensive series radiographic images (D0210) or panoramic radiographic image (D0330) every calendar year. Comprehensive intraoral images may include any combination of periapicals and bitewings. Panoramic images are not considered part of a comprehensive intraoral series. Bitewings of any type are disallowed within 6 months of an intraoral comprehensive intraoral series unless warranted by special circumstances
5. A filling is a benefit for the removal of decay, for minor repairs of tooth structure, or to replace a lost filling.
6. One core buildup (D2950) or post and core (D2952, D2954) per tooth every 5 years. These services include the fees for resin or amalgam restorations performed on the same date of service.
7. One pin retention procedure (D2951) per tooth every 2 calendar years when billed with resin or amalgam restoration. D2951 is included with D2950, D2952, D2954 if billed separately.
8. A direct or indirect pulp cap is a benefit only on a vital permanent tooth with an open apex or a vital primary tooth.
9. With the exception of pulp caps and pulpotomies, endodontic procedures (e.g., root canal therapy, apicoectomy, retrofill, etc.) are only a benefit on a permanent tooth with pathology.
10. A therapeutic pulpotomy on a permanent tooth is limited to palliative treatment when the Contract Dentist is not performing root canal therapy.
11. A crown is a benefit when there is insufficient tooth structure to support a filling or to replace an existing crown that is non-functional and cannot be repaired. Replacement of crowns requires the existing restoration to be 5+ years old.
12. Periodontal scaling and planning (D4341, D4342) are not billable to the patient on the same day as a prophylaxis (D1110).

13. Periodontal scaling and root planing are limited to one (D4341 or D4342) per quadrant every 2 calendar years.
14. Full mouth debridement (gross scale) is limited to one treatment every two calendar years.
15. The replacement of an existing inlay, onlay, crown, fixed partial denture (bridge) or a removable full or partial denture is covered when:
 - a. The existing restoration/bridge/denture is no longer functional and cannot be made functional by repair or adjustment, and was placed five or more years prior to its replacement, or
 - b. An existing partial denture is less than five years old, but must be replaced by a new partial denture due to the loss of a natural tooth, which cannot be replaced by adding another tooth to the existing partial denture, or
 - c. An existing fixed partial denture (bridge) is less than 5 years old, but must be replaced by a new fixed partial denture due to the loss of the natural tooth.
16. The replacement of a removable partial denture with a full denture is covered, within the 5-year frequency limitation period, when natural teeth are lost.
17. Rebases, relines, repairs and tissue conditioning are included in the initial fee for the denture within 6 months of initial placement. Relines are permitted 3 months after the delivery of an immediate denture.
18. Interim partial dentures (stayplates) are limited to the replacement of extracted anterior teeth for adults during a healing period.
19. If any existing fixed bridge or removable denture would be replaced by a new implant-supported prosthesis, that existing appliance must be eligible for replacement under the terms of the contract.
20. Member must be at least 19 years old to receive implant services.
21. Replacement of implants and implant-supported prosthesis requires the existing implants and implant-supported prosthesis to be 5+ years old.
22. Implants and implant supported crowns and prosthesis are covered to replace one or more natural permanent teeth lost due to accidental trauma or removal.
23. Implant removal is limited to one (1) for each implant during the Enrollee's lifetime.
24. The fee for accessing and retorquing a loose implant screws is included in the fee for the delivery of the implant supported prosthesis, when performed within 6 months of the placement of the prosthesis.
25. Cleaning of a denture is a benefit only when the patient is fully edentulous. If partially edentulous, this service is included in the fee for procedure D1110, D1120, D4346 or D4910

Exclusions

1. Any procedure that is not specifically listed under *Schedule A, Description of Benefits and Copayments*.
2. Any procedure that in the professional opinion of the Network Dentist or Delta Dental clinical staff:
 - 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, **or**
 - c. services considered inclusive or part of another procedure cannot be charged separately.
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 or unerupted teeth, and teeth that are discolored or lacking enamel.
4. Restorations placed solely due to wear, abrasion, attrition, or erosion.
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 restorations if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
8. Implant placement, implant-supported dental appliances and attachments, 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 Network Dentist. This includes the services of an out-of-network dental specialist, unless expressly authorized by Delta Dental except for *Emergency Services* as described in the Contract and/or Certificate of Coverage.
11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
12. Prescription drugs.
13. Dental expenses incurred in connection with any dental procedure started before the Enrollee's eligibility with the DHMO program. Examples include: teeth prepared for crowns, root canals in progress and full or partial dentures for which an impression has been taken.

14. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

