



DeltaCare® USA

Can we help?

Visit our website at

deltadentalins.com/deltacare



000002

FirstName LastName
1234 MyStreet Rd
Anytown, AZ 92883

Your plan

DeltaCare® USA
AZ16A

12-18-2019

Welcome, Firstname! We're glad to have you as a customer.

Learn how to make the most of your plan at deltadentalins.com/deltacare.

Ready to get started?

Manage your account online _____

Once you've registered for an online account at deltadentalins.com/deltacare, you can review plan information, access your ID card, view or change your assigned dentist and contact Customer Service.

Get to know your plan _____

Read your plan booklet for a complete list of covered procedures, copayments, plan limitations and exclusions.

Know your dentist _____

You must visit your selected primary care DeltaCare USA dentist to use plan benefits. Find information about your selected dentist on the back of this letter.

Visit your dentist _____

You don't need a paper ID card, but we're providing two cards for your reference. Just give the dentist your name, date of birth and Social Security or Enrollee ID Number.

DeltaCare® USA

Enrollee: FirstName LastName
Enrollee ID: 115494536901
Group ID: 00000-00001

Administered by:
Delta Dental Insurance Company
P.O. Box 1803
Alpharetta, GA 30023

DeltaCare® USA

Enrollee: FirstName LastName
Enrollee ID: 115494536901
Group ID: 00000-00001

Administered by:
Delta Dental Insurance Company
P.O. Box 1803
Alpharetta, GA 30023

000380167 / 000002
ID19353DA_REG_04CB_72pg



Dentist Facilities

016236
Provider Name
3564 Provider Rd Ste 100
Antelope, AZ 95843-9003

If you decide you want to change dentists, it's easy. Register at deltadentalins.com/deltacare after your effective date, and select "Choose Provider." To change a dentist for an Enrollee or dependent, click on the associated check box and click the Add button. You can enter the six-digit facility code if you have already selected a dentist facility, search for a new dentist by ZIP code or have us choose one for you. Change requests made by the 21st of the month are effective the first day of the following month. You can also call Customer Service for assistance selecting a new dentist.

Questions?

Contact us:

Phone: 800-422-4234
8 a.m. to 9 p.m. ET.

TTY/TTD: 7-1-1
Available 24/7

Write: DeltaCare USA Customer Service
P.O. Box 1803
Alpharetta, GA 30023

We are committed to protecting your privacy. View our privacy notices at: deltadentalins.com/about/privacy.

Enclosures: Language Assistance Statement, Plan Booklet and Notice of Privacy Practices.

Protect your oral health. Prevention is the key to avoiding tooth and gum problems. Care for your teeth at home with regular brushing and flossing. It's also important to visit your dentist. Regular exams and cleanings can help catch dental problems early. To learn more about prevention and avoiding dental problems, ask your dentist. You can also visit our website at deltadentalins.com/oral_health. You'll find oral health articles, videos and other tools and tips for caring for your teeth. Don't forget to sign up for Grin!, our free dental health e-magazine.

In AZ, the DeltaCare USA plan is underwritten by Alpha Dental of Arizona, Inc. and administered by Delta Dental Insurance Company. These companies are financially responsible for their own products.

Additional information:
Call **800-422-4234** or
visit deltadentalins.com/deltacare

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Can you read this document? If not, we can have somebody help you read it. You may also be able to get this document written in your language. For free help, please call 1-800-422-4234 (TTY: 711).

¿Puede leer este documento? Si no, podemos encontrar a alguien que lo ayude a leerlo. También puede obtener este documento escrito en su idioma. Para obtener ayuda gratuita, llame al 1-800-422-4234 (servicio de retransmisión TTY deben llamar al 711). (Spanish)

您能自行閱讀本文件嗎？如果不能，我們可請人幫助您閱讀。您還可以請人以您的語言撰寫本文件。如需免費幫助，請致電 1-800-422-4234 (TTY: 711)。 (Chinese)

Bạn có đọc được tài liệu này không? Nếu không, chúng tôi sẽ cử một ai đó giúp bạn đọc. Bạn cũng có thể nhận được tài liệu này viết bằng ngôn ngữ của bạn. Để nhận được trợ giúp miễn phí, vui lòng gọi 1-800-422-4234 (TTY: 711). (Vietnamese)

이 문서를 읽으실 수 있습니까? 읽으실 수 없으면 다른 사람이 대신 읽어드릴 수 있습니다. 한국어로 번역된 문서를 받으실 수도 있습니다. 무료로 도움을 받기를 원하시면 1-800-422-4234 (TTY: 711) 번으로 연락하십시오. (Korean)

Nababasa mo ba ang dokumentong ito? Kung hindi, may tao kaming makakatulong sa iyong basahin ito. Maaari mo ring makuha ang dokumentong ito nang nakasulat sa iyong wika. Para sa libreng tulong, pakitawagan ang 1-800-422-4234 (TTY: 711). (Tagalog)

Вы можете прочитать этот документ? Если нет, мы можем предоставить вам кого-нибудь, кто поможет вам прочитать его. Вы также можете получить этот документ на своем языке. Для получения бесплатной помощи, просьба звонить по номеру 1-800-422-4234 (телетайп: 711). (Russian)

هل تستطيع قراءة هذا المستند؟ إذا كنت لا تستطيع، يمكننا أن نوفر لك من يساعدك في قراءتها. ربما يمكنك أيضًا الحصول على هذا المستند مكتوبًا بلغتك للمساعدة المجانية اتصل بـ 1-800-422-4234 (TTY: 711). (Arabic)

Èske w ka li dokiman sa a? Si w pa kapab, nou ka fè yon moun ede w li l. Ou ka gen posiblite pou jwenn dokiman sa a tou ki ekri nan lang ou. Pou jwenn èd gratis, tanpri rele 1-800-422-4234 (TTY: 711). (Haitian Creole)

Pouvez-vous lire ce document ? Si ce n'est pas le cas, nous pouvons faire en sorte que quelqu'un vous aide à le lire. Vous pouvez également obtenir ce document écrit dans votre langue. Pour obtenir de l'assistance gratuitement, veuillez appeler le 1-800-422-4234 (TTY : 711). (French)

Możesz przeczytać ten dokument? Jeśli nie, możemy Ci w tym pomóc. Możesz także otrzymać ten dokument w swoim języku ojczystym. Po bezpłatną pomoc zadzwoń pod numer 1-800-422-4234 (TTY: 711). (Polish)

Você consegue ler este documento? Se não, podemos pedir para alguém ajudá-lo a ler. Você também pode receber este documento escrito em seu idioma. Para obter ajuda gratuita, ligue 1-800-422-4234 (TTS: 711). (Portuguese)

Non riesci a leggere questo documento? In tal caso, possiamo chiedere a qualcuno di aiutarti a farlo. Potresti anche ricevere questo documento scritto nella tua lingua. Per assistenza gratuita, chiama il numero 1-800-422-4234 (TTY: 711). (Italian)

この文書をお読みになれますか？お読みになれない場合には音読ボランティアを手配させていただきます。この文書をご希望の言語に訳したものを送りできる場合もあります。無料のサポートについては、
1-800-422-4234 (TTY: 711) までお問い合わせください。(Japanese)

Können Sie dieses Dokument lesen? Falls nicht, können wir Ihnen einen Mitarbeiter zur Verfügung stellen, der Sie dabei unterstützen wird. Möglicherweise können Sie dieses Dokument auch in Ihrer Sprache erhalten. Rufen Sie für kostenlose Hilfe bitte folgende Nummer an: 1-800-422-4234 (Schreibtelefon: 711). (German)

آیا می توانید این متن را بخوانید؟ در صورتی که نمی توانید، ما قادریم از شخصی بخواهیم تا در خواندن این متن به شما کمک کند.
همچنین ممکن است بتوانید این متن را به زبان خود دریافت کنید. برای کمک رایگان با این شماره تماس بگیرید: 1-800-422-4234 (TTY: 711). (Persian Farsi)

צי קענט איר לייענען דעם דאזיקן דאקומענט? אויב ניט, עמעצער דאָ קען אייך העלפן אים צו לייענען. עס איז אויך מעגלעך,
אז איר קענט באקומען דעם דאזיקן דאקומענט אין אייער שפראך. פֿאַר אומזיסטע הילף קענט איר אַנקלינגען אַט די דאזיקע
נומער: 1-800-422-4234 ס'איז דאָ אַ נומער פֿאַר מענטשען, וואָס הערן ניט: 711 (Yiddish)

Díísh yíníłta'go bííníghah? Doo bííníghah yí' nich'í' yídóołtahígíí nihee hóló. Díí naaltsoos
t'áá Diné bizaad k'éhjí ályaago áldó' nich'í' ádoolnǫ́go bíighah. T'áá jíík'e shíká i'doolwoł
nínízingo kojí' béésh holdíílnih 1-800-422-4234 (TTY: 711) (Navajo)

Elevate Your Smile

8 ways to make the most of your dental plan



1 Visit your DeltaCare USA dentist.

You must visit your selected DeltaCare USA primary care dentist to receive benefits under your plan.¹ Find or change your dentist² at **deltadentalins.com** or by calling Customer Service.

- You don't need a dental plan ID card when you visit the dentist. Simply provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your plan, they will need to provide your information.
- There are no claims forms to complete — just pay your copayment, if any, at the time of treatment.³

- If you require treatment from a specialist, your primary care dentist will coordinate a referral for you.⁴

2 Seek preventive care.

Regular exams and cleanings are available at low or no cost. These services help catch problems before they require costly and extensive treatment.

3 Set up an online account.

Get information about your plan anytime, anywhere by signing up for an online account. This useful service lets you find a network dentist, view or print your ID card and more. The one-time registration process takes only a minute.

¹ In WY, you do not need to select a primary care dentist, but you must visit a DeltaCare USA dentist to receive benefits. In the following states, you can maximize your savings when you visit a DeltaCare USA dentist, although you may visit any licensed dentist and receive out-of-network coverage: AK, CT, LA, ME, MS, MT, NC, ND, NH, OK, SD, VT. Refer to your plan booklet for details about your out-of-network benefits.

² Changes received by the 21st of the month will be effective the first day of the following month. Verify that the dentist is your selected DeltaCare USA primary care dentist before each appointment. In the following states, you can change your dentist any time without contacting Delta Dental: AK, CT, LA, ME, MS, MT, NC, ND, NH, OK, SD, VT, WY.

³ You may have to complete a claim form if you visit an out-of-network dentist, such as for limited emergency treatment or in the following states: AK, CT, LA, ME, MS, MT, NC, ND, NH, OK, SD, VT.

⁴ Most services not performed by your primary care dentist must be authorized by Delta Dental. In some states, specialty care benefits are only available for services performed by a DeltaCare USA specialist. Refer to your plan booklet for more information.

4

Get to know your plan.

Many DeltaCare USA plans have no exclusions for pre-existing conditions, including missing teeth.⁵ Read your plan booklet for a complete list of covered procedures, copayments, plan limitations and exclusions.

5

Coordinate benefits.

Are you covered under a second dental plan? Ask your dentist to include information about both plans with your claim, and we'll handle the rest.⁵

6

Complete in-progress orthodontic care.

If you began orthodontic treatment under a previous employer-sponsored plan, you may be covered for continuing treatment with your current orthodontist. The copayments and fees of your previous plan would apply.⁵

7

Talk to your dentist.

From pregnancy to diabetes, overall health can affect your dental health. Start each visit with a quick chat about any issues.

8

Stay informed.

Get oral health tools and tips at our SmileWay® Wellness site (mysmileway.com). Don't forget to subscribe to *Grin!*, our free dental wellness e-magazine.

⁵ This provision may not apply to all plans. Please refer to your plan booklet for specific coverage details.

Contact us

Online assistance:

For quick and easy online assistance, go to deltadentalins.com/deltacare, and click on **Contact Us Online**.

Telephone assistance:

DeltaCare USA: **800-422-4234 (toll-free)**

- Use our automated phone system, available 24/7.
- Speak to a Customer Service representative: Monday to Friday, 8 am – 9 pm Eastern time.

DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VA, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

LEGAL NOTICES: Access federal and state legal notices related to your plan: deltadentalins.com/about/legal/index-enrollee.html.

DeltaCare[®] USA

Q+A: Continuous Orthodontic Coverage with your DeltaCare USA Plan

Welcome to your DeltaCare USA plan!

If you or an eligible member of your family has started orthodontic treatment under a previous plan sponsored by an employer/organization, you may be able to continue that coverage when you switch to a DeltaCare USA plan.

How does it work?

Through a provision called *orthodontic treatment in progress*, your DeltaCare USA plan allows you to continue treatment you started under your previous dental plan sponsored by an employer/organization. You have the convenience of visiting the same orthodontist and enjoying the same coverage and copayments as your previous plan. You pay the same amount that you would have paid under your previous coverage, as long as you remain eligible for coverage under your DeltaCare USA plan.

How do I qualify?

If you started orthodontic treatment under your previous dental plan, and if banding has taken place, you are eligible for continuous coverage under your

DeltaCare USA plan and may continue to visit the same orthodontist.

If banding has not occurred, you are not eligible for continuous orthodontic coverage. In that case, orthodontic treatment must be provided by a DeltaCare USA network orthodontist in accordance with the copayments, limitations and exclusions defined in your DeltaCare USA plan.¹

What if I am about to begin orthodontic treatment?

To begin orthodontic treatment, you must select a DeltaCare USA network orthodontist to receive your DeltaCare USA orthodontic benefits. Your copayments, limitations and exclusions are determined by your DeltaCare USA plan.¹

How do I sign up for continuous orthodontic coverage?

Please have your treating orthodontist complete and submit the form below along with a claim form within 30 days of your plan effective date. We will coordinate benefits as necessary with your orthodontist.

¹ Upon enrollment in a DeltaCare USA plan, you will receive an Evidence/Certificate of Coverage (EOC/COC) booklet. Please review your EOC/COC for details about your plan. Retain this flyer and keep it with your EOC/COC.

DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania; VA — Delta Dental of Virginia. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

Continuous Orthodontic Coverage Form (To be completed by the treating orthodontist)

If your patient's previous orthodontic coverage was through an employer-sponsored dental plan and the patient meets all of the above conditions, please provide the following information:

Primary enrollee's name: _____ Previous dental plan end date: _____
Primary enrollee's ID #: _____ Banding date of patient: _____
Name of employer/organization: _____ Orthodontist's name: _____
Patient's name _____ Orthodontist's address: _____
Previous dental plan carrier: _____ Orthodontist's phone number: _____
Previous plan's total financial obligation: _____

In addition, please include the following required documents and information:

- Completed claim form, including the banding date.
- Explanation of Benefits showing how much the previous plan has paid to date and amount remaining.

Mail to: DeltaCare USA
Claims Department
P.O. Box 1810
Alpharetta, GA 30023

DeltaCare[®] USA

Dental Health Care Program for
Eligible Employees and Dependents

Combined Evidence of Coverage and Disclosure Form

AZ16A

Proof

Provided by:

Alpha Dental of Arizona, Inc.
17871 Park Plaza Drive, Suite 200
Cerritos, CA 90703

Administered by:

Delta Dental Insurance Company
P.O. Box 1803
Alpharetta, GA 30023
800-422-4234

deltadentalins.com

Proof

EVIDENCE OF COVERAGE

DeltaCare® USA Dental Health Care Program

This booklet is a Evidence of Coverage (“Evidence”) for your DeltaCare USA Dental Health Care Program (“Program”) provided by Alpha Dental of Arizona, Inc. (“ALPHA”) The Program has been established and is administered in accordance with the provisions of a Group Dental Service Contract (“Contract”) issued by ALPHA.

THE EOC CONSTITUTES ONLY A SUMMARY OF THE PROGRAM. 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 Evidence WILL BE RESOLVED ACCORDING TO THE TERMS WHICH ARE MOST FAVORABLE TO YOU. READ THIS Evidence CAREFULLY AND COMPLETELY.

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

The telephone number where you may obtain information about Benefits is 800-422-4234.

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Proof

Definitions

As used in this booklet:

Administrator means Delta Dental Insurance Company ("Delta Dental") or other entity designated by Alpha, operating as an Administrator in Arizona. Certain functions described in the Contract and in this booklet may be performed by the Administrator, as designated by Alpha. The mailing address for the Administrator is P.O. Box 1803, Alpharetta, GA 30023. The Administrator will answer calls directed to 800-422-4234.

Authorization means the process by which Alpha determines if a procedure or treatment is a referable Benefit under the Enrollee's plan.

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

Client means the applicant (employer or other organization) contracting to obtain Benefits for Eligible Employees.

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

Contract Orthodontist means a Dentist who specializes in orthodontics, 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 Dependent means any dependent of an Eligible Employee who is eligible for Benefits as described in this booklet.

Eligible Employee means any employee or group member who is eligible for Benefits as described in this booklet.

Emergency Services mean dental services intended to evaluate and stabilize a dental condition of recent onset, control bleeding, and relieve pain, and includes the provision of local anesthesia, and elimination of acute infection, but does not mean a medication that is prescribed by the Dentist.

Enrollee means an Eligible Employee ("Primary Enrollee") or an Eligible Dependent ("Dependent Enrollee") enrolled to receive Benefits.

Full-Time Student means a student who is regularly attending an accredited school with an academic schedule of at least 12 credits.

Optional means any alternative procedure presented by the Contract Dentist that satisfies the same dental need as a covered procedure, is chosen by the Enrollee, and is subject to the limitations and exclusions of the Contract.

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 authorized by Alpha.

We, Us or Our means Alpha or the Administrator as appropriate.

Eligibility for Benefits

Eligible Employees and Eligible Dependents receive Benefits as soon as they are enrolled in the Program. Subject to cancellation as provided under this Program, enrollment of Eligible Employees and Eligible Dependents is for a minimum period of one year.

You are eligible to enroll as an Eligible Employee if you meet the eligibility requirements defined by the Client.

Eligible Dependents become eligible on:

- 1) the date you are eligible for coverage;
- 2) as soon as an Eligible Dependent becomes your dependent, or at any time subject to a change in legal custody or lawful order to provide Benefits.

Eligible Dependents include:

- 1) spouse (unless legally separated or divorced);
- 2) unmarried children from birth up to the limiting age as defined by the Client; and

- 3) unmarried children beyond the limiting age. Such dependents must be Full-Time Students and wholly dependent on you for support.

Children include natural children, stepchildren, adopted children and foster children provided all such children are dependent on you for support. Newborn children (including newborn adopted children) are covered from and after the moment of birth. Adopted children (other than newborns) are eligible from and after the moment the child is placed in the physical custody of the Eligible Employee for adoption. Notice of birth, adoption or adoption placement and payment of the appropriate premium must be received within 31 days after the date of birth, adoption or adoption placement for coverage to continue beyond 31 days.

An unmarried dependent child may continue eligibility if:

- 1) he or she is incapable of self-support because of a mental or physical disability that began prior to reaching the limiting age;
- 2) he or she is chiefly dependent on you for support; and
- 3) proof of dependent's disability is provided within 31 days of request. Such requests will not be made more than once a year after this dependent reaches the limiting age. Eligibility will continue as long as the dependent relies on you for support because of a mental or physical disability that began before he or she reached the limiting age.

Dependents in active military service are not eligible. No Eligible Dependent may be enrolled under more than one Eligible Employee. Medicare eligibility shall not affect the eligibility of an Eligible Employee or an Eligible Dependent.

Premiums

This Program requires premiums to be paid to us. If you are required to pay all or any portion of the premiums, you will be advised of the amount prior to enrollment and it will be deducted from your earnings by payroll deduction, or you will be requested to pay it directly. The Client will be responsible for sending all payments of premiums to us except payments you are requested to pay directly. Should you voluntarily cancel enrollment and subsequently desire to re-enroll, all premiums retroactive to the date of cancellation (but not to exceed 12 months) must be paid before you can re-enroll.

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

To enroll in this Program, you must select a Contract Dentist for both yourself and any Dependent Enrollee from the list of Contract Dentists furnished during the enrollment process. Collectively, you and your Eligible Dependents may select no more than three Contract Dentist facilities. 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 800-422-4234. 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 Enrollee. 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 800-422-4234.

EACH ENROLLEE MUST GO TO HIS OR HER ASSIGNED CONTRACT DENTIST TO OBTAIN COVERED SERVICES, EXCEPT FOR SERVICES PROVIDED BY A SPECIALIST AUTHORIZED BY US, OR FOR EMERGENCY SERVICES REQUIRED WHILE 35 MILES OR MORE FROM THE CONTRACT DENTIST'S FACILITY. ANY OTHER TREATMENT IS NOT COVERED UNDER THIS PROGRAM.

If your assigned Contract Dentist's agreement with Alpha 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).

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

You should contact your assigned Contract Dentist for Emergency Services whenever possible. Contract Dentists maintain a 24-hour emergency services system seven days a week. If you are unable to reach your Contract Dentist for Emergency Services, you should call Customer Service at 800-422-4234 for assistance in obtaining urgent care. During non-business hours or if you are 35 miles or more from your assigned Contract Dentist, you do not need a referral and may seek treatment from a Dentist other than your assigned Contract Dentist.

Benefits for emergency treatment received from any Dentist, other than the assigned Contract Dentist, are limited to a maximum of \$100.00 per emergency, per Enrollee. You are responsible for the Copayment(s) as well as any charges over the \$100.00 benefit maximum.

Out-of-network emergency dental care is intended to evaluate and stabilize a dental condition of recent onset, control bleeding, relieve pain and eliminate acute infection in the event you are unable to reach your Contract Dentist. Further treatment must be obtained from the assigned Contract Dentist.

Specialist Services

Specialist Services must be referred by the assigned Contract Dentist and authorized by us. All authorized Specialist Services will be paid by us less any applicable Copayments.

If the services of a Contract Orthodontist are needed, please refer to Orthodontics in the *Description of Benefits and Copayments*, and the limitations and exclusions to determine which procedures are covered under this Program.

Claims for Reimbursement

Claims for covered Emergency Services or authorized Specialist Services must be submitted to Alpha 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. All claims must be received within one year of the treatment date. The address for claims submission: Claims Department, P.O. Box 1810, Alpharetta, GA 30023.

In the event we fail to pay a Contract Dentist, you will not be liable to that Dentist for any sums owed by us.

Except for the provisions in *Emergency Services*, if you have not received Authorization 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.

For further clarification, refer to the provisions for *Emergency Services* and *Specialist Services*.

Coordination of Benefits

If a person receiving dental care is an Enrollee in a prepaid dental plan and is an insured or certificate holder under an indemnity health insurance policy which provides benefits for the same treatment as a prepaid dental plan, the indemnity health insurance policy, if issued after September 15, 1989, shall pay benefits to its insured or certificate holder or the assignee thereof, without regard to the existence of the prepaid dental plan.

The determination of which policy or program is primary shall be governed by the rules stated in the Contract.

The indemnity plan insurer is not obligated to pay any amount for a procedure covered without charge to the Enrollee of the prepaid

dental plan or to pay in excess of the amount of the Enrollee's copayment obligation under the prepaid dental plan. In the event that the Enrollee's obligation under the prepaid dental plan has been met, then the indemnity insurer shall remit any payments due to its insured or certificate holder.

An Enrollee shall provide to Alpha, and Alpha 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. Alpha 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. Alpha shall have the right to recover from a Dentist, Enrollee, insurance company or other organization, as Alpha chooses, the amount of any Benefits paid by Alpha which exceeds its obligations under these coordination of benefit provisions.

Enrollee Complaint Procedure

Alpha or the Administrator shall provide notification if any dental services or claims are denied in whole or in part, stating the specific reason or reasons for the denial. If you have any complaint regarding eligibility, the denial of dental services or claims, the policies, procedures or operations of Alpha or the Administrator, or the quality of dental services performed by a Contract Dentist, you may call the Customer Service department at 800-422-4234, or the complaint may be addressed in writing to:

Quality Management Department
P.O. Box 1860
Alpharetta, Georgia 30023

Written communication must include 1) the name of the patient, 2) the name, address, telephone number and identification number of the Primary Enrollee, 3) the name of the Client and 4) the Dentist's name and facility location.

For complaints involving an adverse benefit determination (e.g. a denial, modification or termination of a requested benefit or claim) you must file a request for review (a complaint) with Alpha within 180 days after receipt of the adverse determination. Our review will take into account all information, regardless of whether such information was submitted or considered initially. The review shall be conducted by a person who is neither the individual who made

the original benefit determination, nor the subordinate of such individual. Upon request and free of charge, we will provide you with copies of any pertinent documents that are relevant to the benefit determination, a copy of any internal rule, guideline, protocol, and/or explanation of the scientific or clinical judgment if relied upon in making the benefit determination. If the review of a denial is based in whole or in part on a lack of medical necessity, experimental treatment, or a clinical judgment in applying the terms of the Contract, Alpha shall consult with a Dentist who has appropriate training and experience. If any consulting Dentist is involved in the review, the identity of such consulting Dentist will be available upon request.

Within five business days of the receipt of any complaint, including adverse benefit determinations as described above, the quality management coordinator will forward to you an acknowledgment of receipt of the complaint. Certain complaints may require that you be referred to a Dentist for a clinical evaluation of the dental services provided. We will make a determination, in writing, within 30 days of receipt of a complaint or shall provide a written explanation if additional time is required to report on the complaint. A review of the decision shall be undertaken if a written request for an appeal of the determination is made within 30 days of the date of the written determination. We shall undertake a full and fair review upon request. We may require additional documents, as we deem necessary in making such a review. We shall provide a written response to you within 30 days after receipt of the appeal and supporting documentation or a written explanation if additional time is required to issue the results.

Appeals will be made to Alpha's utilization agent, Delta Dental. Delta Dental will review these appeals based upon the terms and conditions of this Contract. The following levels of review will be available to the Enrollee:

- Expedited Dental Review
- Informal Reconsideration
- Formal Appeal
- External Independent Review

A separate Health Care Insurer Appeals Process Information Packet, which describes the appeal process an Enrollee may pursue, is included with the Evidence of Coverage at initial enrollment and subsequently upon request to Alpha.

If the group health plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA), you may contact the U.S. Department of Labor, Employee Benefits Security Administration (EBSA) for further review of the claim or if you have questions about the rights under ERISA. You may also bring a civil action under section 502(a) of ERISA. The address of the U.S. Department of Labor is: U.S. Department of Labor, Employee Benefits Security Administration, 200 Constitution Avenue, N.W. Washington, D.C. 20210.

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 the Client 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

Subject to the *Optional Continuation of Coverage* provision, an Eligible Employee's or Eligible Dependent's enrollment under this Program may be canceled, or renewal of enrollment refused, in the following events:

- 1) Immediately:
 - a) upon loss of eligibility as described in this Evidence of Coverage; or
 - b) if an Enrollee engages in conduct detrimental to safe operations and the delivery of services while in a Contract Dentist's facility;
- 2) Upon 15 days written notice if:
 - a) the premiums are not paid by or on behalf of the Enrollee on the date due. However the Enrollee may continue to receive Benefits during the 15-day period and may be reinstated during the term of the Contract upon payment of any unpaid premium; or
 - b) the Enrollee knowingly commits or permits another person to commit fraud or deception in obtaining Benefits under this Program;
- 3) Upon 30 days written notice if:
 - a) the Contract is terminated or not renewed;

- b) the Enrollee fails to pay Copayments. However, the Enrollee may be reinstated during the term of the Contract upon payment of all delinquent charges; or
- c) a satisfactory dentist-patient relationship fails to be established with multiple contract facilities. Alpha must show that it has, in good faith, provided the Enrollee with the opportunity to select an alternative Contract Dentist. If the Enrollee establishes a history of unsatisfactory relationships, Alpha will notify the Enrollee in writing, at least 30 days in advance, that Alpha considers the dentist-patient relationships to be unsatisfactory. Alpha will also specify the changes that are necessary in order to avoid cancellation, and show that the Enrollee failed to make these changes.

Cancellation of a Primary Enrollee's enrollment shall automatically cancel the enrollment of any of his or her Dependent Enrollees.

Optional Continuation of Coverage

The federal Consolidated Omnibus Budget Reconciliation Act (or COBRA, pertaining to certain employers having 20 or more employees) requires that continued health care coverage be made available to "Qualified Beneficiaries" who lose health care coverage under the group plan as a result of a "Qualifying Event." You may be entitled to continue coverage under this plan, *at your expense*, if certain conditions are met. The period of continued coverage depends on the Qualifying Event.

DEFINITIONS

The meaning of key terms used in this section is shown below.

Qualified Beneficiary means:

- 1) you and/or your dependents who are enrolled in the Alpha plan on the day before the Qualifying Event, or
- 2) a child who is born to or placed for adoption with you during the period of continued coverage, provided such child is enrolled within 30 days of birth or placement for adoption.

Qualifying Event means any of the following events which, except for the election of this continued coverage, would result in a loss of coverage under the dental plan:

- Event 1. the termination of employment (other than termination for gross misconduct) or the reduction in work hours, by your employer;
- Event 2. your death;
- Event 3. your divorce or legal separation from your spouse;
- Event 4. your dependent's loss of dependent status under the plan; and
- Event 5. as to your dependents only, your entitlement to Medicare.

You or **your** means the Primary Enrollee.

PERIODS OF CONTINUED COVERAGE

Qualified Beneficiaries may continue coverage for 18 months following the month in which Qualifying Event 1 occurs.

This 18-month period can be extended for a total of 29 months, provided:

- 1) a determination is made under Title II or Title XVI of the Social Security Act that an individual is disabled on the date of the Qualifying Event or becomes disabled at any time during the first 60 days of continued coverage; and
- 2) notice of the determination is given to the employer during the initial 18 months of continued coverage and within 60 days of the date of the determination.

This period of coverage will end on the first day of the month that begins more than 30 days after the date of the final determination that the disabled individual is no longer disabled. You must notify your employer or Delta Dental within 30 days of any such determination.

If, during the 18 months continuation period resulting from Qualifying Event 1, your dependents, who are Qualified Beneficiaries, experience Qualifying Events 2, 3, 4 or 5, they may choose to extend coverage for up to a total of 36 months (inclusive of the period continued under Qualifying Event 1).

Your dependents, who are Qualified Beneficiaries, may continue coverage for 36 months following the occurrence of Qualifying Events 2, 3, 4 or 5.

When an employer has filed for bankruptcy under Title 11, United States Code, benefits may be substantially reduced or eliminated for retired employees and their dependents, or the surviving spouse of a deceased retired employee. If this benefit reduction or elimination occurs within one year before or one year after filing, it is considered a Qualifying Event. If the Primary Enrollee is a retiree, and has lost coverage because of this Qualifying Event, he or she may choose to continue coverage until his or her death. The Primary Enrollee's dependents who have lost coverage because of this Qualifying Event may choose to continue coverage for up to 36 months following the Primary Enrollee's death.

ELECTION OF CONTINUED COVERAGE

Your employer shall notify Alpha within 30 days of Qualifying Event 1. A Qualified Beneficiary must notify his or her employer in writing within 60 days of Qualifying Events 2, 3, 4 or 5, or within 60 days of receiving the election notice from the employer. Otherwise, the option of continued coverage will be lost.

Within 14 days of receiving notice of a Qualifying Event, the employer will provide a Qualified Beneficiary with the necessary benefits information, monthly premium charge, enrollment forms, and instructions to allow election of continued coverage.

A Qualified Beneficiary will then have 60 days to give his or her employer written notice of the election to continue coverage. Failure to provide this written notice of election to the employer within 60 days will result in loss of the right to continue coverage.

A Qualified Beneficiary has 45 days from the written election of continued coverage to pay the initial premium to his or her employer, which includes the premium for each month since the loss of coverage. Failure to pay the required premium within the 45 days will result in loss of the right to continue coverage and any premium received after that will be returned to the Qualified Beneficiary.

CONTINUED COVERAGE BENEFITS

The Benefits under the continued coverage will be the same as those provided to active employees and their dependents who are still enrolled in the dental plan. If the employer changes the coverage

for active employees, the continued coverage will change as well. Premiums will be adjusted to reflect the changes made.

TERMINATION OF CONTINUED COVERAGE

A Qualified Beneficiary's coverage will terminate at the end of the month in which any of the following events first occur:

- 1) the allowable number of consecutive months of continued coverage is reached;
- 2) failure to pay the required premiums in a timely manner;
- 3) the employer ceases to provide any group dental plan to its employees;
- 4) the individual moves out of the plan's service area;
- 5) the individual first obtains coverage for dental Benefits, after the date of the election of continued coverage, under another group health plan (as an employee or dependent) which does not contain or apply any exclusion or limitation with respect to any pre-existing condition of such a person, if that pre-existing condition is covered under this plan; or
- 6) entitlement to Medicare.

The employer shall notify Alpha within 30 days of the occurrence of any of the above events. Once continued coverage ends, it cannot be reinstated.

TERMINATION OF THE EMPLOYER'S DENTAL CONTRACT

If the dental contract between the employer and Alpha terminates prior to the time that the continuation coverage would otherwise terminate, the employer shall notify a Qualified Beneficiary either 30 days prior to the termination or when all Enrollees are notified, whichever is later, of the ability to elect continuation of coverage under the employer's subsequent dental plan, if any. The continuation coverage will be provided only for the balance of the period that a Qualified Beneficiary would have remained covered under the Alpha plan had such plan with the former employer not terminated. The employer shall notify the successor plan in writing of the Qualified Beneficiaries receiving continuation coverage so they may be notified of how to continue coverage. The continuation coverage will terminate if a Qualified Beneficiary fails to comply with the requirements pertaining to enrollment in and payment of premiums to the new group benefit plan.

OPEN ENROLLMENT CHANGE OF COVERAGE

A Qualified Beneficiary may elect to change continuation coverage during any subsequent open enrollment period, if the employer has contracted with another plan to provide coverage to its active employees. The continuation coverage under the other plan will be provided only for the balance of the period that a Qualified Beneficiary would have remained under the Alpha plan.

Proof

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 Current Dental Terminology ("CDT"), CDT-2020 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.

		ENROLLEE
		PAYS
CODE	DESCRIPTION	
D0100-D0999	I. DIAGNOSTIC	
D0120	Periodic oral evaluation - established patient	No Cost
D0140	Limited oral evaluation - problem focused	No Cost
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No Cost
D0150	Comprehensive oral evaluation - new or established patient	No Cost
D0160	Detailed and extensive oral evaluation - problem focused, by report	No Cost
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	No Cost
D0171	Re-evaluation - post-operative office visit	No Cost
D0180	Comprehensive periodontal evaluation - new or established patient	\$33.00
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 36 months, or more frequently if medically necessary</i>	No Cost

D0220	Intraoral - periapical first radiographic image	No Cost
D0230	Intraoral - periapical each additional radiographic image	No Cost
D0240	Intraoral - occlusal radiographic image	No Cost
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector	No Cost
D0251	Extraoral posterior dental radiographic image	No Cost
D0270	Bitewing - single radiographic image	No Cost
D0272	Bitewings - two radiographic images	No Cost
D0273	Bitewings three radiographic images	No Cost
D0274	Bitewings - four radiographic images - <i>limited to 2 series every 12 months, or more frequently if medically necessary</i>	No Cost
D0277	Vertical bitewings - 7 to 8 radiographic images	No Cost
D0330	Panoramic radiographic image - <i>limited to 1 every 36 months, or more frequently if medically necessary</i>	No Cost
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures - <i>limited to 1 per calendar year; only covered in conjunction with Temporomandibular Joint (TMJ) evaluation</i>	\$145.00
D0415	Collection of microorganisms for culture and sensitivity	No Cost
D0419	Assessment of salivary flow by measurement - <i>1 every 12 months</i>	No Cost
D0425	Caries susceptibility tests	No Cost
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	\$25.00
D0460	Pulp vitality tests	\$14.00
D0470	Diagnostic casts	No Cost
D0472	Accession of tissue, gross examination, preparation and transmission of written report	No Cost
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	No Cost
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	No Cost

D0601	Caries risk assessment and documentation, with a finding of low risk - 1 every 3 years	No Cost
D0602	Caries risk assessment and documentation, with a finding of moderate risk - 1 every 3 years	No Cost
D0603	Caries risk assessment and documentation, with a finding of high risk - 1 every 3 years	No Cost
D0999	Unspecified diagnostic procedure, by report - includes office visit, per visit (in addition to other services)	No Cost

D1000-D1999 II. PREVENTIVE

D1110	Prophylaxis cleaning - adult - 2 D1110, D1120 or D4346 per calendar year, or more frequently if medically necessary	No Cost
D1110	Additional prophylaxis cleaning - adult (within the calendar year)	\$45.00
D1120	Prophylaxis cleaning - child - 2 D1110, D1120 or D4346 per calendar year, or more frequently if medically necessary	No Cost
D1120	Additional prophylaxis cleaning - child (within the calendar year)	\$30.00
D1206	Topical application of fluoride varnish - 2 D1206 or D1208 per calendar year, or more frequently if medically necessary	No Cost
D1206	Additional topical application of fluoride varnish - (within the calendar year)	\$15.00
D1208	Topical application of fluoride - excluding varnish - 2 D1206 or D1208 per calendar year, or more frequently if medically necessary	No Cost
D1208	Additional topical application of fluoride - excluding varnish (within the calendar year)	\$15.00
D1310	Nutritional counseling for control of dental disease	No Cost
D1320	Tobacco counseling for the control and prevention of oral disease	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth	\$12.00
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	\$12.00
D1353	Sealant repair - per tooth	\$12.00
D1354	Interim caries arresting medicament application - per tooth - 2 per 12 month period, or more frequently if medically necessary	No Cost

D1510	Space maintainer - fixed - unilateral - per quadrant	\$110.00
D1516	Space maintainer - fixed - bilateral, maxillary	\$170.00
D1517	Space maintainer - fixed - bilateral, mandibular	\$170.00
D1520	Space maintainer - removable - unilateral - per quadrant	\$120.00
D1526	Space maintainer - removable - bilateral, maxillary .	\$180.00
D1527	Space maintainer - removable - bilateral, mandibular	\$180.00
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	No Cost
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	No Cost
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	No Cost
D1556	Removal of fixed unilateral space maintainer - per quadrant	No Cost
D1557	Removal of fixed bilateral space maintainer - maxillary	No Cost
D1558	Removal of fixed bilateral space maintainer - mandibular	No Cost
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant	\$110.00

D2000-D2999 III. RESTORATIVE

- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.

- Whether supported by a natural tooth or dental implant, when there are more than six crowns, pontics and/or bridge retainers in the same treatment plan, an Enrollee may be charged an additional \$135.00 per unit, beyond the 6th covered unit.

- Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old, or more frequently if medically necessary.

* Name brand, laboratory processed or in-office processed crowns/ pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed \$150.00 in addition to the listed Copayment. Refer to Limitations of Benefits #4 for additional information.

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)	\$88.00
D2390	Resin-based composite crown, anterior	\$88.00
D2391	Resin-based composite - one surface, posterior	\$47.00
D2392	Resin-based composite - two surfaces, posterior ...	\$59.00
D2393	Resin-based composite - three surfaces, posterior .	\$82.00
D2394	Resin-based composite - four or more surfaces, posterior	\$115.00
D2510	Inlay - metallic - one surface	\$240.00
D2520	Inlay - metallic - two surfaces	\$290.00
D2530	Inlay - metallic - three or more surfaces	\$340.00
D2542	Onlay - metallic - two surfaces	\$470.00
D2543	Onlay - metallic - three surfaces	\$470.00
D2544	Onlay - metallic - four or more surfaces	\$470.00
D2610	Inlay - porcelain/ceramic - one surface	\$325.00
D2620	Inlay - porcelain/ceramic - two surfaces	\$350.00
D2630	Inlay - porcelain/ceramic - three or more surfaces ..	\$395.00
D2642	Onlay - porcelain/ceramic - two surfaces	\$445.00
D2643	Onlay - porcelain/ceramic - three surfaces	\$480.00
D2644	Onlay - porcelain/ceramic - four or more surfaces ..	\$500.00
D2650	Inlay - resin-based composite - one surface	\$205.00
D2651	Inlay - resin-based composite - two surfaces	\$240.00
D2652	Inlay - resin-based composite - three or more surfaces	\$260.00
D2662	Onlay - resin-based composite - two surfaces	\$370.00
D2663	Onlay - resin-based composite - three surfaces	\$395.00
D2664	Onlay - resin-based composite - four or more surfaces	\$440.00
D2710	Crown - resin-based composite (indirect)	\$290.00
D2712	Crown - 3/4 resin-based composite (indirect)	\$290.00
D2720	Crown - resin with high noble metal	\$440.00
D2721	Crown - resin with predominantly base metal	\$340.00

D2722	Crown - resin with noble metal	\$380.00
D2740	Crown - porcelain/ceramic	\$490.00
D2750	Crown - porcelain fused to high noble metal	\$450.00
D2751	Crown - porcelain fused to predominantly base metal	\$400.00
D2752	Crown - porcelain fused to noble metal	\$425.00
D2753	Crown - porcelain fused to titanium and titanium alloys	\$450.00
D2780	Crown - 3/4 cast high noble metal	\$460.00
D2781	Crown - 3/4 cast predominantly base metal	\$400.00
D2782	Crown - 3/4 cast noble metal	\$435.00
D2783	Crown - 3/4 porcelain/ceramic	\$460.00
D2790	Crown - full cast high noble metal	\$460.00
D2791	Crown - full cast predominantly base metal	\$410.00
D2792	Crown - full cast noble metal	\$435.00
D2794	Crown - titanium and titanium alloys	\$460.00
D2799	Provisional crown - further treatment or completion of diagnosis necessary prior to final impression	\$95.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$43.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$43.00
D2920	Re-cement or re-bond crown	\$43.00
D2921	Reattachment of tooth fragment, incisal edge or cusp (<i>anterior</i>)	\$88.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth - <i>anterior</i>	\$165.00
D2930	Prefabricated stainless steel crown - primary tooth	\$105.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$105.00
D2932	Prefabricated resin crown - <i>anterior primary tooth</i> .	\$135.00
D2933	Prefabricated stainless steel crown with resin window - <i>anterior primary tooth</i>	\$165.00
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	\$165.00
D2940	Protective restoration	\$13.00
D2941	Interim therapeutic restoration - primary dentition .	\$13.00
D2949	Restorative foundation for an indirect restoration ..	\$92.00

D2950	Core buildup, including any pins when required	\$125.00
D2951	Pin retention - per tooth, in addition to restoration .	\$13.00
D2952	Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i>	\$165.00
D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i>	\$110.00
D2954	Prefabricated post and core in addition to crown - <i>base metal post; includes canal preparation</i>	\$135.00
D2957	Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i>	\$80.00
D2960	Labial veneer (resin laminate) - chairside - <i>limited to replacement of significant tooth structure loss due to caries or fracture</i>	\$94.00
D2971	Additional procedures to construct new crown under existing partial denture framework	\$83.00
D2980	Crown repair necessitated by restorative material failure	\$40.00
D2981	Inlay repair necessitated by restorative material failure	\$40.00
D2982	Onlay repair necessitated by restorative material failure	\$40.00
D2983	Veneer repair necessitated by restorative material failure	\$40.00
D2990	Resin infiltration of incipient smooth surface lesions	\$12.00

D3000-D3999 IV. ENDODONTICS

D3110	Pulp cap - direct (excluding final restoration)	\$14.00
D3120	Pulp cap - indirect (excluding final restoration)	\$14.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$72.00
D3221	Pulpal debridement, primary and permanent teeth	\$72.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$72.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$85.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$85.00
D3310	<i>Root canal</i> - endodontic therapy, anterior tooth (excluding final restoration)	\$210.00

D3320	Root canal - endodontic therapy, premolar tooth (excluding final restoration)	\$245.00
D3330	Root canal - endodontic therapy, molar tooth (excluding final restoration)	\$335.00
D3331	Treatment of root canal obstruction; non-surgical access	\$97.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$97.00
D3333	Internal root repair of perforation defects	\$97.00
D3346	Retreatment of previous root canal therapy - anterior	\$300.00
D3347	Retreatment of previous root canal therapy - premolar	\$345.00
D3348	Retreatment of previous root canal therapy - molar	\$430.00
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$97.00
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$77.00
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$77.00
D3410	Apicoectomy - anterior	\$275.00
D3421	Apicoectomy - premolar (first root)	\$305.00
D3425	Apicoectomy - molar (first root)	\$340.00
D3426	Apicoectomy (each additional root)	\$110.00
D3427	Periradicular surgery without apicoectomy	\$225.00
D3430	Retrograde filling - per root	\$72.00
D3450	Root amputation - per root	\$95.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$85.00

D4000-D4999 V. PERIODONTICS

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

- Periodontal regenerative procedures, D4263 D4264, D4266 and D4267, are limited to 1 per site (or per tooth, if applicable).

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$180.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$91.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$91.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$235.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$125.00
D4245	Apically positioned flap	\$235.00
D4249	Clinical crown lengthening - hard tissue	\$255.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$400.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$240.00
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	\$280.00
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	\$225.00
D4266	Guided tissue regeneration - resorbable barrier, per site	\$305.00
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	\$283.00
D4270	Pedicle soft tissue graft procedure	\$300.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$225.00

D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	\$310.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	\$310.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	\$155.00
D4285	Non-autogenous connective graft procedure (including donor and recipient surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$155.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	\$83.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	\$42.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - 2 D1110, D1120 or D4346 per calendar year, or more frequently if medically necessary	No Cost
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit - <i>limited to 1 treatment in any 12 consecutive months</i>	\$65.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth - <i>for each of the first two teeth treated within a quadrant following root planing or periodontal maintenance</i>	\$45.00
D4910	Periodontal maintenance - <i>following active periodontal therapy, limited to 4 treatments per calendar year</i>	\$53.00
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	\$625.00
D5120	Complete denture - mandibular	\$625.00
D5130	Immediate denture - maxillary	\$680.00
D5140	Immediate denture - mandibular	\$680.00
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$525.00
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$525.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	\$715.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	\$715.00
D5221	Immediate maxillary partial denture - resin base (including any retentive/clasping materials, rests and teeth)	\$525.00
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials, rests and teeth)	\$525.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	\$715.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	\$715.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$605.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$605.00
D5410	Adjust complete denture - maxillary	\$43.00
D5411	Adjust complete denture - mandibular	\$43.00
D5421	Adjust partial denture - maxillary	\$46.00
D5422	Adjust partial denture - mandibular	\$46.00
D5511	Repair broken complete denture base, mandibular .	\$88.00
D5512	Repair broken complete denture base, maxillary	\$88.00

D5520	Replace missing or broken teeth - complete denture (each tooth)	\$76.00
D5611	Repair resin partial denture base, mandibular	\$88.00
D5612	Repair resin partial denture base, maxillary	\$88.00
D5621	Repair cast partial framework, mandibular	\$88.00
D5622	Repair cast partial framework, maxillary	\$88.00
D5630	Repair or replace broken retentive/clasping materials - per tooth	\$110.00
D5640	Replace broken teeth - per tooth	\$81.00
D5650	Add tooth to existing partial denture	\$88.00
D5660	Add clasp to existing partial denture - per tooth	\$110.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$190.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$190.00
D5710	Rebase complete maxillary denture	\$250.00
D5711	Rebase complete mandibular denture	\$250.00
D5720	Rebase maxillary partial denture	\$250.00
D5721	Rebase mandibular partial denture	\$250.00
D5730	Reline complete maxillary denture (chairside)	\$145.00
D5731	Reline complete mandibular denture (chairside)	\$145.00
D5740	Reline maxillary partial denture (chairside)	\$145.00
D5741	Reline mandibular partial denture (chairside)	\$145.00
D5750	Reline complete maxillary denture (laboratory)	\$210.00
D5751	Reline complete mandibular denture (laboratory) ..	\$210.00
D5760	Reline maxillary partial denture (laboratory)	\$210.00
D5761	Reline mandibular partial denture (laboratory)	\$210.00
D5810	Interim complete denture (maxillary)	\$315.00
D5811	Interim complete denture (mandibular)	\$315.00
D5820	Interim partial denture (maxillary) - <i>limited to 1 in any 12 consecutive months</i>	\$280.00
D5821	Interim partial denture (mandibular) - <i>limited to 1 in any 12 consecutive months</i>	\$280.00
D5850	Tissue conditioning, maxillary	\$40.00
D5851	Tissue conditioning, mandibular	\$40.00

D6000-D6199

VIII. IMPLANT SERVICES

- Whether supported by a natural tooth or dental implant, when there are more than six crowns, pontics and/or bridge retainers in the same treatment plan, an Enrollee may be charged an additional \$135.00 per unit, beyond the 6th covered unit.

- Replacement of crowns, bridges and implant supported dentures requires the existing restoration to be 5+ years old.

* Name brand, laboratory processed or in-office processed crowns/ pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed \$150.00 in addition to the listed Copayment. Refer to Limitations of Benefits #4 for additional information.

D6058	Abutment supported porcelain/ceramic crown	\$740.00
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$750.00
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$610.00
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$710.00
D6062	Abutment supported cast metal crown (high noble metal)	\$720.00
D6063	Abutment supported cast metal crown (predominantly base metal)	\$545.00
D6064	Abutment supported cast metal crown (noble metal)	\$690.00
D6065	Implant supported porcelain/ceramic crown	\$780.00
D6066	Implant supported crown - porcelain fused to high noble alloys	\$750.00
D6067	Implant supported crown - high noble alloys	\$730.00
D6068	Abutment supported retainer for porcelain/ceramic FPD	\$725.00
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$750.00
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$485.00
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$660.00
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$750.00

D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$415.00
D6074	Abutment supported retainer for cast metal FPD (noble metal)	\$425.00
D6075	Implant supported retainer for ceramic FPD	\$780.00
D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys	\$750.00
D6077	Implant supported retainer for metal FPD - high noble alloys	\$750.00
D6082	Implant supported crown - porcelain fused to predominantly base alloys	\$610.00
D6083	Implant supported crown - porcelain fused to noble alloys (noble metal)	\$710.00
D6084	Implant supported crown - porcelain fused to titanium and titanium alloys	\$655.00
D6086	Implant supported crown - predominantly base alloys (predominantly base metal)	\$545.00
D6087	Implant supported crown - noble alloys	\$690.00
D6088	Implant supported crown - titanium and titanium alloys	\$655.00
D6092	Re-cement or re-bond implant/abutment supported crown	\$72.00
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$95.00
D6094	Abutment supported crown - titanium and titanium alloys	\$655.00
D6097	Abutment supported crown - porcelain fused to titanium and titanium alloys	\$655.00
D6098	Implant supported retainer - porcelain fused to predominantly base alloys (predominantly base metal)	\$485.00
D6099	Implant supported retainer for FPD - porcelain fused to noble alloys (noble metal)	\$660.00
D6110	Implant/abutment supported removable denture for edentulous arch - maxillary	\$925.00
D6111	Implant/abutment supported removable denture for edentulous arch - mandibular	\$925.00
D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary	\$1,015.00
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular	\$1,015.00

D6114	Implant/abutment supported fixed denture for edentulous arch - maxillary	\$925.00
D6115	Implant/abutment supported fixed denture for edentulous arch - mandibular	\$925.00
D6116	Implant/abutment supported fixed denture for partially edentulous arch - maxillary	\$1,015.00
D6117	Implant/abutment supported fixed denture for partially edentulous arch - mandibular	\$1,015.00
D6120	Implant supported retainer - porcelain fused to titanium and titanium alloys (predominantly base metal)	\$415.00
D6121	Implant supported retainer for metal FPD - predominantly base alloys (predominantly base metal)	\$415.00
D6122	Implant supported retainer for metal FPD - noble alloys (noble metal)	\$425.00
D6123	Implant supported retainer for metal FPD - titanium and titanium alloys	\$620.00
D6194	Abutment supported retainer crown for FPD - titanium and titanium alloys	\$620.00
D6195	Abutment supported retainer - porcelain fused to titanium and titanium alloys	\$750.00

D6200-D6999

IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture (bridge))

- *Whether supported by a natural tooth or dental implant, when there are six crowns, pontics and/or bridge retainers in the same treatment plan, an Enrollee may be charged an additional \$135.00 per unit, beyond the 6th covered unit.*

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

** Name brand, laboratory processed or in-office processed crowns/ pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed \$150.00 in addition to the listed Copayment. Refer to Limitations of Benefits #4 for additional information.*

D6210	Pontic - cast high noble metal	\$450.00
D6211	Pontic - cast predominantly base metal	\$410.00
D6212	Pontic - cast noble metal	\$435.00
D6214	Pontic - titanium and titanium alloys	\$460.00
D6240	Pontic - porcelain fused to high noble metal	\$450.00

D6241	Pontic - porcelain fused to predominantly base metal	\$410.00
D6242	Pontic - porcelain fused to noble metal	\$435.00
D6243	Pontic - porcelain fused to titanium and titanium alloys	\$435.00
D6245	Pontic - porcelain/ceramic	\$455.00
D6250	Pontic - resin with high noble metal	\$390.00
D6251	Pontic - resin with predominantly base metal	\$350.00
D6252	Pontic - resin with noble metal	\$375.00
D6600	Retainer inlay - porcelain/ceramic, two surfaces	\$395.00
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	\$460.00
D6602	Retainer inlay - cast high noble metal, two surfaces	\$425.00
D6603	Retainer inlay - cast high noble metal, three or more surfaces	\$460.00
D6604	Retainer inlay - cast predominantly base metal, two surfaces	\$350.00
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	\$400.00
D6606	Retainer inlay - cast noble metal, two surfaces	\$415.00
D6607	Retainer inlay - cast noble metal, three or more surfaces	\$425.00
D6608	Retainer onlay - porcelain/ceramic, two surfaces	\$460.00
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	\$470.00
D6610	Retainer onlay - cast high noble metal, two surfaces	\$440.00
D6611	Retainer onlay - cast high noble metal, three or more surfaces	\$460.00
D6612	Retainer onlay - cast predominantly base metal, two surfaces	\$325.00
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	\$400.00
D6614	Retainer onlay - cast noble metal, two surfaces	\$350.00
D6615	Retainer onlay - cast noble metal, three or more surfaces	\$435.00
D6624	Retainer inlay - titanium	\$450.00
D6634	Retainer onlay - titanium	\$450.00
D6720	Retainer crown - resin with high noble metal	\$385.00

D6721	Retainer crown - resin with predominantly base metal	\$335.00
D6722	Retainer crown - resin with noble metal	\$360.00
D6740	Retainer crown - porcelain/ceramic	\$500.00
D6750	Retainer crown - porcelain fused to high noble metal	\$460.00
D6751	Retainer crown - porcelain fused to predominantly base metal	\$410.00
D6752	Retainer crown - porcelain fused to noble metal	\$435.00
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	\$460.00
D6780	Retainer crown - 3/4 cast high noble metal	\$460.00
D6781	Retainer crown - 3/4 cast predominantly base metal	\$410.00
D6782	Retainer crown - 3/4 cast noble metal	\$435.00
D6783	Retainer crown - 3/4 porcelain/ceramic	\$460.00
D6784	Retainer crown 3/4 - titanium and titanium alloys ..	\$460.00
D6790	Retainer crown - full cast high noble metal	\$460.00
D6791	Retainer crown - full cast predominantly base metal	\$410.00
D6792	Retainer crown - full cast noble metal	\$435.00
D6794	Retainer crown - titanium and titanium alloys	\$460.00
D6930	Re-cement or re-bond fixed partial denture	\$61.00
D6940	Stress breaker	\$60.00
D6980	Fixed partial denture repair necessitated by restorative material failure	\$80.00

D7000-D7999

X. ORAL AND MAXILLOFACIAL SURGERY

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

D7111	Extraction, coronal remnants - primary tooth	\$12.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$12.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$53.00
D7220	Removal of impacted tooth - soft tissue	\$46.00
D7230	Removal of impacted tooth - partially bony	\$91.00
D7240	Removal of impacted tooth - completely bony	\$115.00

D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$125.00
D7250	Removal of residual tooth roots (cutting procedure)	\$53.00
D7251	Coronectomy - intentional partial tooth removal	\$91.00
D7260	Oroantral fistula closure	\$125.00
D7261	Primary closure of a sinus perforation	\$125.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$14.00
D7280	Exposure of an unerupted tooth	\$14.00
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$14.00
D7283	Placement of device to facilitate eruption of impacted tooth	\$8.00
D7285	Incisional biopsy of oral tissue-hard (bone, tooth) ..	\$78.00
D7286	Incisional biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i>	\$65.00
D7287	Exfoliative cytological sample collection	\$20.00
D7288	Brush biopsy - transepithelial sample collection	\$78.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$58.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$33.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant ...	\$78.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant ...	\$40.00
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$14.00
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$14.00
D7471	Removal of lateral exostosis (maxilla or mandible) .	\$14.00
D7472	Removal of torus palatinus	\$14.00
D7473	Removal of torus mandibularis	\$14.00
D7485	Reduction of osseous tuberosity	\$78.00
D7510	Incision and drainage of abscess - intraoral soft tissue	\$14.00
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$20.00

D7880	Occlusal orthotic device, by report - <i>limited to 1 per 24 months; only covered in conjunction with Temporomandibular Joint (TMJ) treatment</i>	\$330.00
D7881	Occlusal orthotic device adjustment	\$43.00
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	No Cost
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	\$14.00
D7963	Frenuloplasty	\$20.00
D7970	Excision of hyperplastic tissue - per arch	\$90.00
D7971	Excision of pericoronal gingiva	\$90.00

D8000-D8999 XI. ORTHODONTICS

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

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

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

Pre and post orthodontic records include:

The benefit for pre-treatment records and diagnostic services includes: \$575.00

D0210	Intraoral - complete series of radiographic images
D0322	Tomographic survey
D0330	Panoramic radiographic image
D0340	2D cephalometric radiographic image
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally
D0351	3D photographic image
D0470	Diagnostic casts

The benefit for post-treatment records includes: \$140.00

D0210	Intraoral - complete series of radiographic images
D0470	Diagnostic casts

D8010	Limited orthodontic treatment of the primary dentition	\$950.00
D8020	Limited orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i>	\$950.00
D8030	Limited orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i>	\$950.00
D8040	Limited orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i>	\$985.00
D8050	Interceptive orthodontic treatment of the primary dentition	\$985.00
D8060	Interceptive orthodontic treatment of the transitional dentition	\$1,200.00
D8070	Comprehensive orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i>	\$1,530.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i>	\$1,530.00
D8090	Comprehensive orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i>	\$1,730.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$80.00
D8670	Periodic orthodontic treatment visit - <i>included in comprehensive case fee</i>	No Cost
D8680	Orthodontic retention (removal of appliances, construction and placement of <i>removable</i> retainers)	\$220.00
D8681	Removable orthodontic retainer adjustment	No Cost
D8999	Unspecified orthodontic procedure, by report - <i>includes treatment planning session</i>	\$400.00

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain - minor procedure	No Cost
D9211	Regional block anesthesia	No Cost
D9212	Trigeminal division block anesthesia	No Cost
D9215	Local anesthesia in conjunction with operative or surgical procedures	No Cost
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	No Cost

D9222	Deep sedation/general anesthesia - first 15 minutes	\$84.00
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	\$84.00
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	\$73.00
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment ..	\$73.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	No Cost
D9311	Consultation with medical health care professional	No Cost
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	No Cost
D9440	Office visit - after regularly scheduled hours	\$55.00
D9450	Case presentation, detailed and extensive treatment planning	No Cost
D9932	Cleaning and inspection of removable complete denture, maxillary	No Cost
D9933	Cleaning and inspection of removable complete denture, mandibular	No Cost
D9934	Cleaning and inspection of removable partial denture, maxillary	No Cost
D9935	Cleaning and inspection of removable partial denture, mandibular	No Cost
D9941	Fabrication of athletic mouthguard - <i>limited to 1 per 12 months</i>	\$110.00
D9943	Occlusal guard adjustment	\$10.00
D9944	Occlusal guard - hard appliance, full arch - <i>limited to 1 D9944, D9945 or D9946 per 24 months</i>	\$205.00
D9945	Occlusal guard - soft appliance, full arch - <i>limited to 1 D9944, D9945 or D9946 per 24 months</i>	\$205.00
D9946	Occlusal guard - hard appliance, partial arch - <i>limited to 1 D9944, D9945 or D9946 per 24 months</i>	\$205.00
D9951	Occlusal adjustment, limited	\$40.00
D9952	Occlusal adjustment, complete	\$210.00
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays - <i>limited to one bleaching tray and gel for two weeks of self-treatment</i>	\$125.00

D9986	Missed appointment - <i>without 24 hour notice</i>	\$10.00
D9987	Canceled appointment - <i>without 24 hour notice</i>	\$10.00
D9990	Certified translation or sign-language services - per visit	No Cost
D9991	Dental case management - addressing appointment compliance barriers	No Cost
D9992	Dental case management - care coordination	No Cost
D9995	Teledentistry - synchronous; real-time encounter ...	No Cost
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	No Cost
D9997	Dental case management - Patients with special Health Care Needs	No Cost

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 Us. 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. 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, which are supported either by a natural tooth or dental implant, the Enrollee may be charged an additional \$135.00 above the listed Copayment for each of these services after the sixth unit has been provided.
3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241).
4. When recommending covered crown(s), bridge pontic(s) and/or bridge retainers, which are supported either by a natural tooth or dental implant, Contract Dentists may offer services that utilize brand or trade names at an additional fee. The Enrollee must be offered the plan benefits of a high quality laboratory processed crown/pontic that may include: porcelain/ceramic; porcelain with base, noble or high-noble metal. If the Enrollee chooses the alternative of a material upgrade (name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials, including but not limited to: Captek, Procera, Lava, Empress and Cerec), the Contract Dentist may charge an additional fee not to exceed \$150.00 in addition to the listed Copayment. Contact the Customer Service department at 800-422-4234 if you have questions regarding the additional fee or name brand services.
5. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by Alpha, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.

6. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.
7. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Alpha is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

Exclusions of Benefits

1. Any procedure that is not specifically listed under *Schedule A, Description of Benefits and Copayments*.
2. Any procedure that in the professional opinion of the Contract Dentist:
 - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**
 - b. is inconsistent with generally accepted standards for dentistry.
3. Services solely for:
 - a. cosmetic purposes, with the exception of procedure D9975 (External bleaching for home application, per arch); or
 - b. conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
4. The replacement of lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and implant abutments, and fixed partial dentures (bridges) whether supported by a natural tooth or dental implant..
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. Procedures that may include:
 - a. precious metal for removable appliances;
 - b. metallic or permanent soft bases for complete dentures;
 - c. porcelain denture teeth;
 - d. precision abutments for removable partials or fixed partial dentures including but not limited to overlays and related specialized appliances; and/or
 - e. personalization and characterization of complete and partial dentures.
7. Procedures that may include:
 - a. pre-implant diagnostic and therapeutic services, which are solely done to facilitate the placement of a dental implant including cone beam CT capture and interpretation, bone grafts and/or sinus augmentation;
 - b. post-implant maintenance, osseous surgeries and/or bone grafts; and/or

c. removal of a dental implant and all other services associated with a dental implant, unless listed as a covered benefit.

8. Consultations for non-covered benefits.
9. Dental services received from any dental facility other than the assigned Contract Dentist, an authorized dental specialist, or a Contract Orthodontist except for *Emergency Services* as described in the Contract and/or Evidence of Coverage.
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 crown, 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. Lost, stolen or broken orthodontic appliances.
14. Changes in orthodontic treatment necessitated by accident of any kind.
15. Myofunctional and parafunctional appliances and/or therapies.
16. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
17. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.
18. Orthodontic treatment must be provided by a licensed dentist. Self-administered orthodontics are not covered.
19. The removal of fixed orthodontic appliances for reasons other than completion of treatment is not a covered benefit.
20. An implant-supported prosthesis with one abutment supported by a natural tooth and the second supported by an implant are not covered.

Non-Discrimination Disclosure

Discrimination Is Against the Law

We comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. We do not exclude people or treat them differently because of their race, color, national origin, age, disability, or sex.

Coverage for medically necessary health services are available on the same terms for all individuals, regardless of sex assigned at birth, gender identity, or recorded gender. We will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. We will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance electronically online, over the phone with a customer service representative, or by mail.

DeltaCare USA
PO Box 1803 Alpharetta, GA 30023-1803
1-800-422-4234
deltadentalins.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint

Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

We provide free aids and services to people with disabilities to communicate effectively with us, such as:

- qualified sign language interpreters
- written information in other formats (large print, audio, accessible electronic formats, other formats)

We also provide free language services to people whose primary language is not English, such as:

- qualified interpreters
- information written in other languages

If you need these services, contact our Customer Service department.

Protect your oral health. Prevention is the key to avoiding tooth and gum problems. Brush and floss regularly, and visit the dentist for cleanings and exams. To learn more about prevention and avoiding dental problems, visit **mysmileway.com**. You'll find oral health articles, videos and other tools and tips for caring for your teeth. Don't forget to sign up for *Grin!*, our free dental health e-magazine.

DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VA, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

Can you read this document? If not, we can have somebody help you read it. You may also be able to get this document written in your language. For free help, please call 1-800-422-4234 (TTY: 711).

¿Puede leer este documento? Si no, podemos encontrar a alguien que lo ayude a leerlo. También puede obtener este documento escrito en su idioma. Para obtener ayuda gratuita, llame al 1-800-422-4234 (servicio de retransmisión TTY deben llamar al 711). (Spanish)

您能自行閱讀本文件嗎？如果不能，我們可請人幫助您閱讀。您還可以請人以您的語言撰寫本文件。如需免費幫助，請致電 1-800-422-4234 (TTY: 711)。(Chinese)

Bạn có đọc được tài liệu này không? Nếu không, chúng tôi sẽ cử một ai đó giúp bạn đọc. Bạn cũng có thể nhận được tài liệu này viết bằng ngôn ngữ của bạn. Để nhận được trợ giúp miễn phí, vui lòng gọi 1-800-422-4234 (TTY: 711). (Vietnamese)

이 문서를 읽으실 수 있습니까? 읽으실 수 없으면 다른 사람이 대신 읽어드릴 수 있습니다. 한국어로 번역된 문서를 받으실 수도 있습니다. 무료로 도움을 받기를 원하시면 1-800-422-4234 (TTY: 711)번으로 연락하십시오. (Korean)

Nababasa mo ba ang dokumentong ito? Kung hindi, may tao kaming makakatulong sa iyong basahin ito. Maaari mo ring makuha ang dokumentong ito nang nakasulat sa iyong wika. Para sa libreng tulong, pakitawagan ang 1-800-422-4234 (TTY: 711). (Tagalog)

Вы можете прочитать этот документ? Если нет, мы можем предоставить вам кого-нибудь, кто поможет вам прочитать его. Вы также можете получить этот документ на своем языке. Для получения бесплатной помощи, просьба звонить по номеру 1-800-422-4234 (телетайп: 711). (Russian)

هل تستطيع قراءة هذا المستند؟ إذا كنت لا تستطيع، يمكننا أن نوفر لك من يساعدك في قراءتها. ربما يمكنك أيضاً للحصول على هذا المستند تكموباً بلغتك للمساعدة لمجانبة اتصل بـ 1-800-422-4234 (TTY: 711). (Arabic)

Èske w ka li dokiman sa a? Si w pa kapab, nou ka fè yon moun ede w li l. Ou ka gen posiblite pou jwenn dokiman sa a tou ki ekri nan lang ou. Pou jwenn èd gratis, tanpri rele 1-800-422-4234 (TTY: 711). (Haitian Creole)

Pouvez-vous lire ce document ? Si ce n'est pas le cas, nous pouvons faire en sorte que quelqu'un vous aide à le lire. Vous pouvez également obtenir ce document écrit dans votre langue. Pour obtenir de l'assistance gratuitement, veuillez appeler le 1-800-422-4234 (TTY : 711). (French)

Możesz przeczytać ten dokument? Jeśli nie, możemy Ci w tym pomóc. Możesz także otrzymać ten dokument w swoim języku ojczystym. Po bezpłatną pomoc zadzwoń pod numer 1-800-422-4234 (TTY: 711). (Polish)

Você consegue ler este documento? Se não, podemos pedir para alguém ajudá-lo a ler. Você também pode receber este documento escrito em seu idioma. Para obter ajuda gratuita, ligue 1-800-422-4234 (TTS: 711). (Portuguese)

Non riesci a leggere questo documento? In tal caso, possiamo chiedere a qualcuno di aiutarti a farlo. Potresti anche ricevere questo documento scritto nella tua lingua. Per assistenza gratuita, chiama il numero 1-800-422-4234 (TTY: 711). (Italian)

この文書をお読みになれますか？お読みになれない場合には音読ボランティアを手配させていただきます。この文書をご希望の言語に訳したものをお送りできる場合もあります。無料のサポートについては、1-800-422-4234 (TTY: 711) までお問い合わせください。(Japanese)

Können Sie dieses Dokument lesen? Falls nicht, können wir Ihnen einen Mitarbeiter zur Verfügung stellen, der Sie dabei unterstützen wird. Möglicherweise können Sie dieses Dokument auch in Ihrer Sprache erhalten. Rufen Sie für kostenlose Hilfe bitte folgende Nummer an: 1-800-422-4234 (Schreibtelefon: 711). (German)

آیا می توانید این متن را بخوانید؟ در صورتی که نمی توانید، ما قادریم از شخصی بخواهیم تا در خواندن این متن به شما کمک کند. همچنین ممکن است بتوانید این متن را به زبان خود دریافت کنید. برای کمک رایگان با این شماره تماس بگیرید: 1-800-422-4234 (TTY: 711). (Persian Farsi)

क्या आप इस दस्तावेज़ को पढ़ सकते हैं? यदि नहीं, तो हम इसे पढ़ने में आपकी सहायता करने हेतु किसी की व्यवस्था कर सकते हैं। आप इस दस्तावेज़ को अपनी भाषा में लिखा हुआ भी प्राप्त कर सकते हैं। निशुल्क सहायता के लिए, कृपया यहाँ कॉल करें 1-800-422-4234 (TTY: 711)। (Hindi)

คุณสามารรถอ่านเอกสารนี้ได้หรือไม่? หากไม่ได้ เราสามารถหาคนมาช่วยคุณอ่านได้ นอกจากนี้ คุณยังสามารถรับเอกสารนี้ที่เขียนในภาษาของคุณได้อีกด้วย รับความช่วยเหลือฟรีได้โดยโทรไปที่ 1-800-422-4234 (TTY: 711) (Thai)

ਕੀ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਨੂੰ ਪੜ੍ਹ ਸਕਦੇ ਹੋ? ਜੇਕਰ ਨਹੀਂ, ਤਾਂ ਅਸੀਂ ਇਸ ਨੂੰ ਪੜ੍ਹਨ ਵਿੱਚ ਤੁਹਾਡੀ ਮਦਦ ਕਰਨ ਲਈ ਕਿਸੇ ਵਿਅਕਤੀ ਨੂੰ ਲਿਆ ਸਕਦੇ ਹਾਂ। ਤੁਹਾਨੂੰ ਇਹ ਦਸਤਾਵੇਜ਼ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਲਿਖਿਆ ਹੋਇਆ ਵੀ ਪ੍ਰਾਪਤ ਹੋ ਸਕਦਾ ਹੈ। ਮੁਫਤ ਵਿੱਚ ਮਦਦ ਲਈ, ਕਿਰਪਾ ਕਰਕੇ 1-800-422-4234 (TTY: 711) ਨੂੰ ਕਾਲ ਕਰੋ। (Punjabi)

Դուք կարող եք կարդալ այս փաստաթուղթը: Եթե ոչ, մենք որևէ մեկին կգտնենք, ով կօգնի ձեզ կարդալ: Դուք կարող եք նաև այս փաստաթուղթը ստանալ գրված ձևով լեզվով: Անվճար օգնություն է ավարտվող հարցումներ ենք զանգահարել 1-800-422-4234 (TTY: 711), (Armenian)

Koj nyeem puas tau daim ntawv no? Yog koj nyeem tsis tau, peb muaj neeg pab nyeem rau koj. Tsis tas li ntawd xwb, tej zaum kuj muab daim ntawv no sau ua koj hom lus tau thiab. Yog yuav thov kev pab dawb, thov hu rau 1-800-422-4234 (TTY: 711). (Hmong)

តើលោកអ្នកអាចអានឯកសារនេះបានទេ? បើសិនមិនអាចទេ យើងអាចឱ្យនរណាម្នាក់ជួយអានឱ្យលោកអ្នក។ លោកអ្នកក៏អាចទទួលបានឯកសារនេះជាលាយលក្ខណ៍អក្សរជាភាសាបស្ចិមលោកអ្នកផងដែរ។ សម្រាប់ជំនួយឥតគិតថ្លៃ សូមទូរស័ព្ទទៅ 1-800-422-4234 (TTY: 711)។ (Cambodian)

צי קענט איר לייענען דעם דאזיקן דאקומענט? אויב ניט,עמעצער דא קען אייך העלפן אים צו לייענען. עס איז אויך מעגלעך, אז איר קענט באקומען דעם דאזיקן דאקומענט אין אייער שפראך. פאר אומזיסטע הילף קענט איר אנקלינגען אט די דאזיקע נומער: 1-800-422-4234 ס'איז דא א נומער פאר מענטשען, וואס הערן ניט: 711 (Yiddish)

Díísh yíníłta'go bííníghah? Doo bííníghahgóó éí nich'í' yídóoltahígíí nihee hóóló. Díí naaltsoos t'áá Diné bizaad k'éhjí ályaago ałdó' nich'í' ádoolnǫ́go bíighah. T'áá jíí'k'é shíká i'doolwoł nínízingo kojí' béésh holdíílnih 1-800-422-4234 (TTY: 711) (Navajo)

Proof

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

Toll Free
800-422-4234

Administered by:

Delta Dental Insurance Company
P.O. Box 1803
Alpharetta, GA 30023

DeltaCare® USA

Notice of Privacy Practices: Confidentiality of your health care information

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice is required by law to tell you how Delta Dental and its affiliates (“Delta Dental”) protect the confidentiality of your health care information in our possession. Protected Health Information (PHI) is defined as any individually identifiable information regarding a patient's healthcare history; mental or physical condition; or treatment. Some examples of PHI include your name, address, telephone and/or fax number, electronic mail address, social security number or other identification number, date of birth, date of treatment, treatment records, x-rays, enrollment and claims records. Delta Dental receives, uses and discloses your PHI to administer your benefit plan or as permitted or required by law. Any other disclosure of your PHI without your authorization is prohibited.

We must follow the privacy practices that are described in this notice, but also comply with any stricter requirements under federal or state law that may apply to our administration of your benefits. However, we may change this notice and make the new notice effective for all of your PHI that we maintain. If we make any substantive changes to our privacy practices, we will promptly change this notice and redistribute to you within 60 days of the change to our practices. You may also request a copy of this notice anytime by contacting the address or phone number at the end of this notice. You should receive a copy of this notice at the time of enrollment in a Delta Dental program, and we will notify you of how you can receive a copy of this notice every three years.

Permitted Uses and Disclosures of Your PHI

We are permitted to use or disclose your PHI without your prior authorization for the following purposes. These permitted uses and/or disclosures include disclosures to you, uses and/or disclosures for purposes of health care treatment, payment of claims, billing of premiums, and other health care operations. If your benefit plan is sponsored by your employer or another party, we may provide PHI to your employer or that sponsor for purposes of administering your benefits. We may disclose PHI to third parties that perform services for Delta Dental in the administration of your benefits. These parties are required by law to sign a contract agreeing to protect the confidentiality of your PHI. Your PHI may be disclosed to an affiliate that performs services for Delta Dental in the administration of your benefits. These affiliates have implemented privacy policies and procedures and comply with applicable federal and state law.

We are also permitted to use and/or disclose your PHI to comply with a valid authorization, to notify or assist in notifying a family member, another person, or a personal representative of your condition, to assist in disaster relief efforts, and to report victims of abuse, neglect, or domestic violence. Other permitted uses and/or disclosures are for purposes of health oversight by government agencies, judicial, administrative, or other law enforcement purposes, information about decedents to coroners, medical examiners and funeral directors, for research purposes, for organ donation purposes, to avert a serious threat to health or safety, for specialized government functions such as military and veterans activities, for workers

compensation purposes, and for use in creating summary information that can no longer be traced to you. Additionally, with certain restrictions, we are permitted to use and/or disclose your PHI for underwriting. We are also permitted to incidentally use and/or disclose your PHI during the course of a permitted use and/or disclosure, but we must attempt to keep incidental uses and/or disclosures to a minimum. We use administrative, technical, and physical safeguards to maintain the privacy of your PHI, and we must limit the use and/or disclosure of your PHI to the minimum amount necessary to accomplish the purpose of the use and/or disclosure.

Examples of Uses and Disclosures of Your PHI for Treatment, Payment or Healthcare Operations

Such activities may include but are not limited to: processing your claims, collecting enrollment information and premiums, reviewing the quality of health care you receive, providing customer service, resolving your grievances, and sharing payment information with other insurers. Additional examples include the following.

- Uses and/or disclosures of PHI in facilitating treatment.
For example, Delta Dental may use or disclose your PHI to determine eligibility for services requested by your provider.
- Uses and/or disclosures of PHI for payment.
For example, Delta Dental may use and disclose your PHI to bill you or your plan sponsor.
- Uses and/or disclosures of PHI for health care operations.
For example, Delta Dental may use and disclose your PHI to review the quality of care provided by our network of providers.

Disclosures Without an Authorization

We are required to disclose your PHI to you or your authorized personal representative (with certain exceptions), when required by the U. S. Secretary of Health and Human Services to investigate or determine our compliance with law, and when otherwise required by law. Delta Dental may disclose your PHI without your prior authorization in response to the following:

- Court order;
- Order of a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority;
- Subpoena in a civil action;
- Investigative subpoena of a government board, commission, or agency;
- Subpoena in an arbitration;
- Law enforcement search warrant; or
- Coroner's request during investigations.

Disclosures Delta Dental Makes With Your Authorization

Delta Dental will not use or disclose your PHI without your prior authorization if the law requires your authorization. You can later revoke that authorization in writing to stop any future use and disclosure. The authorization will be obtained from you by Delta Dental or by a person requesting your PHI from Delta Dental.

Your Rights Regarding PHI

You have the right to request an inspection of and obtain a copy of your PHI. You may access your PHI by contacting the appropriate Delta Dental office. You must include (1) your name, address, telephone number and identification number and (2) the PHI you are requesting. Delta Dental may charge a reasonable fee for providing

you copies of your PHI. Delta Dental will only maintain that PHI that we obtain or utilize in providing your health care benefits. Most PHI, such as treatment records or X-rays, is returned by Delta Dental to the dentist after we have completed our review of that information. You may need to contact your health care provider to obtain PHI that Delta Dental does not possess.

You may not inspect or copy PHI compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, or PHI that is otherwise not subject to disclosure under federal or state law. In some circumstances, you may have a right to have this decision reviewed. Please contact the privacy office as noted below if you have questions about access to your PHI.

You have the right to request a restriction of your PHI. You have the right to ask that we limit how we use and disclose your PHI. We will consider your request but are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.

You have the right to correct or update your PHI. This means that you may request an amendment of PHI about you for as long as we maintain this information. In certain cases we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. If your PHI was sent to us by another, we may refer you to that person to amend your PHI. For example, we may refer you to your dentist to amend your treatment chart or to your employer, if applicable, to amend your enrollment information. Please contact the privacy office as noted below if you have questions about amending your PHI.

You have the right to request or receive confidential communications from us by alternative means or at a different address. We will agree to a reasonable request if you tell us that disclosure of your PHI could endanger you. You may be required to provide us with a statement of possible danger, a different address, another method of contact or information as to how payment will be handled. Please make this request in writing to the privacy office as noted below.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. This right does not apply to disclosures for purposes of treatment, payment, or health care operations or for information we disclosed after we received a valid authorization from you. Additionally, we do not need to account for disclosures made to you, to family members or friends involved in your care, or for notification purposes. We do not need to account for disclosures made for national security reasons or certain law enforcement purposes, disclosures made as part of a limited data set, incidental disclosures, or disclosures made prior to April 14, 2003. Please contact the privacy office as noted below if you would like to receive an accounting of disclosures or if you have questions about this right.

You have the right to get this notice by e-mail. You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of this notice.

Complaints

You may complain to us or to the U. S. Secretary of Health and Human Services if you believe that Delta Dental has violated your privacy rights. You may file a complaint with us by notifying the privacy office as noted below. We will not retaliate against you for filing a complaint.

Contacts

Delta Dental of California offers and administers fee-for-service dental programs for groups headquartered in the state of California.

Delta Dental of New York offers and administers fee-for-service programs in New York. Delta Dental of Pennsylvania and its affiliates offer and administer fee for-service dental programs in Delaware, Maryland, Pennsylvania, West Virginia and the District of Columbia, and prepaid vision programs in West Virginia. Delta Dental of Pennsylvania's affiliates are Delta Dental of Delaware; Delta Dental of the District of Columbia; Delta Dental of West Virginia and Delta Dental Vision of West Virginia.

Delta Dental Insurance Company offers and administers fee-for-service dental programs to groups headquartered or located in Alabama, Alaska (through a marketing agreement with ODS Companies), Florida, Georgia, Louisiana, Mississippi, Montana, Nevada, Texas and Utah.

DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, ME, MI, NC, NH, OK, OR, RI, SC, SD, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DE, DC, FL, GA, KS, LA, MS, MT, TN and WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania; VA — Delta Dental of Virginia. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

You may contact the Privacy Department at the address listed below for further information about the complaint process or any of the information contained in this notice.

Delta Dental Customer Service
P.O. Box 1803
Alpharetta, GA 30023
800-422-4234

This notice is effective on and after July 1, 2006.

HEALTH CARE INSURER
APPEALS PROCESS
INFORMATION
BOOKLET
DELTA DENTAL
INSURANCE
COMPANY

Health Care Insurer Appeals Process Information Booklet

Delta Dental Insurance Company (“Delta Dental”)

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Health Care Insurer Appeals Process Information Booklet

Delta Dental Insurance Company

CAREFULLY READ THE INFORMATION IN THIS BOOKLET AND KEEP IT FOR FUTURE REFERENCE. IT HAS IMPORTANT INFORMATION ABOUT HOW TO APPEAL DECISIONS WE MAKE ABOUT YOUR HEALTH CARE.

Getting Information About the Health Care Appeals Process Help in Filing an Appeal, Standardized Forms, and Consumer Assistance From the Department of Insurance

We will send you a copy of this information booklet when you first receive your policy, and within five business days after we receive your request for an appeal. When your dental coverage is renewed, we will also send you a separate statement to remind you that you can request another copy of this booklet. We will also send a copy of this booklet to you or your treating provider at any time upon request. Just call our customer/member services number at 800-422-4234 and ask for a copy of this booklet.

At the end of this booklet, you will find forms you can use for your appeal. The Arizona Department of Insurance ("Department") developed these forms to help people who want to file a health care appeal. You are not required to use them. We cannot reject your appeal if you do not use them. If you need help in filing an appeal, or you have questions about the appeals process, you may call the Department's Consumer Assistance Office at 602-364-2499 or 800-325-2548 (toll free in Arizona - outside the Phoenix metro area) or call us at 800-422-4234.

When You May Appeal

When Delta Dental does not authorize or approve a service or pay for a claim, we must notify you of your right to appeal that decision. Your notice may come directly from us or through your treating provider.

Decisions You Can Appeal

You can appeal the following adverse decisions:

- We do not approve a service that you or your treating provider has requested.
- We do not pay for a service that you have already received.
- We do not authorize a service or pay for a claim because we say that it is not "medically necessary".
- We do not authorize a service or pay for a claim because we say that it is not covered under your dental plan, and you believe it is covered.
- We do not notify you, within 10 business days of receiving your request, whether or not we will authorize a requested service.
- We do not authorize a referral to a specialist.

Decisions You Cannot Appeal

You cannot appeal the following decisions:

- Our decision as to the amount of “usual and customary charges”.
- How we are coordinating benefits when you have health insurance with more than one insurer.
- How we have applied your claims or services to your plan deductible.
- The amount of coinsurance or copayments that you paid.
- Our decision to issue or not issue a dental plan contract to you.
- Any rate increases you may receive under your insurance policy.
- You believe we have violated the Arizona Insurance Code.

If you disagree with a decision that is not appealable, you may still file a complaint with the Arizona Department of Insurance, Consumer Affairs Division, 2910 N. 44th Street, Second Floor, Phoenix, AZ 85018.

Who May File An Appeal?

Either you or your treating provider can file an appeal on your behalf. At the end of this booklet is a form that you may use for filing your appeal. You are not required to use this form, and can send us a letter with the same information. If you decide to appeal our decision to deny authorization for a service, you should tell your treating provider so the provider can help you with the information you need to present your case.

Description of the Appeals Process

There are two types of appeal - an expedited appeal for urgent matters and a standard appeal. Each type of appeal has three levels. The appeals operate in a similar fashion, except that expedited appeals are processed much faster because of the patient's condition.

Expedited Appeals

(urgently needed services not yet received)

Level 1: Expedited Medical Review

Level 2: Expedited Appeal

Level 3: Expedited External Independent Review

Standard Appeals

(non-urgent services or denied claims)

Informal Reconsideration¹

Formal Appeal

External Independent Medical Review

We make the decisions at Level 1 and Level 2. An outside reviewer, who is completely independent from our company, makes Level 3 decisions. You are not responsible to pay the costs of the external review if you choose to appeal to Level 3.

¹ You may not obtain an informal reconsideration of a denied claim; appeals of denied claims begin at the Level 2 formal appeal.

**EXPEDITED APPEAL PROCESS FOR URGENTLY NEEDED SERVICES
NOT YET PROVIDED**

Level 1: Expedited Medical Review

Your request:

You may obtain an Expedited Medical Review of your denied request for a service that has not already been provided if:

- You have dental coverage with Alpha Dental of Arizona, Inc.,
- We denied your request for a covered service, and
- Your treating provider certifies in writing and provides supporting documentation that the time required to process your request through the Informal Reconsideration and Formal Appeal process (about 60 days) is likely to cause a significant negative change in your medical condition. At the end of this booklet is a form that your provider may use for this purpose. Your provider may also send a letter or make up a form with similar information. Your treating provider must send the certification and documentation to:

Susie Muniz, Manager
Quality Management Department
1130 Sanctuary Parkway, Suite 600
Alpharetta, GA 30009
866-275-1396
Fax: 770-641-5389

Our decision:

We have one business day after we receive the information from your treating provider to decide whether we should change our decision and authorize your requested service. Within that same business day, we must call and tell you and your treating provider, and mail you our decision in writing. The written decision must explain the reasons for our decision and tell you the documents on which we based our decision.

If we deny your request:

You may immediately appeal to Level 2.

If we grant your request:

We will authorize the service and the appeal is over.

If we refer your case to Level 3:

We may decide to skip Level 1 and Level 2 and send your case straight to an independent reviewer at Level 3.

Level 2: Expedited Appeal

Your request:

If we deny your request at Level 1, you may request an Expedited Appeal. After you receive our Level 1 denial, your treating provider **must immediately** send us a written request (to the same person and address listed above under Level 1) to tell us you are appealing to Level 2. To help your appeal, your provider should also send us any information (that the provider hasn't already sent us) to show why you need the requested service.

Our decision:

We have three business days after we receive the request to make our decision.

If we deny your request:

You may immediately appeal to Level 3.

If we grant your request:

We will authorize the service and the appeal is over.

If we refer your case to Level 3:

We may decide to skip Level 2 and send your case straight to an independent reviewer at Level 3.

Level 3: Expedited External Independent Review

Your request:

You may appeal to Level 3 only after you have appealed through Levels 1 and 2. You have five business days after you receive our Level 2 decision to send us your written request for an Expedited External Independent Review. Send your request and any supporting information to:

Susie Muniz, Manager
Quality Management
Department 1130 Sanctuary Parkway, Suite 600
Alpharetta, GA 30009
866-275-1396
Fax: 770-641-5389

Neither you nor your treating provider is responsible for the cost of the external independent review.

The process:

There are two types of Level 3 appeals, depending on the issues in your case:

(1) Decisions Involving Medical Necessity

These are cases where we have decided not to authorize a service because we think the services you (or your treating provider) are asking for, are not medically necessary to treat your problem. For medical necessity cases, the independent reviewer will be a provider retained by an outside independent reviewer organization ("IRO") that is procured by the Department and not connected with our company. The independent reviewer must be a provider who typically manages the condition under review.

(2) Contract Coverage

These are cases where we have denied coverage because we believe the requested service is not covered under your dental plan. For contract coverage cases, the Department will be the independent reviewer.

Medical Necessity Cases

Within one business day of receiving your request, we must:

- Mail a written acknowledgement of your request to the Director of Insurance (“Director”), you, and your treating provider; and
- Send the Director:
 - your request for review;
 - your dental plan;
 - evidence of coverage or similar document;
 - all medical (dental) records and supporting documentation used to render our decision;
 - a summary of the applicable issues including a statement of our decision;
 - the criteria used and clinical reasons for our decision;
 - and the relevant portions of our utilization review guidelines.

We must also include the name and credentials of the health care provider who reviewed and upheld the denial at the earlier appeal levels.

Within two business days of receiving our information, the Director must send all the submitted information to an independent reviewer.

Within five business days of receiving the information, the independent reviewer must make a decision and send the decision to the Director.

Within one business day of receiving the independent reviewer’s decision, the Director must mail a notice of the decision to you, your treating provider, and us.

The decision (medical necessity):

If the independent reviewer decides that we should provide the service, we must authorize the service. If the independent reviewer agrees with our decision to deny the service, the appeal is over. Your only further option is to pursue your claim in court.

Contract Coverage Cases

Within one business day of receiving your request, we must:

- Mail a written acknowledgement of your request to the Director, you, and your treating provider; and
- Send the Director:
 - your request for review;
 - your dental plan;
 - evidence of coverage or similar document;
 - all medical records and supporting documentation used to render our decision;
 - a summary of the applicable issues including a statement of our decision;
 - the criteria used and any clinical reasons for our decision; and
 - the relevant portions of our utilization review guidelines.

Within two business days of receiving this information, the Director must determine if the service or claim is covered, issue a decision, and send a notice to us, you, and your treating provider.

Referral to the independent reviewer for contract coverage cases:

The Director is sometimes unable to determine issues of coverage. If this occurs, the Director will forward your case to an independent reviewer.

The independent reviewer will have five business days to make a decision and send it to the Director.

The Director will have one business day after receiving the independent reviewer’s decision to send the decision to us, you, and your treating provider.

The decision (contract coverage):

If you disagree with the Director's final decision on a contract coverage issue, you may request a hearing with the Office of Administrative Hearings ("OAH"). If we disagree with the Director's final decision, we may also request a hearing before OAH. A hearing must be requested within 30 days of receiving the Director's decision. OAH must promptly schedule and complete a hearing for appeals from expedited Level 3 decisions.

**TANDARD APPEAL PROCESS FOR
NON-URGENT SERVICES AND DENIED CLAIMS
Level 1: Informal Reconsideration**

Your request:

You may obtain an Informal Reconsideration of your denied request for a service if:

- You have coverage with Alpha Dental of Arizona, Inc.;
- We denied your request for a covered service;
- You do not qualify for an expedited appeal; and
- You or your treating provider asks for Informal Reconsideration within two years of the date we first deny the requested service by calling, writing, or faxing your request to:

Susie Muniz, Manager
Quality Management Department
1130 Sanctuary Parkway, Suite 600
Alpharetta, GA 30009
866-275-1396
Fax: 770-641-5389

Claim for a covered service already provided but not paid for:

You may not obtain an Informal Reconsideration of your denied request for the payment of a covered service. Instead, you may start the review process by seeking a Formal Appeal (Level 2).

Our acknowledgement:

We have five business days after we receive your request for an Informal Reconsideration ("the receipt date") to send you and your treating provider a notice that we received your request.

Our decision:

We have 30 days after the receipt date to decide whether we should change our decision and authorize your requested service. Within that same 30 days, we must send you and your treating provider our written decision. The written decision must explain the reasons for our decision and tell you the documents on which we based our decision.

If we deny your request:

You have 60 days to appeal to Level 2.

If we grant your request:

The decision will authorize the service and the appeal is over.

If we refer your case to Level 3:

We may decide to skip Level 1 and Level 2 and send your case straight to an independent reviewer at Level 3.

Level 2: Formal Appeal

Your request:

You may request a Formal Appeal if: (1) we deny your request at Level 1, or (2) you have an unpaid claim and we did not provide a Level 1 review. After you receive our Level 1 denial, you or your treating provider must send us a written request within 60 days to tell us you are appealing to Level 2. If we did not provide a Level 1 review of your denied claim, you have two years from our first denial notice to request Formal Appeal. To help us make a decision on your appeal, you or your provider should also send us any information (that you haven't already sent us) to show why we should authorize the requested service or pay the claim. Send your appeal request and information to:

Susie Muniz, Manager
Quality Management Department
1130 Sanctuary Parkway, Suite 600
Alpharetta, GA 30009
866-275-1396
Fax: 770-641-5389

Our acknowledgement:

We have five business days after we receive your request for Formal Appeal ("the receipt date") to send you and your treating provider a notice that we received your request.

Our decision:

For a denied service that you have not yet received, we have 30 days after the receipt date to decide whether we should change our decision and authorize your requested service. For denied claims, we have 60 days to decide whether we should change our decision and pay your claim. We will send you and your treating provider our decision in writing. The written decision must explain the reasons for our decision and tell you the documents on which we based our decision.

If we deny your request or claim:

You have 30 days to appeal to Level 3.

If we grant your request:

We will authorize the service or pay the claim and the appeal is over.

If we refer your case to Level 3:

We may decide to skip Level 2 and send your case straight to an independent reviewer at Level 3.

Level 3: External Independent Review

Your request:

You may appeal to Level 3 only after you have appealed through Levels 1 and 2. You have 4 months after you receive our Level 2 decision to send us your written request for an External Independent Review. Send your request and any supporting information to:

Susie Muniz, Manager
Quality Management Department
1130 Sanctuary Parkway, Suite 600
Alpharetta, GA 30009
866-275-1396
Fax 770-641-5389

Neither you nor your treating provider will be responsible for the cost of any external independent review.

The process:

There are two types of Level 3 appeals, depending on the issues in your case:

(1) Decisions Involving Medical Necessity

These are cases where we have decided not to authorize a service because we think the services you (or your treating provider) are asking for, are not medically necessary to treat your problem. For medical necessity cases, the independent reviewer is a provider retained by the Department, and not connected with our company. For medical necessity cases, the independent reviewer must be a provider who typically manages the condition under review.

(2) Contract Coverage

These are cases where we have denied coverage because we believe the requested service is not covered under your dental plan. For contract coverage cases, the Department is the independent reviewer.

Medical Necessity Cases

Within five business days of receiving your request, we must:

- Mail a written acknowledgement of the request to the Director, you, and your treating provider; and
- Send the Director:
 - your request for review;
 - your dental plan contract;
 - evidence of coverage or similar document;
 - all medical records and supporting documentation used to render our decision;
 - a summary of the applicable issues including a statement of our decision;
 - the criteria used and clinical reasons for our decision; and
 - the relevant portions of our utilization review guidelines.

We must also include the name and credentials of the health care provider who reviewed and upheld the denial at the earlier appeal levels.

Within five days of receiving our information, the Director must send all the submitted information to an independent reviewer.

Within 21 days of receiving the information, the independent reviewer must make a decision and send the decision to the Director.

Within five business days of receiving the independent reviewer's decision, the Director must mail a notice of the decision to us, you, and your treating provider.

The decision (medical necessity):

If the independent reviewer decides that we should provide the service or pay the claim, we must authorize the service or pay the claim. If the independent reviewer agrees with our decision to deny the service or payment, the appeal is over. Your only further option is to pursue your claim in court.

Contract Coverage Cases

Within five business days of receiving your request, we must:

- Mail a written acknowledgement of your request to the Director, you, and your treating provider; and
- Send the Director:
 - your request for review;
 - your dental plan contract;
 - evidence of coverage or similar document;
 - all medical records and supporting documentation used to render our decision;
 - a summary of the applicable issues including a statement of our decision;
 - the criteria used and any clinical reasons for our decision; and
 - the relevant portions of our utilization review guidelines.

Within 15 business days of receiving this information, the Director must determine if the service or claim is covered, issue a decision, and send a notice to us, you, and your treating provider. If the Director decides that we should provide the service or pay the claim, we must do so.

Referral to the independent reviewer for contract coverage cases:

The Director is sometimes unable to determine issues of coverage. If this occurs, the Director will forward your case to an independent reviewer.

The independent reviewer will have 21 days to make a decision and send it to the Director.

The Director will have five business days after receiving the independent reviewer's decision to send the decision to us, you, and your treating provider.

The decision (contract coverage):

If you disagree with the Director's final decision on a coverage issue, you may request a hearing with the Office of Administrative Hearings ("OAH"). If we disagree with the

Director's determination of coverage issues, we may also request a hearing at OAH. Hearings must be requested within 30 days of receiving the coverage issue determination. OAH has rules that govern the conduct of their hearing proceedings.

Obtaining Medical (Dental) Records

Arizona law (A.R.S. §12-2293) permits you to ask for a copy of your medical records. Your request must be in writing and must specify who you want to receive the records. The health care provider who has your records will provide you or the person you specified with a copy of your records.

Designated Decision-Maker:

If you have a designated health care decision-maker, that person must send a written request for access to or copies of your medical records. The medical records must be provided to your health care decision-maker or a person designated in writing by your health care decision-maker unless you limit access to your medical records only to yourself or your health care decision-maker.

Confidentiality:

Medical records disclosed under A.R.S. §12-2293 remain confidential. If you participate in the appeal process, the relevant portions of your medical records may be disclosed only to people authorized to participate in the review process for the medical condition under review. These people may not disclose your medical information to any other people.

Documentation for an Appeal

If you decide to file an appeal, you must give us any material, justification or documentation for the appeal at the time the appeal is filed. If you gather new information during the course of your appeal, you should give it to us as soon as you receive it. You must also give us the address and phone number where you can be contacted. If the appeal is already at Level 3, you should also send the information to the Department.

The Role of the Director of Insurance (“Director”)

Arizona law (A.R.S. §20-2533(F)) requires “any member who files a complaint with the Department relating to an adverse decision to pursue the review process prescribed” by law. This means, that for appealable decisions, you must pursue the health care appeals process before the Director can investigate a complaint you may have against our company based on the decision at issue in the appeal.

The appeal process requires the Director to:

- Oversee the appeals process.
- Maintain copies of each utilization review plan submitted by insurers.
- Receive, process, and act on requests from an insurer for External Independent Review.
- Enforce the decisions of insurers.
- Review decisions of insurers.
- Report to the Legislature.
- Send, when necessary, a record of the proceedings of an appeal to the court or to the Office of Administrative Hearings (OAH).
- Issue a final administrative decision on coverage issues, including the notice of the right to request a hearing at OAH.

Receipt of Documents

Any written notice, acknowledgment, request, decision or other written document required to be mailed is deemed received by the person to whom the document is properly addressed on the fifth business day after being mailed. “Properly addressed” means your last known address.

Susie Muniz, Manager,
Quality Management Department
1130 Sanctuary Parkway, Suite 600
Alpharetta, GA 30009
866-275-1396 Fax 770-641-5389

HEALTH CARE APPEAL REQUEST FORM

You may use this form to tell your insurer you want to appeal a denial decision.

Insured Member's Name _____ Member ID # _____

Name of representative pursuing appeal, if different from above _____

Mailing Address _____ Phone # _____

City _____ State _____ Zip Code _____

Type of Denial: ☐ Denied Claim ☐ Denied Service Not Yet Received

Name of Insurer that denied the claim/service: _____

If you are appealing your insurer's decision to deny a service you have not yet received, will a 30 to 60 day delay in receiving the service likely cause a significant negative change in your health?

If your answer is "Yes," you may be entitled to an expedited appeal. Your treating provider must sign and send certification and documentation supporting the need for an expedited appeal. What decision are you appealing? _____

(Explain what you want your insurer to authorize or pay for.)

Explain why you believe the claim or service should be covered: _____

(Attach additional sheets of paper, if needed.)

If you have questions about the appeals process or need help to prepare your appeal, you may call the Department of Insurance Consumer Assistance number 602-364-2499 or 800-325-2548 (toll free in Arizona - outside the Phoenix metro area), or Delta Dental at 800-422-4234.

Make sure to attach everything that shows why you believe your insurer should cover your claim or authorize a service, including:

☐ Medical records ☐ Supporting documentation (letter from your doctor, brochures, notes, receipts, etc.) **Also attach the certification from your treating provider if you are seeking expedited review.

Signature of insured or authorized representative

Date

Susie Muniz, Manager, Quality Management
Department 1130 Sanctuary Parkway, Suite 600
Alpharetta, GA 30009
866-275-1396 Fax 770-641-5389

PROVIDER CERTIFICATION FORM
FOR EXPEDITED MEDICAL REVIEWS

(You and your provider may use this form when requesting an expedited appeal.)

A patient who is denied authorization for a covered service is entitled to an expedited appeal if the treating provider certifies and provides supporting documentation that the time period for the standard appeal process (about 60 days) “is likely to cause a significant negative change in the [patient’s] medical condition at issue.”

PROVIDER INFORMATION

Treating Physician/Provider _____
Phone # _____ FAX # _____
Address _____
City _____ State _____ Zip Code _____

PATIENT INFORMATION

Patient’s Name _____ Member ID # _____
Phone # _____ FAX # _____
Address _____
City _____ State _____ Zip Code _____

INSURER INFORMATION

Insurer Name _____
Phone # _____ FAX # _____
Address _____
City _____ State _____ Zip Code _____

Is the appeal for a service that the patient has already received? ☐ Yes ☐ No
If “Yes,” the patient must pursue the standard appeals process and cannot use the expedited appeals process.
If “No,” continue with this form.

☐ What service denial is the patient appealing? _____

☐ Explain why you believe the patient needs the requested service and why the time for the standard appeal process will harm the patient. _____

Attach additional sheets if needed, and include:
☐ Medical records ☐ Supporting documentation

If you have questions about the appeals process or need help regarding this certification, you may call the Department of Insurance Consumer Assistance number 602-364-2499 or 800-325-2548 (toll free in Arizona - outside the Phoenix metro area). You may also call Delta Dental at 800-422-4234.

I certify, as the patient’s treating provider, that delaying the patient’s care for the time period needed for the informal reconsideration and formal appeal processes (about 60 days) is likely to cause a significant negative change in the patient’s medical condition at issue.

Provider’s Signature _____ Date _____

STATE OF ARIZONA HEALTH CARE APPEALS TRANSMITTAL FORM

Mail to: Health Care Appeals, Arizona Department of Insurance.

2910 N. 44th St., Suite 210, Phoenix, AZ 85018-7269

Questions to: Health Care Appeals Hotline - Phone:

(602) 364-2399 • Fax: (602) 364-2398

1. Are you requesting an **Expedited** External Independent Review? ☐ Yes ☐ No
2. **Was the denial base on:** ☐ lack of medical necessity? ☐ a coverage issue?
3. **Attach legible copies of A through G. For medical necessity cases, attach 2 copies.**
 - A. Copy of the insured's complete policy, certificate, evidence of coverage or similar document
 - B. All medical records and supporting documentation used to render the decision
 - C. Summary description of the applicable issues
 - D. A statement of the utilization review agent's or insurer's decision
 - E. The utilization review agent's or insurer's criteria used and the clinical reasons for the decision
 - F. The relevant portions of the utilization review agent's utilization review plan
 - G. The insured's or provider's letter or appeal form requesting the appeal, and all pertinent correspondence between the member/enrollee and the insurer
4. **Insured Member's Information:** Name _____
Patient's name _____ under 18? ☐
Mailing Address _____
City _____ State _____ Zip Code _____
Telephone # (_____) _____ Member I.D. # _____
5. **Member's coverage is:**
Group ☐ Individual ☐ HMO ☐ PPO ☐ POS ☐ Self Funded ☐ Fully Insured ☐
6. **Insurer's Information:** Company Name _____
Insurer's NAIC # _____
Insurer's Street Address _____
City _____ State _____ Zip Code _____
Telephone # (_____) _____ FAX # (_____) _____
Contact Person Name _____ Phone # (_____) _____
7. **Treating Provider:** (List multiple providers on reverse)
Name _____ Specialty _____
Mailing Address _____
City _____ State _____ Zip Code _____
Provider's Telephone # (_____) _____
8. **Utilization Review Agent:** Name _____
Mailing Address _____
City _____ State _____ Zip Code _____
Telephone # (_____) _____ FAX # (_____) _____
9. **External Review requested by:**
insured member ☐ insurer ☐ Delta Dental ☐ Provider ☐
Date external review requested _____ Date of level 2 decision _____
10. **Decision to deny or not authorize service or claims was made by:**
Insurance Company ☐ HMO ☐ Delta Dental ☐
11. **Completed by** _____
Print Name & Title _____ Signature _____ Date _____



Keep Smiling

DeltaCare® USA

provided by

[Underwriter Company Name]



Dental benefits made easy!

When you enroll in a DeltaCare USA¹ plan, you'll choose a primary care dentist from our network of carefully screened, private practice dentists. You must visit your primary care dentist to receive benefits.²

- No restrictions on pre-existing conditions (except work in progress)
- Access to specialty care and out-of-area emergency care

A partner in oral health

Your DeltaCare USA plan encourages regular dental care with an extensive list of covered services to help you stay healthy.

- Low or no copayments for services like cleanings and exams

Budget-friendly costs

With your DeltaCare USA plan, there are no surprises. You'll know your copayments, and your out-of-pocket costs are clearly defined before treatment begins.

- No deductibles or maximums³ for covered services
- Pay only your copayment (if any) at the time of treatment

Convenient services

We make it easy for you — there are no claim forms to complete, and no plan ID card is required to receive treatment.

- Access plan information online
- Change your primary care dentist by phone or online

LEGAL NOTICES: Access federal and state legal notices related to your plan:
deltadentalins.com/about/legal/index-enrollee.html

¹ DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, MI, MN, NE, OR, RI, SC, WA, WI — Dentegra Insurance Company; DC, DE, FL, GA, KS, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania; VA — Delta Dental of Virginia. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

² Verify that the dentist is your selected DeltaCare USA primary care dentist before each appointment.

³ Plans with an Accidental Injury Rider have a \$1600 annual maximum for accidental injury. Consult your Evidence/Certificate of Coverage.



We keep you smiling®

deltadentalins.com/enrollees

FAQ+A

Answers to frequently asked questions about your DeltaCare[®] USA plan

GETTING STARTED

1. How do I enroll in a DeltaCare USA plan?

Simply complete the enrollment process as directed by your benefits administrator. Be sure to select a primary care network dentist for yourself or your dependents, and indicate this dentist and the name of your group when you enroll.

2. How do I get started using my DeltaCare USA plan?

Once we process your enrollment, we'll mail you welcome materials that will include:

- **The name, address and phone number of your selected primary care dentist:** Simply call the dental facility to make an appointment.
Important note: In order to receive benefits under your plan, you must visit your primary care network dentist for all services. If you require treatment from a specialist, your primary care dentist will coordinate a referral for you. You can change your primary care dentist by contacting us.
- **Your Evidence/Certificate of Coverage (plan booklet):** This useful document provides a thorough description of how to use your benefits, including covered services, copayments and any limitations and exclusions of your plan.
- **An ID card:** This card is for your records only — you do not need to present it in order to receive treatment.

3. How long will it take to get an appointment with my primary care dentist?

Two to four weeks¹ is a reasonable amount of time to wait for a routine, non-urgent appointment. If you require a specific time, you may need to wait longer. Most DeltaCare USA dentists are in private group practices, which generally offer greater appointment availability and extended office hours.

4. How much will my dental treatments cost? How do I pay?

With your DeltaCare USA plan, some services are covered at no cost, while others have a copayment (amount you pay) for certain services. To find out how much a treatment will cost, refer to the "Description of Benefits and Copayments" in this brochure for a list of covered services and copayments. It's a good idea to bring your Evidence/Certificate of Coverage to your appointment in case you need to discuss your copayment for a service with your dentist. If you have any questions about the charges for a service, please contact our Customer Service department. If you receive treatment that requires a copayment, simply pay the dental facility at the time of service.

CHOOSING A DENTIST

5. How do I select my primary care dentist?

When you enroll, you must select a primary care dentist from the DeltaCare USA network. To search for a dentist, use the "Find a Dentist" tool at deltadentalins.com and select DeltaCare USA as your network. If you do not select a dentist when you enroll, we will choose one for you.

6. Does everyone in my family have to choose the same primary care dentist?

No. Each family member can select his or her own primary care network dentist.

7. Can I change my primary care dentist?

Yes. You can request to change your primary care dentist at any time. Simply visit our website and log on to your Online Services account or call or write to Customer Service. Change requests received by the 21st of the month will become effective the first day of the following month.

¹ In TX, three weeks is a reasonable amount of time to wait for a routine, non-urgent appointment. In TX, there is no limit on the number of miles or on the dollar amount per emergency.

8. My dentist says she is a Delta Dental dentist, but she isn't listed in the DeltaCare USA directory. Can I still visit her for services?

No. You must visit your selected primary care network dentist to receive benefits under this plan. Delta Dental has many networks, and participation may vary — not all Delta Dental dentists are DeltaCare USA dentists.

9. What should I do if I need to see a specialist?

If you require specialty dental care — such as oral surgery, endodontics, periodontics or pediatric dentistry — contact your primary care dentist to request a referral. Specialty dental services not performed by your selected primary care dentist must be authorized by us. You are responsible for any applicable copayments.

GENERAL PLAN INFORMATION

10. If I'm traveling, is emergency treatment covered under my plan?

You and your eligible dependents have out-of-area coverage for dental emergencies when you are more than 35 miles² from your primary care dentist. Your out-of-area emergency benefit (typically limited to \$100 per enrollee³) is for services to relieve pain until you can return to your primary care network dentist. Standard plan limitations, exclusions and copayments may apply.

11. Can I access my plan online?

Yes. Visit deltadentalins.com/enrollees to create a free, secure Online Services account. On our website, you can access your plan benefits and ID card, select (or change) your primary care dentist — and more.

12. Does my plan cover pre-existing conditions? What about treatments that are in progress?

Treatment for pre-existing conditions (except work in progress³), including missing or extracted teeth, is covered under your plan. Treatment in progress includes services such as preparations for crowns or root canals, or impressions for dentures. If you started treatment before your plan's effective date, you and your prior dental carrier are responsible for any costs. Some DeltaCare USA plans may cover in-progress orthodontic treatment.

13. Does my plan cover teeth whitening?

Yes. External bleaching is a benefit under your DeltaCare USA plan. Review your plan booklet for more information and talk to your dentist about your options.

14. Does my plan cover tooth-colored fillings and crowns?

Yes. Porcelain and other tooth-colored materials are included in this plan.

15. What if I have additional questions about my plan?

Please contact us for additional support. Our Customer Service agents can answer benefits questions as well as help you change your primary care dentist or arrange for urgent care referrals. See the back page of this brochure for our contact information.

² In TX, there is no limit on the number of miles or on the dollar amount per emergency.

³ In TX, there is no exception for work in progress for covered DeltaCare USA benefits.

We make it easy for you!



Select a DeltaCare
USA Dentist



Receive your
welcome materials



Schedule an
appointment



Receive dental
care



Pay only your
share to dentist

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 \$100.00 above the listed Copayment for each of these services after the sixth unit has been provided.
3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241).
4. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon prior authorization by Delta Dental, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
5. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.
6. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA Program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Delta Dental is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

Exclusions of Benefits

1. Any procedure that is not specifically listed under *Schedule A, Description of Benefits and Copayments*.
2. Any procedure that in the professional opinion of the Contract Dentist:
 - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**
 - b. is inconsistent with generally accepted standards for dentistry.
3. Services solely for cosmetic purposes, with the exception of procedure D9975 (External bleaching for home application, per arch), or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).
6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
9. Consultations for non-covered benefits.
10. Dental services received from any dental facility other than the assigned Contract Dentist, a preauthorized dental specialist, or a Contract Orthodontist except for *Emergency Services* as described in the Contract and/or Evidence of Coverage.
11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
12. Prescription drugs.

13. Dental 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.
14. Lost, stolen or broken orthodontic appliances.
15. Changes in orthodontic treatment necessitated by accident of any kind.
16. Myofunctional and parafunctional appliances and/or therapies, with the exception of procedure D9940 (occlusal guard, per report).
17. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
18. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

SAMPLE

Useful information at your fingertips

Check out our SmileWay® Wellness program

Find oral health resources, including a risk self-assessment tool, quizzes, articles, videos and a subscription to *Grin!*, our free dental wellness e-magazine, at mysmileway.com.

Find a network dentist near you

Use our convenient “Find a Dentist” tool and select DeltaCare USA as your network.

- Find a dentist near your home or office
- Narrow your search by location, specialty, languages spoken — and more

Sign up for an online account

Use your mobile device or desktop to sign up for a free, secure Online Services account.

- Review your plan benefits
- Access your ID card

Contact us

Need help? Let us know.

Online: Visit deltadentalins.com/about/contact/contactUs_ddic.html and choose the “DeltaCare USA Customer Service” form.

Write to:

Delta Dental Insurance Company
1130 Sanctuary Parkway
Alpharetta, GA 30009

Call toll-free: 800-422-4234

Customer Service agents are available Monday through Friday, 8 a.m. to 9 p.m., Eastern time. Or, use our automated phone system, available 24/7.

Underwritten by:

[Underwriter Company Name]
[Underwriter Address]
[City], [State] [Zip code]

Administered by:

Delta Dental Insurance Company
1130 Sanctuary Parkway
Alpharetta, GA 30009

NOTE: This is only a brief summary of your plan.

This brochure is not intended to replace your legally required plan booklet. The Group Dental Service Contract determines the exact terms and conditions of your coverage. Please refer to the “Description of Benefits and Copayments” and “Limitations and Exclusions of Benefits” in this brochure for a complete list of covered procedures, copayments, plan limitations and exclusions. You may also consult your Evidence/Certificate of Coverage, which will be mailed to you upon enrollment. If you wish to review an Evidence/Certificate of Coverage prior to enrollment, you may request a copy by calling Customer Service at 800-422-4234.