



KEY THINGS TO REMEMBER EACH YEAR

- Be sure to check participating dentists, as some may have changed.
- Visit www.deltadentalins.com to search providers for each plan.
- Always contact the specific dental office to ensure they are accepting new patients.
- For a list of FAQ's, visit www.deltadentalins.com/individuals

Delta Dental PPO Copay Plan

Class	CDT Code	Description	PPO Network Copayment*	Non-PPO Network Coinsurance +**
Class I	D0120	Periodic oral evaluation - established patient	\$0.00	50.00%
Class I	D0140	Limited oral evaluation - problem focused	\$0.00	50.00%
Class I	D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	\$0.00	50.00%
Class I	D0150	Comprehensive oral evaluation - new or established patient	\$0.00	50.00%
Class I	D0160	Detailed and extensive oral evaluation - problem focused, by report	\$0.00	50.00%
Class I	D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$0.00	50.00%
Class I	D0180	Comprehensive periodontal evaluation - new or established patient	\$0.00	50.00%
Class I	D0210	Intraoral – complete series (including bitewings)	\$0.00	50.00%
Class I	D0220	Intraoral - periapical first film	\$0.00	50.00%
Class I	D0230	Intraoral - periapical each additional film	\$0.00	50.00%
Class I	D0240	Intraoral - occlusal film	\$0.00	50.00%
Class I	D0250	Extraoral - first film	\$0.00	50.00%
Class I	D0260	Extraoral - each additional film	\$0.00	50.00%
Class I	D0270	Bitewing <i>radiograph</i> - single film	\$0.00	50.00%
Class I	D0272	Bitewings <i>radiographs</i> - two films	\$0.00	50.00%
Class I	D0273	Bitewings <i>radiographs</i> -three films	\$0.00	50.00%
Class I	D0274	Bitewings <i>radiographs</i> - four films - <i>limited to 1 series every 6 months</i>	\$0.00	50.00%
Class I	D0277	Vertical bitewings - 7 to 8 films	\$0.00	50.00%
Class I	D0330	Panoramic film	\$0.00	50.00%
Class I	D0340	Cephalometric radiographic image	\$0.00	50.00%
Class I	D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	\$0.00	50.00%
Class I	D0460	Pulp vitality tests	\$0.00	50.00%
Class I	D0470	Diagnostic casts	\$0.00	50.00%
Class I	D1110	Prophylaxis <i>cleaning</i> - adult - <i>1 per 6 month period</i>	\$0.00	50.00%
Class I	D1120	Prophylaxis <i>cleaning</i> - child - <i>1 per 6 month period</i>	\$0.00	50.00%
Class I	D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients - <i>1 per 6 month period</i>	\$0.00	50.00%
Class I	D1208	Topical application of fluoride	\$0.00	50.00%
Class I	D1351	Sealant - per tooth - <i>limited to permanent molars through age 15</i>	\$0.00	50.00%
Class II	D1510	Space maintainer - fixed - unilateral	\$48.80	40.00%
Class II	D1515	Space maintainer - fixed - bilateral	\$64.89	40.00%
Class II	D1520	Space maintainer - removable - unilateral	\$62.68	40.00%
Class II	D1525	Space maintainer - removable - bilateral	\$87.01	40.00%
Class II	D1550	Recementation of space maintainer	\$10.88	40.00%
Class II	D2140	Amalgam - one surface, primary or permanent	\$21.49	40.00%
Class II	D2150	Amalgam - two surfaces, primary or permanent	\$27.03	40.00%
Class II	D2160	Amalgam - three surfaces, primary or permanent	\$31.97	40.00%
Class II	D2161	Amalgam - four or more surfaces, primary or permanent	\$39.89	40.00%
Class II	D2330	Resin-based composite - one surface, anterior (tooth colored)	\$20.92	40.00%
Class II	D2331	Resin-based composite - two surfaces, anterior (tooth colored)	\$27.84	40.00%
Class II	D2332	Resin-based composite - three surfaces, anterior (tooth colored)	\$34.55	40.00%
Class II	D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$40.59	40.00%
Class II	D2390	Resin-based composite crown, anterior	\$45.46	40.00%
Class II	D2391	Resin-based composite - one surface, posterior	\$23.64	40.00%
Class II	D2392	Resin-based composite - two surfaces, posterior	\$33.21	40.00%
Class II	D2393	Resin-based composite - three surfaces, posterior	\$40.79	40.00%
Class II	D2394	Resin-based composite - four or more surfaces, posterior	\$46.30	40.00%
Class II	D4341	Periodontal scaling and root planing, four or more teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	\$35.70	40.00%

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Class II	D4342	Periodontal scaling and root planing, one to three teeth, per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	\$18.74	40.00%
Class II	D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis - <i>limited to 1 treatment in any 12 consecutive months</i>	\$24.07	40.00%
Class II	D4910	Periodontal maintenance - <i>limited to 1 treatment each 6-month period</i>	\$21.03	40.00%
Class II	D7111	Extraction, coronal remnants - deciduous teeth	\$19.31	40.00%
Class II	D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$24.31	40.00%
Class III	D2510	Inlay - metallic - one surface	\$273.03	25.00%
Class III	D2520	Inlay - metallic - two surfaces	\$343.77	25.00%
Class III	D2530	Inlay - metallic - three or more surfaces	\$377.55	25.00%
Class III	D2542	Onlay - metallic - two surfaces	\$386.01	25.00%
Class III	D2543	Onlay - metallic - three surfaces	\$379.24	25.00%
Class III	D2544	Onlay - metallic - four or more surfaces	\$391.33	25.00%
Class III	D2610	Inlay - porcelain/ceramic - one surface	\$321.30	25.00%
Class III	D2620	Inlay - porcelain/ceramic - two surfaces	\$376.33	25.00%
Class III	D2630	Inlay - porcelain/ceramic - three or more surfaces	\$381.32	25.00%
Class III	D2642	Onlay - porcelain/ceramic - two surfaces	\$387.05	25.00%
Class III	D2643	Onlay - porcelain/ceramic - three surfaces	\$391.83	25.00%
Class III	D2644	Onlay - porcelain/ceramic - four or more surfaces	\$412.54	25.00%
Class III	D2650	Inlay - resin-based composite - one surface	\$214.90	25.00%
Class III	D2651	Inlay - resin-based composite - two surfaces	\$272.63	25.00%
Class III	D2652	Inlay - resin-based composite - three or more surfaces	\$255.28	25.00%
Class III	D2662	Onlay - resin-based composite - two surfaces	\$248.04	25.00%
Class III	D2663	Onlay - resin-based composite - three surfaces	\$291.80	25.00%
Class III	D2664	Onlay - resin-based composite - four or more surfaces	\$286.48	25.00%
Class III	D2710	Crown – resin-based composite (indirect)	\$163.91	25.00%
Class III	D2720	Crown - resin with high noble metal	\$424.03	25.00%
Class III	D2721	Crown - resin with predominantly base metal	\$379.83	25.00%
Class III	D2722	Crown - resin with noble metal	\$406.25	25.00%
Class III	D2740	Crown - porcelain/ceramic substrate	\$430.58	25.00%
Class III	D2750	Crown - porcelain fused to high noble metal	\$422.41	25.00%
Class III	D2751	Crown - porcelain fused to predominantly base metal	\$386.02	25.00%
Class III	D2752	Crown - porcelain fused to noble metal	\$392.65	25.00%
Class III	D2790	Crown - full cast high noble metal	\$437.46	25.00%
Class III	D2791	Crown - full cast predominantly base metal	\$387.76	25.00%
Class III	D2792	Crown - full cast noble metal	\$387.94	25.00%
Class III	D2910	Recement inlay, onlay or partial coverage restoration	\$38.63	25.00%
Class III	D2920	Recement crown	\$37.96	25.00%
Class III	D2930	Prefabricated stainless steel crown - primary tooth	\$109.21	25.00%
Class III	D2931	Prefabricated stainless steel crown - permanent tooth	\$125.20	25.00%
Class III	D2932	Prefabricated resin crown - anterior primary tooth	\$125.58	25.00%
Class III	D2940	Protective restoration	\$42.37	25.00%
Class III	D2950	Core buildup, including any pins	\$103.18	25.00%
Class III	D2951	Pin retention - per tooth, in addition to restoration	\$21.52	25.00%
Class III	D2952	Post and core in addition to crown, indirectly fabricated	\$160.21	25.00%
Class III	D2954	Prefabricated post and core in addition to crown – <i>base metal post; includes canal preparation</i>	\$129.56	25.00%
Class III	D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$61.56	25.00%
Class III	D3310	Root canal - endodontic therapy - anterior tooth (excluding final restoration)	\$303.70	25.00%

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Class III	D3320	Root canal - endodontic therapy - bicuspid tooth (excluding final restoration)	\$341.88	25.00%
Class III	D3330	Root canal - endodontic therapy - molar (excluding final restoration)	\$464.62	25.00%
Class III	D3346	Retreatment of previous root canal therapy - anterior	\$357.52	25.00%
Class III	D3347	Retreatment of previous root canal therapy - bicuspid	\$432.53	25.00%
Class III	D3348	Retreatment of previous root canal therapy - molar	\$544.29	25.00%
Class III	D3410	Apicoectomy/periradicular surgery - anterior	\$293.42	25.00%
Class III	D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$335.37	25.00%
Class III	D3425	Apicoectomy/periradicular surgery - molar (first root)	\$349.93	25.00%
Class III	D3426	Apicoectomy/periradicular surgery (each additional root)	\$126.75	25.00%
Class III	D3430	Retrograde filling - per root	\$94.64	25.00%
Class III	D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$301.00	25.00%
Class III	D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$131.97	25.00%
Class III	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$359.17	25.00%
Class III	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$186.74	25.00%
Class III	D4249	Clinical crown lengthening - hard tissue	\$361.00	25.00%
Class III	D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$553.00	25.00%
Class III	D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$292.43	25.00%
Class III	D5110	Complete denture - maxillary	\$592.10	25.00%
Class III	D5120	Complete denture - mandibular	\$592.10	25.00%
Class III	D5130	Immediate denture - maxillary	\$645.42	25.00%
Class III	D5140	Immediate denture - mandibular	\$645.42	25.00%
Class III	D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$536.87	25.00%
Class III	D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$623.05	25.00%
Class III	D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$657.40	25.00%
Class III	D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$657.40	25.00%
Class III	D5410	Adjust complete denture - maxillary	\$33.37	25.00%
Class III	D5411	Adjust complete denture - mandibular	\$33.37	25.00%
Class III	D5421	Adjust partial denture - maxillary	\$33.37	25.00%
Class III	D5422	Adjust partial denture - mandibular	\$33.37	25.00%
Class III	D5510	Repair broken complete denture base	\$66.67	25.00%
Class III	D5520	Replace missing or broken teeth - complete denture (each tooth)	\$56.22	25.00%
Class III	D5610	Repair resin denture base	\$71.63	25.00%
Class III	D5620	Repair cast framework	\$77.65	25.00%
Class III	D5630	Repair or replace broken clasp	\$93.70	25.00%
Class III	D5640	Replace broken teeth - per tooth	\$60.99	25.00%
Class III	D5650	Add tooth to existing partial denture	\$82.61	25.00%
Class III	D5660	Add clasp to existing partial denture	\$98.39	25.00%
Class III	D5710	Rebase complete maxillary denture	\$250.08	25.00%
Class III	D5711	Rebase complete mandibular denture	\$238.59	25.00%
Class III	D5720	Rebase maxillary partial denture	\$239.22	25.00%
Class III	D5721	Rebase mandibular partial denture	\$239.22	25.00%
Class III	D5730	Reline complete maxillary denture (chairside)	\$139.96	25.00%

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Class	CDT Code	Description	PPO Network Copayment*	Non-PPO Network Coinsurance +**
Class III	D5731	Reline complete mandibular denture (chairside)	\$139.96	25.00%
Class III	D5740	Reline maxillary partial denture (chairside)	\$126.40	25.00%
Class III	D5741	Reline mandibular partial denture (chairside)	\$126.40	25.00%
Class III	D5750	Reline complete maxillary denture (laboratory)	\$182.45	25.00%
Class III	D5751	Reline complete mandibular denture (laboratory)	\$182.45	25.00%
Class III	D5760	Reline maxillary partial denture (laboratory)	\$185.58	25.00%
Class III	D5761	Reline mandibular partial denture (laboratory)	\$185.58	25.00%
Class III	D5850	Tissue conditioning, maxillary	\$59.49	25.00%
Class III	D5851	Tissue conditioning, mandibular	\$59.49	25.00%
Class III	D6092	Recement implant/abutment supported crown	\$37.96	25.00%
Class III	D6093	Recement implant/abutment supported fixed partial denture	\$54.08	25.00%
Class III	D6210	Pontic - cast high noble metal	\$404.58	25.00%
Class III	D6211	Pontic - cast predominantly base metal	\$385.86	25.00%
Class III	D6212	Pontic - cast noble metal	\$380.25	25.00%
Class III	D6240	Pontic - porcelain fused to high noble metal	\$404.45	25.00%
Class III	D6241	Pontic - porcelain fused to predominantly base metal	\$375.55	25.00%
Class III	D6242	Pontic - porcelain fused to noble metal	\$416.55	25.00%
Class III	D6250	Pontic - resin with high noble metal	\$405.62	25.00%
Class III	D6251	Pontic - resin with predominantly base metal	\$383.87	25.00%
Class III	D6252	Pontic - resin with noble metal	\$367.57	25.00%
Class III	D6600	Inlay - porcelain/ceramic, two surfaces	\$319.97	25.00%
Class III	D6601	Inlay - porcelain/ceramic, three or more surfaces	\$339.04	25.00%
Class III	D6602	Inlay - cast high noble metal, two surfaces	\$342.83	25.00%
Class III	D6603	Inlay - cast high noble metal, three or more surfaces	\$379.74	25.00%
Class III	D6604	Inlay - cast predominantly base metal, two surfaces	\$327.47	25.00%
Class III	D6605	Inlay - cast predominantly base metal, three or more surfaces	\$353.32	25.00%
Class III	D6606	Inlay - cast noble metal, two surfaces	\$324.42	25.00%
Class III	D6607	Inlay - cast noble metal, three or more surfaces	\$353.68	25.00%
Class III	D6608	Onlay - porcelain/ceramic, two surfaces	\$332.50	25.00%
Class III	D6609	Onlay - porcelain/ceramic, three or more surfaces	\$344.66	25.00%
Class III	D6610	Onlay - cast high noble metal, two surfaces	\$352.30	25.00%
Class III	D6611	Onlay - cast high noble metal, three or more surfaces	\$383.16	25.00%
Class III	D6612	Onlay - cast predominantly base metal, two surfaces	\$356.40	25.00%
Class III	D6613	Onlay - cast predominantly base metal, three or more surfaces	\$364.01	25.00%
Class III	D6614	Onlay - cast noble metal, two surfaces	\$349.04	25.00%
Class III	D6615	Onlay - cast noble metal, three or more surfaces	\$354.10	25.00%
Class III	D6720	Crown - resin with high noble metal	\$435.98	25.00%
Class III	D6721	Crown - resin with predominantly base metal	\$395.66	25.00%
Class III	D6722	Crown - resin with noble metal	\$421.91	25.00%
Class III	D6740	Crown - porcelain/ceramic	\$452.22	25.00%
Class III	D6750	Crown - porcelain fused to high noble metal	\$440.54	25.00%
Class III	D6751	Crown - porcelain fused to predominantly base metal	\$402.92	25.00%
Class III	D6752	Crown - porcelain fused to noble metal	\$409.41	25.00%
Class III	D6780	Crown - ¾ cast high noble metal	\$443.08	25.00%
Class III	D6790	Crown - full cast high noble metal	\$455.93	25.00%
Class III	D6791	Crown - full cast predominantly base metal	\$405.05	25.00%
Class III	D6792	Crown - full cast noble metal	\$412.07	25.00%
Class III	D6930	Recement fixed partial denture	\$54.08	25.00%
Class III	D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$102.23	25.00%
Class III	D7220	Removal of impacted tooth - soft tissue	\$130.86	25.00%
Class III	D7230	Removal of impacted tooth - partially bony	\$167.12	25.00%

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Class III	D7240	Removal of impacted tooth - completely bony	\$199.80	25.00%
Class III	D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$251.26	25.00%
Class III	D7250	Surgical removal of residual tooth roots (cutting procedure)	\$108.34	25.00%
Class III	D7310	Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$111.70	25.00%
Class III	D7311	Alveoplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$76.00	25.00%
Class III	D7320	Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$157.89	25.00%
Class III	D7321	Alveoplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	\$124.00	25.00%
Class III	D7510	Incision and drainage of abscess - intraoral soft tissue	\$104.19	25.00%
Class III	D7520	Incision and drainage of abscess-extraoral soft tissue	\$167.00	25.00%
Class III	D7960	Frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	\$117.39	25.00%
Class III	D7970	Excision hyperplastic tissue – per arch	\$240.86	25.00%
Class III	D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$42.63	25.00%
Class III	D9241	Intravenous conscious sedation/analgesia - first 30 minutes	\$127.06	25.00%
Class III	D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	\$55.24	25.00%
Class III	D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$53.00	25.00%
Class III	D9951	Occlusal adjustment, limited	\$47.00	25.00%
Class III	D9952	Occlusal adjustment, complete	\$274.00	25.00%
Class IV	D8070	Comprehensive orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i>	\$1,850.48	25.00%
Class IV	D8080	Comprehensive orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i>	\$1,894.03	25.00%
Class IV	D8090	Comprehensive orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i>	\$2,072.45	25.00%
Class IV	D8660	Pre-orthodontic treatment visit	\$27.55	25.00%
Class IV	D8680	Orthodontic retention (removal of appliances, construction and placement of <i>removable</i> retainers)	\$382.65	25.00%
Class IV	D8999	Unspecified orthodontic procedure, by report - <i>includes treatment planning session</i>	\$250.00	25.00%

+ Non-PPO network dentists are paid on the PPO fee schedule.

*In-Network: Member pays Copayment.

** Out-of-Network: Member pays balance of PPO fees, in addition to the remaining balance of claim. Balance equals the difference between total claim and PPO fee.

- a) Procedure codes and descriptions (Current Dental Terminology – CDT) are copyrighted by the American Dental Association. Text that appears in italics was added to clarify the services listed and is not part of CDT procedure code descriptions.
- b) This benefit information is only a brief summary of plan coverage. Please see the Evidence of Coverage for a complete description of plan benefits, limitations and exclusions.
- c) Covered procedures are listed above. Any procedure not listed in the plan is not covered.

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

Florida PPO Copayment Plan

Note on additional Benefits during pregnancy

When an Enrollee is pregnant, Delta Dental will pay for additional services to help improve the oral health of the Enrollee during the pregnancy. The additional services each Calendar Year while the Enrollee is covered under the Contract include one (1) additional oral exam and either one (1) additional routine cleaning; one (1) additional periodontal scaling and root planing per quadrant; or one (1) additional periodontal maintenance procedure. Written confirmation of the pregnancy must be provided by the Enrollee or her Provider when the claim is submitted.

Limitations

- (1) Delta Dental will pay for oral examinations and cleanings [(including periodontal cleanings in the presence of inflamed gums or any combination thereof)] no more than twice in a Calendar Year. A full mouth debridement is allowed once in a lifetime and counts toward the cleaning frequency in the year provided. Delta Dental will pay for up to two (2) additional periodontal cleanings or Procedure Codes that include periodontal cleanings during any Calendar Year if Enrollees have a previous history of periodontal therapy. Note that periodontal cleanings and full mouth debridement are covered as a Basic Benefit, and routine cleanings are covered as a Diagnostic and Preventive Benefit. See note on additional Benefits during pregnancy.
- (2) X-ray limitations:
 - a) Delta Dental will limit the total reimbursable amount to the Provider's Accepted Fee for a complete intraoral series when the fees for any combination of intraoral x-rays in a single treatment series meet or exceed the Accepted Fee for a complete intraoral series.
 - b) When a panoramic film is submitted with supplemental film(s), Delta Dental will limit the total reimbursable amount to the Provider's Accepted Fee for a complete intraoral series.
 - c) If a panoramic film is taken in conjunction with an intraoral complete series, Delta Dental considers the panoramic film to be included in the complete series.
 - d) A complete intraoral series and panoramic film are each limited to once every 60 months.
 - e) Bitewing x-rays are limited to [two (2) times in a Calendar Year when provided to Enrollees under age 18 and one (1) time each Calendar Year for Enrollees age 18 and over. Bitewings of any type are disallowed within 12 months of a full mouth series unless warranted by special circumstances.
- (3) Topical application of fluoride solutions is limited to Enrollees to age 19 and no more than twice in a Calendar Year.
- (4) Space maintainer limitations:
 - a) Space maintainers are limited to the initial appliance and are a Benefit for an Enrollee to age 14.
 - b) Recementation of space maintainer is limited to once per lifetime.
 - c) The removal of a fixed space maintainer is considered to be included in the fee for the space maintainer; however, an exception is made if the removal is performed by a different Provider/Provider's office.
- (5) Pulp vitality tests are allowed once per day when definitive treatment is not performed.
- (6) Cephalometric x-rays, oral/facial photographic images and diagnostic casts are covered once per lifetime only when Orthodontic Services are covered. If Orthodontic Services are covered, see Limitations as age limits may apply.
- (7) Sealants are limited as follows:
 - a) to permanent first molars through age [eight (8)] and to permanent second molars through age 15 if they are without caries (decay) or restorations on the occlusal surface.
 - b) do not include repair or replacement of a Sealant on any tooth within 24 months of its application.
- (8) Specialist Consultations, screenings of patients, and assessments of patients are limited to once per lifetime per Provider and] count toward the oral exam frequency.
- (9) Delta Dental will not cover replacement of an amalgam or resin-based composite restorations (fillings) or prefabricated resin and stainless steel crowns within 24 months of treatment if the service is provided by the same Provider/Provider office. Replacement restorations within 24 months are included in the fee for the original restoration.
- (10) Protective restorations (sedative fillings) are allowed once per tooth per lifetime when definitive treatment is not performed on the same date of service.
- (11) Stainless steel crowns are allowed on baby (deciduous) teeth and permanent teeth up to age 16.
- (12) Therapeutic pulpotomy is limited to once per lifetime for baby (deciduous) teeth only.

- (13) Root canal therapy and pulpal therapy (resorbable filling) are limited to once in a lifetime. Retreatment of root canal therapy by the same Provider/Provider office within 24 months is considered part of the original procedure.
- (14) Retreatment of apical surgery by the same Provider/Provider office within 24 months is considered part of the original procedure.
- (15) Pin retention is covered not more than once in any 24-month period.
- (16) Palliative treatment is covered per visit, not per tooth, and the fee includes all treatment provided other than required x-rays or select Diagnostic procedures.
- (17) Periodontal limitations:
 - a) Benefits for periodontal scaling and root planing in the same quadrant are limited to once in every 24-month period. See note on additional Benefits during pregnancy.
 - b) Periodontal surgery in the same quadrant is limited to once in every 36-month] period and includes any surgical re-entry or scaling and root planing.
 - c) Periodontal surgical services, are only covered for the treatment of natural teeth and are not covered when submitted in conjunction with extractions, periradicular surgery, ridge augmentation or implants.
 - d) If in the same quadrant, scaling and root planing must be performed at least six (6) weeks prior to the periodontal surgery.
 - e) Cleanings (regular and periodontal) and full mouth debridement are subject to a 30 day wait following periodontal scaling and root planing if performed by the same Provider office.
- (18) Oral Surgery services are covered once in a lifetime except incision and drainage procedures, which are covered once in the same day.
- (19) Crowns and Inlays/Onlays are limited to Enrollees age 12 and older and are covered not more often than once in any 60 month period except when Delta Dental determines the existing Crown or Inlay/Onlay is not satisfactory and cannot be made satisfactory because the tooth involved has experienced extensive loss or changes to tooth structure or supporting tissues.
- (20) Core buildup, including any pins, are covered not more than once in any 60 month period.
- (21) Post and core services are covered not more than once in any 60 month year period.
- (22) When allowed within six (6) months of a restoration, the Benefit for a Crown, Inlay/Onlay or fixed prosthodontic service will be reduced by the Benefit paid for the restoration.
- (23) Denture Repairs are covered not more than once in any six (6) month period except for fixed Denture Repairs which are covered not more than once in any 60 month period.
- (24) Prosthodontic appliances that were provided under any Delta Dental program will be replaced only after 60 months have passed, except when Delta Dental determines that there is such extensive loss of remaining teeth or change in supporting tissue that the existing fixed bridge or denture cannot be made satisfactory. Fixed prosthodontic appliances are limited to Enrollees age 16 and older. Replacement of a prosthodontic appliance not provided under a Delta Dental program will be made if Delta Dental determines it is unsatisfactory and cannot be made satisfactory.
- (25) When a posterior fixed bridge and a removable partial denture are placed in the same arch in the same treatment episode, only the removable partial denture will be a Benefit.
- (26) Recementation of Crowns, Inlays/Onlays or bridges is included in the fee for the Crown, Inlay/Onlay or bridge when performed by the same Provider/Provider office within six (6) months of the initial placement. After six (6) months, payment will be limited to one (1) recementation in a lifetime by the same Provider/Provider office.
- (27) The initial installation of a prosthodontic appliance is not a Benefit unless the prosthodontic appliance , bridge or denture is made necessary by natural, permanent teeth extraction occurring during a time the Enrollee was [under a Delta Dental plan/Contractholder's prior plan if applicable.

Florida PPO Copayment Plan

- (28) Delta Dental limits payment for dentures to a standard partial or complete denture (Enrollee Coinsurances apply). A standard denture means a removable appliance to replace missing natural, permanent teeth that

is made from acceptable materials by conventional means and includes routine post delivery care including any adjustments and relines for the first six (6) months after placement.

- a) Denture rebase is limited to one (1) per arch in a 24-month period and includes any relining and adjustments for six (6) months following placement.
- b) Dentures, removable partial dentures and relines include adjustments for six (6) months following installation. After the initial six (6) months of an adjustment or reline, adjustments are limited to two (2) per arch in a Calendar Year and relining is limited to one (1) per arch in a six (6) month period.
- c) Tissue conditioning is limited to two (2) per arch in a 12-month period. However, tissue conditioning is not allowed as a separate Benefit when performed on the same day as a denture, reline or rebase service.
- d) Recementation of fixed partial dentures is limited to once in a lifetime.

(29) Limitations on Orthodontic Services

- a) The maximum amount payable for each Enrollee is shown in Attachment A.
- b) Benefits for Orthodontic Services will be provided in periodic payments based on the Enrollee's continuing eligibility.
- c) Benefits are not paid to repair or replace any orthodontic appliance received under this plan.
- d) Benefits are not paid for orthodontic retreatment procedures.
- e) Non-orthodontic procedures performed for the purpose of orthodontic treatment are subject to the orthodontic Contract Benefit Level and maximum if covered as Benefits under Delta Dental's standard processing policies.

Exclusions

Delta Dental does not pay Benefits for:

- (1) treatment of injuries or illness paid under workers' compensation or employers' liability laws; services received without cost from any federal, state or local agency, unless this exclusion is prohibited by law.
- (2) cosmetic surgery or procedures for purely cosmetic reasons.
- (3) maxillofacial prosthetics.
- (4) provisional and/or temporary restorations (except an interim removable partial denture to replace extracted anterior permanent teeth during the healing period for children 16 years of age or under).
- (5) services for congenital (hereditary) or developmental (following birth) malformations, including but not limited to cleft palate and cleft lip (unless services for cleft palate and cleft lip are provided to a covered child under the age of 18), upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth) and anodontia (congenitally missing teeth), except those services provided to newborn or adopted children for medically diagnosed congenital defects or birth abnormalities.
- (6) treatment to restore tooth structure lost from wear, erosion, or abrasion or treatment to rebuild or maintain chewing surfaces due to teeth out of alignment or occlusion. Examples include but are not limited to: equilibration, or Night Guards/Occlusal guards and abfraction.
- (7) any Single Procedure provided prior to the date the Enrollee became eligible for services under this plan.
- (8) prescribed drugs, medication, pain killers, antimicrobial agents, or experimental/investigational procedures.
- (9) charges for anesthesia, other than IV Sedation administered by a Provider in connection with covered Oral Surgery or selected Endodontic and Periodontal surgical procedures.
- (10) extraoral grafts (grafting of tissues from outside the mouth to oral tissues).
- (11) laboratory processed crowns for Enrollees under age 12.
- (12) fixed bridges and removable partials for Enrollees under age 16.
- (13) interim implants.
- (14) indirectly fabricated resin-based Inlays/Onlays.
- (15) overdentures.
- (16) charges by any hospital or other surgical or treatment facility and any additional fees charged by the Provider for treatment in any such facility.
- (17) treatment by someone other than a Provider or a person who by law may work under a Provider's direct supervision.

- (18) charges incurred for oral hygiene instruction, a plaque control program, preventive control programs including home care times, dietary instruction, x-ray duplications, cancer screening, tobacco counseling or broken appointments.
- (19) dental practice administrative services including, but not limited to, preparation of claims, any non-treatment phase of dentistry such as provision of an antiseptic environment, sterilization of equipment or infection control, or any ancillary materials used during the routine course of providing treatment such as cotton swabs, gauze, bibs, masks or relaxation techniques such as music.
- (20) procedures having a questionable prognosis based on a dental consultant's professional review of the submitted documentation.
- (21) any tax imposed (or incurred) by a government, state or other entity, in connection with any fees charged for Benefits provided under the Contract, will be the responsibility of the Enrollee and not a covered Benefit.
- (22) Deductibles, amounts over plan maximums and/or any service not covered under the dental plan.
- (23) services covered under the dental plan but exceed Benefit limitations or are not in accordance with processing policies in effect at the time the claim is processed.
- (24) services for Orthodontic treatment (treatment of malocclusion of teeth and/or jaws) except as provided under the Orthodontic Services section, if applicable.
- (25) services for any disturbance of the Temporomandibular (jaw) Joints (TMJ) or associated musculature, nerves and other tissues) except as provided under the TMJ Benefit section, if applicable.
- (26) endodontic endosseous implant.
- (27) services for implants (prosthetic appliances placed into or on the bone of the upper or lower jaw to retain or support dental prosthesis), their removal or other associated procedures.
- (28) services not included on the Table of Enrollee Copays



DELTA DENTAL PPOSM : YOUR SMILE IS COVERED

GO PPO!

You can visit any licensed dentist under this plan, but you'll maximize plan value by selecting a Delta Dental PPO¹ dentist. PPO network dentists have agreed to reduced contracted rates and can't "balance bill" you for additional fees.² Find a dentist at deltadentalins.com.³

CONVENIENT ONLINE SERVICES: DELTADENTALINS.COM

- › Create a free Online Services account from your PC or smartphone to view benefits, eligibility and claims status or check average dental costs in your area.
- › Update your dental benefit statement delivery preference: Go paperless!
- › Find a Delta Dental PPO dentist near you.

NO ID CARD NECESSARY

Just provide your dental office with your name, birth date and enrollee ID or social security number. Register for Online Services to print an ID card or pull it up on your smartphone at the dentist's office.

HASSLE-FREE TRANSITION & EASY BENEFITS COORDINATION

New to Delta Dental PPO? This plan covers treatment started and completed after your plan's effective date of coverage.⁴ If you're covered under two plans, ask your dentist to include information about both plans with your claim, and we'll handle the rest.

SAVE WITH A PPO DENTIST



DELTA DENTAL PPO



NON-DELTA
DENTAL DENTISTS

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

¹ In Texas, Delta Dental Insurance Company offers a Dental Provider Organization (DPO) plan.

² Enrollees are responsible for any coinsurance, deductible, amount over the plan maximum and charges for non-covered services.

³ Verify that your dentist is a contracted Delta Dental PPO network dentist before each appointment.

⁴ Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier will be responsible for any costs. Group- and state-specific exceptions may apply. Enrollees currently undergoing active orthodontic treatment may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

Plan Benefit Highlights for: City of Tallahassee
(PPO/Premier)

Group No: 17452

Effective Date: 1/1/2015

DELTA DENTAL PPOSM

BENEFIT HIGHLIGHTS

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month that dependent turns age 26			
Deductibles Deductibles waived for Diagnostic & Preventive (D & P)	PPO/Premier Dentists: \$25 per person / \$75 per family each calendar year			
	Non-Delta Dental Dentists: \$50 per person / \$150 per family each calendar year			
Maximums D & P counts toward maximum	Yes			
	No			
Waiting Period(s)	Basic Benefits	Major Benefits	Prosthodontics	Orthodontics
	None	None	None	None

Benefits and Covered Services*	Delta Dental PPO/Premier dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants	100 %	100 %
Basic Services Fillings and simple tooth extractions	80 %	80 %
Endodontics (root canals) Covered Under Major Services	60 %	50 %
Periodontics (gum treatment) Covered Under Major Services	60 %	50 %
Oral Surgery Covered Under Major Services	60 %	50 %
Major Services Crowns, inlays, onlays and cast restorations	60 %	50 %
Prosthodontics Bridges and dentures	60 %	50 %
Orthodontic Benefits Dependent children to age 25	50 %	50 %
Orthodontic Maximums	\$1,500 Lifetime	\$1,500 Lifetime

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, maximum plan allowance for Premier dentists and the 80th percentile for non-Delta Dental dentists.

Delta Dental Insurance Company 1130 Sanctuary Parkway, Suite 600 Alpharetta, GA 30009	Customer Service 800-521-2651	Claims Address P.O. Box 1809 Alpharetta, GA 30023-1809
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deltadentalins.com

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.



DELTA DENTAL PPOSM : YOUR SMILE IS COVERED

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SAVE WITH A PPO DENTIST



DELTA DENTAL PPO



NON-DELTA
DENTAL DENTISTS

NO ID CARD NECESSARY

Just provide your dental office with your name, birth date and enrollee ID or social security number. Register for Online Services to print an ID card or pull it up on your smartphone at the dentist's office.

HASSLE-FREE TRANSITION & EASY BENEFITS COORDINATION

New to Delta Dental PPO? This plan covers treatment started and completed after your plan's effective date of coverage.⁴ If you're covered under two plans, ask your dentist to include information about both plans with your claim, and we'll handle the rest.

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

¹ In Texas, Delta Dental Insurance Company offers a Dental Provider Organization (DPO) plan.

² Enrollees are responsible for any coinsurance, deductible, amount over the plan maximum and charges for non-covered services.

³ Verify that your dentist is a contracted Delta Dental PPO network dentist before each appointment.

⁴ Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier will be responsible for any costs. Group- and state-specific exceptions may apply. Enrollees currently undergoing active orthodontic treatment may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

Plan Benefit Highlights for: City of Tallahassee
(PPO Plus)

Group No: 17452

Effective Date: 1/1/2015

DELTA DENTAL PPOSM

BENEFIT HIGHLIGHTS

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to the end of the month that dependent turns age 26			
Deductibles Deductibles waived for Diagnostic & Preventive (D & P)	PPO Dentists:	\$25 per person / \$75 per family each calendar year		
	Non-PPO-Dentists:	\$50 per person / \$150 per family each calendar year		
Maximums D & P counts toward maximum	\$1,500 per person each calendar year			
Waiting Period(s)	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	Delta Dental PPO dentists**	Premier & Non- Delta Dental dentists**
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants	100 %	80 %
Basic Services Fillings and simple tooth extractions	80 %	60 %
Endodontics (root canals) Covered Under Major Services	60 %	50 %
Periodontics (gum treatment) Covered Under Major Services	60 %	50 %
Oral Surgery Covered Under Major Services	60 %	50 %
Major Services Crowns, inlays, onlays and cast restorations	60 %	50 %
Prosthodontics Bridges, dentures and implants	60 %	50 %
Orthodontic Benefits Dependent children to age 25	50 %	50 %
Orthodontic Maximums	\$1,800 Lifetime	\$1,500 Lifetime

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

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

Customer Service
800-521-2651

Claims Address
P.O. Box 1809
Alpharetta, GA 30023-1809

deltadentalins.com

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Covered Class	Proc Code	Treatment Type	Class Code	Proc Code Description
Class I	D0120	Diagnostic	Clinical Oral Evaluations	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT
Class I	D0140	Diagnostic	Clinical Oral Evaluations	LIMITED ORAL EVALUATION - PROBLEM FOCUSED
Class I	D0145	Diagnostic	Clinical Oral Evaluations	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE
Class I	D0150	Diagnostic	Clinical Oral Evaluations	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT
Class I	D0160	Diagnostic	Clinical Oral Evaluations	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED, BY REPORT
Class I	D0170	Diagnostic	Clinical Oral Evaluations	RE-EVALUATION - LIMITED - PROBLEM FOCUSED - ESTABLISHED PATIENT
Class I	D0180	Diagnostic	Clinical Oral Evaluations	COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR ESTABLISHED PATIENT
Class I	D0190	Diagnostic	Clinical Oral Evaluations	SCREENING OF A PATIENT
Class I	D0191	Diagnostic	Clinical Oral Evaluations	ASSESSMENT OF A PATIENT
Class I	D0210	Diagnostic	Radiographs/Diagnostic Imaging	INTRAORAL - COMPLETE SERIES OF RADIOGRAPHIC IMAGES
Class I	D0220	Diagnostic	Radiographs/Diagnostic Imaging	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE
Class I	D0230	Diagnostic	Radiographs/Diagnostic Imaging	INTRAORAL - PERIAPICAL EACH ADDITIONAL RADIOGRAPHIC IMAGE
Class I	D0240	Diagnostic	Radiographs/Diagnostic Imaging	INTRAORAL - OCCLUSAL RADIOGRAPHIC IMAGE
Class I	D0250	Diagnostic	Radiographs/Diagnostic Imaging	EXTRAORAL - FIRST RADIOGRAPHIC IMAGE
Class I	D0260	Diagnostic	Radiographs/Diagnostic Imaging	EXTRAORAL - EACH ADDITIONAL RADIOGRAPHIC IMAGE
Class I	D0270	Diagnostic	Radiographs/Diagnostic Imaging	BITEWING - SINGLE RADIOGRAPHIC IMAGE
Class I	D0272	Diagnostic	Radiographs/Diagnostic Imaging	BITEWINGS - TWO RADIOGRAPHIC IMAGES
Class I	D0273	Diagnostic	Radiographs/Diagnostic Imaging	BITEWINGS - THREE RADIOGRAPHIC IMAGES
Class I	D0274	Diagnostic	Radiographs/Diagnostic Imaging	BITEWINGS - FOUR RADIOGRAPHIC IMAGES
Class I	D0277	Diagnostic	Radiographs/Diagnostic Imaging	VERTICAL BITEWINGS - 7 TO 8 RADIOGRAPHIC IMAGES
Class I	D0330	Diagnostic	Radiographs/Diagnostic Imaging	PANORAMIC RADIOGRAPHIC IMAGE
Class I	D0340	Diagnostic	Orthodontic Diagnostic	CEPHALOMETRIC RADIOGRAPHIC IMAGE

Covered Class	Proc Code	Treatment Type	Class Code	Proc Code Description
Class I	D0350	Diagnostic	Orthodontic Diagnostic	ORAL/FACIAL PHOTOGRAPHIC IMAGES OBTAINED INTRAORALLY OR EXTRAORALLY
Class I	D0460	Diagnostic	Tests and Examinations	PULP VITALITY TESTS
Class I	D0470	Diagnostic	Orthodontic Diagnostic	DIAGNOSTIC CASTS
Class I	D0472	Diagnostic	Oral Pathology Lab	TISSUE ACCESSION-GROSS EXAM
Class I	D0473	Diagnostic	Oral Pathology Lab	TISSUE ACCESSION-GROSS & MICROSCOPIC EXAM
Class I	D0474	Diagnostic	Oral Pathology Lab	TISSUE ACCESSION-GROSS & MICROSCOPIC EXAM, SURGICAL MARGINS
Class I	D0475	Diagnostic	Oral Pathology Lab	DECALCIFICATION PROCEDURE
Class I	D0476	Diagnostic	Oral Pathology Lab	SPECIAL STAINS FOR MICROORGANISMS
Class I	D0477	Diagnostic	Oral Pathology Lab	SPECIAL STAINS, NOT FOR MICROORGANISMS
Class I	D0478	Diagnostic	Oral Pathology Lab	IMMUNOHISTOCHEMICAL STAINS
Class I	D0479	Diagnostic	Oral Pathology Lab	TISSUE IN-SITU HYBRIDIZATION, INCLUDING INTERPRETATION
Class I	D0481	Diagnostic	Oral Pathology Lab	ELECTRON MICROSCOPY - DIAGNOSTIC
Class I	D0482	Diagnostic	Oral Pathology Lab	DIRECT IMMUNOFLUORESCENCE
Class I	D0483	Diagnostic	Oral Pathology Lab	INDIRECT IMMUNOFLUORESCENCE
Class I	D0484	Diagnostic	Oral Pathology Lab	CONSULTATION ON SLIDES PREPARED ELSEWHERE
Class I	D0502	Diagnostic	Oral Pathology Lab	OTHER ORAL PATHOLOGY PROCEDURES, BY REPORT
Class I	D0601	Diagnostic	Clinical Oral Evaluations	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF LOW RISK
Class I	D0602	Diagnostic	Clinical Oral Evaluations	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF MODERATE RISK
Class I	D0603	Diagnostic	Clinical Oral Evaluations	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF HIGH RISK
Class I	D0999	Diagnostic	Diagnostic - By Report	UNSPECIFIED DIAGNOSTIC PROCEDURE, BY REPORT
Class I	D1110	Preventative	Prophylaxis	PROPHYLAXIS (CLEANING) - ADULT
Class I	D1120	Preventative	Prophylaxis	PROPHYLAXIS (CLEANING) - CHILD
Class I	D1206	Preventative	Fluoride Treatment - Adult	TOPICAL APPLICATION OF FLUORIDE VARNISH
Class I	D1208	Preventative	Fluoride Treatment	TOPICAL APPLICATION OF FLUORIDE

Covered Class	Proc Code	Treatment Type	Class Code	Proc Code Description
Class I	D1510	Preventative	Space Maintenance (passive)	SPACE MAINTAINER - FIXED - UNILATERAL
Class I	D1515	Preventative	Space Maintenance (passive)	SPACE MAINTAINER - FIXED - BILATERAL
Class I	D1520	Preventative	Space Maintenance (passive)	SPACE MAINTAINER - REMOVABLE - UNILATERAL
Class I	D1525	Preventative	Space Maintenance (passive)	SPACE MAINTAINER - REMOVABLE - BILATERAL
Class I	D1550	Preventative	Space Maintenance (passive)	RE-CEMENTATION OF SPACE MAINTAINER
Class I	D1555	Preventative	Space Maintenance (passive)	REMOVAL OF FIXED SPACE MAINTAINER
Class I	D1999	Preventative	Other Preventative Services	UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT
Class II	D1351	Preventative	Sealants	SEALANT - PER TOOTH
Class II	D1352	Preventative	Sealants	PREVENTIVE RESIN RESTORATION
Class II	D2140	Restorative	Amalgams	AMALGAM - ONE SURFACE, PRIMARY OR PERMANENT TOOTH
Class II	D2150	Restorative	Amalgams	AMALGAM - TWO SURFACES, PRIMARY OR PERMANENT TOOTH
Class II	D2160	Restorative	Amalgams	AMALGAM - THREE SURFACES, PRIMARY OR PERMANENT TOOTH
Class II	D2161	Restorative	Amalgams	AMALGAM - FOUR OR MORE SURFACES, PRIMARY OR PERMANENT TOOTH
Class II	D2330	Restorative	Resin-based Composite - direct	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR TOOTH
Class II	D2331	Restorative	Resin-based Composite - direct	RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR TOOTH
Class II	D2332	Restorative	Resin-based Composite - direct	RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR TOOTH
Class II	D2335	Restorative	Resin-based Composite - direct	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE
Class II	D2390	Restorative	Resin-based Composite - direct	RESIN-BASED COMPOSITE CROWN, ANTERIOR
Class II	D2391	Restorative	Resin-based Composite - direct	RESIN-BASED COMPOSITE - ONE SURFACE, POSTERIOR TOOTH
Class II	D2392	Restorative	Resin-based Composite - direct	RESIN-BASED COMPOSITE - TWO SURFACES, POSTERIOR TOOTH
Class II	D2393	Restorative	Resin-based Composite - direct	RESIN-BASED COMPOSITE - THREE SURFACES, POSTERIOR TOOTH

Covered Class	Proc Code	Treatment Type	Class Code	Proc Code Description
Class II	D2394	Restorative	Resin-based Composite - direct	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES, POSTERIOR TOOTH
Class II	D2910	Restorative	Other Restorative Services	RECEMENT INLAY, ONLAY, OR PARTIAL COVERAGE RESTORATION
Class II	D2915	Restorative	Other Restorative Services	RECEMENT CAST OR PREFABRICATED POST AND CORE
Class II	D2920	Restorative	Other Restorative Services	RECEMENT CROWN
Class II	D2921	Restorative	Other Restorative Services	REATTACHMENT OF TOOTH FRAGMENT, INCISAL EDGE OR CUSP
Class II	D2929	Restorative	Crowns - Stainless Steel	PREFABRICATED PORCELAIN/CERAMIC CROWN - PRIMARY TOOTH
Class II	D2930	Restorative	Crowns - Stainless Steel	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY TOOTH
Class II	D2931	Restorative	Crowns - Stainless Steel	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT TOOTH
Class II	D2932	Restorative	Crowns - Stainless Steel	PREFABRICATED RESIN CROWN
Class II	D2933	Restorative	Crowns - Stainless Steel	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW
Class II	D2934	Restorative	Crowns - Stainless Steel	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN - PRIMARY TOOTH
Class II	D2940	Restorative	Restorative - Group Specific Benefit	PROTECTIVE RESTORATION
Class II	D2951	Restorative	Other Restorative Services	PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION
Class II	D2960	Cosmetic Services	Cosmetic Services	LABIAL VENEER (RESIN LAMINATE) - CHAIRSIDE
Class II	D2961	Cosmetic Services	Cosmetic Services	LABIAL VENEER (RESIN LAMINATE) - LABORATORY
Class II	D2962	Cosmetic Services	Cosmetic Services	LABIAL VENEER (PORCELAIN LAMINATE) - LABORATORY
Class II	D2971	Restorative	Other Restorative Services	ADDITIONAL PROCEDURES TO CONSTRUCT NEW CROWN UNDER EXISTING PARTIAL DENTURE
Class II	D2983	Cosmetic Services	Cosmetic Services	VENEER REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE
Class II	D3110	Endodontics	Pulp Capping	PULP CAP - DIRECT (EXCLUDING FINAL RESTORATION)

Covered Class	Proc Code	Treatment Type	Class Code	Proc Code Description
Class II	D3220	Endodontics	Pulpotomy	THERAPEUTIC PULPOTOMY (EXCLUDING FINAL RESTORATION)
Class II	D3221	Endodontics	Pulpotomy	PULPAL DEBRIDEMENT, PRIMARY AND PERMANENT TEETH
Class II	D3222	Endodontics	Pulpotomy	PARTIAL PULPOTOMY FOR APEXOGENESIS-PERMANENT TOOTH W/INCOMPLETE ROOT DEVELOPMENT
Class II	D3230	Endodontics	Therapy (including treatment plan, procedures and follow-up care)	PULPAL THERAPY - ANTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)
Class II	D3240	Endodontics	Therapy (including treatment plan, procedures and follow-up care)	PULPAL THERAPY - POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)
Class II	D3310	Endodontics	Therapy (including treatment plan, procedures and follow-up care)	ANTERIOR ROOT CANAL THERAPY (EXCLUDING FINAL RESTORATION)
Class II	D3320	Endodontics	Therapy (including treatment plan, procedures and follow-up care)	BICUSPID ROOT CANAL THERAPY (EXCLUDING FINAL RESTORATION)
Class II	D3330	Endodontics	Therapy (including treatment plan, procedures and follow-up care)	MOLAR ROOT CANAL THERAPY (EXCLUDING FINAL RESTORATION)
Class II	D3332	Endodontics	Therapy (including treatment plan, procedures and follow-up care)	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH
Class II	D3333	Endodontics	Therapy (including treatment plan, procedures and follow-up care)	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS
Class II	D3346	Endodontics	Endodontic Retreatment	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - ANTERIOR
Class II	D3347	Endodontics	Endodontic Retreatment	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - BICUSPID
Class II	D3348	Endodontics	Endodontic Retreatment	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY - MOLAR
Class II	D3351	Endodontics	Apexification / Recalcification	APEXIFICATION/RECALCIFICATION - INITIAL VISIT

Covered Class	Proc Code	Treatment Type	Class Code	Proc Code Description
Class II	D3352	Endodontics	Apexification / Recalcification	APEXIFICATION/RECALCIFICATION - INTERIM MEDICATION REPLACEMENT
Class II	D3353	Endodontics	Apexification / Recalcification	APEXIFICATION/RECALCIFICATION - FINAL (INCLUDES COMPLETED ROOT CANAL THERAPY)
Class II	D3410	Endodontics	Apicoectomy / Periradicular services	APICOECTOMY - ANTERIOR
Class II	D3421	Endodontics	Apicoectomy / Periradicular services	APICOECTOMY - BICUSPID (FIRST ROOT)
Class II	D3425	Endodontics	Apicoectomy / Periradicular services	APICOECTOMY - MOLAR (FIRST ROOT)
Class II	D3426	Endodontics	Apicoectomy / Periradicular services	APICOECTOMY (EACH ADDITIONAL ROOT)
Class II	D3427	Endodontics	Apicoectomy / Periradicular services	PERIRADICULAR SURGERY WITHOUT APICOECTOMY
Class II	D3430	Endodontics	Apicoectomy / Periradicular services	RETROGRADE FILLING - PER ROOT
Class II	D3450	Endodontics	Apicoectomy / Periradicular services	ROOT AMPUTATION - PER ROOT
Class II	D3920	Endodontics	Other Endodontics procedures	HEMISECTION (INCLUDING ANY ROOT REMOVAL), NOT INCLUDING ROOT CANAL THERAPY
Class II	D3999	Endodontics	Endodontic - By Report	UNSPECIFIED ENDODONTIC PROCEDURE, BY REPORT
Class II	D4210	Periodontics	Surgical Services	GINGIVECTOMY OR GINGIVOPLASTY - 4 OR MORE TEETH PER QUADRANT
Class II	D4211	Periodontics	Surgical Services	GINGIVECTOMY OR GINGIVOPLASTY - 1 TO 3 TEETH PER QUADRANT
Class II	D4212	Periodontics	Surgical Services	GINGIVECTOMY/ GINGIVOPLASTY TO ALLOW ACCESS FOR RESTORATIVE PROCEDURE PER TOOTH
Class II	D4240	Periodontics	Surgical Services	GINGIVAL FLAP PROCEDURE - 4 OR MORE TEETH PER QUADRANT
Class II	D4241	Periodontics	Surgical Services	GINGIVAL FLAP PROCEDURE - 1 TO 3 CONTIGUOUS TEETH PER QUADRANT
Class II	D4245	Periodontics	Surgical Services	APICALLY POSITIONED FLAP
Class II	D4249	Periodontics	Surgical Services	CLINICAL CROWN LENGTHENING - HARD TISSUE
Class II	D4260	Periodontics	Surgical Services	OSSEOUS SURGERY - 4 OR MORE TEETH PER QUADRANT
Class II	D4261	Periodontics	Surgical Services	OSSEOUS SURGERY - 1 TO 3 TEETH PER QUADRANT

Covered Class	Proc Code	Treatment Type	Class Code	Proc Code Description
Class II	D4263	Periodontics	Surgical Services	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT
Class II	D4264	Periodontics	Surgical Services	BONE REPLACEMENT GRAFT - EACH ADDITIONAL SITE IN QUADRANT
Class II	D4265	Periodontics	Surgical Services	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION
Class II	D4266	Periodontics	Surgical Services	GUIDED TISSUE REGENERATION- RESORBABLE BARRIER, PER SITE
Class II	D4267	Periodontics	Surgical Services	GUIDED TISSUE REGENERATION - NONRESORBABLE BARRIER, PER SITE
Class II	D4268	Periodontics	Surgical Services	SURGICAL REVISION PROCEDURE, PER TOOTH
Class II	D4270	Periodontics	Surgical Services	PEDICLE SOFT TISSUE GRAFT PROCEDURE
Class II	D4273	Periodontics	Surgical Services	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURES, PER TOOTH
Class II	D4274	Periodontics	Surgical Services	DISTAL OR PROXIMAL WEDGE (NOT PERFORMED WITH SURGERY IN SAME AREA)
Class II	D4275	Periodontics	Surgical Services	SOFT TISSUE ALLOGRAFT
Class II	D4276	Periodontics	Surgical Services	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT, PER TOOTH
Class II	D4277	Periodontics	Surgical Services	FREE SOFT TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY), FIRST TOOTH
Class II	D4278	Periodontics	Surgical Services	FREE SOFT TISSUE GRAFT (INCLUDING DONOR SITE) EACH ADDITIONAL CONTIGUOUS TOOTH
Class II	D4341	Periodontics	Non-Surgical service	PERIODONTAL SCALING AND ROOT PLANING - 4 OR MORE TEETH PER QUADRANT
Class II	D4342	Periodontics	Non-Surgical service	PERIODONTAL SCALING AND ROOT PLANING - 1 TO 3 TEETH PER QUADRANT
Class II	D4355	Periodontics	Non-Surgical service	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE EVALUATION AND DIAGNOSIS
Class II	D4910	Periodontics	Prophylaxis	PERIODONTAL MAINTENANCE
Class II	D4920	Periodontics	Other services	UNSCHEDULED DRESSING CHANGE (BY OTHER THAN TREATING DENTIST OR THEIR STAFF)

Covered Class	Proc Code	Treatment Type	Class Code	Proc Code Description
Class II	D4999	Periodontics	Periodontics - By Report	UNSPECIFIED PERIODONTAL PROCEDURE, BY REPORT
Class II	D5510	Prosthodontics; Removable	Repairs to Complete dentures	REPAIR BROKEN COMPLETE DENTURE BASE
Class II	D5520	Prosthodontics; Removable	Repairs to Complete dentures	REPLACE MISSING OR BROKEN TEETH - COMPLETE DENTURE (EACH TOOTH)
Class II	D5610	Prosthodontics; Removable	Repairs to partial dentures	REPAIR RESIN DENTURE BASE
Class II	D5620	Prosthodontics; Removable	Repairs to partial dentures	REPAIR CAST FRAMEWORK
Class II	D5630	Prosthodontics; Removable	Repairs to partial dentures	REPAIR OR REPLACE BROKEN CLASP
Class II	D5640	Prosthodontics; Removable	Repairs to partial dentures	REPLACE BROKEN TEETH - PER TOOTH
Class II	D5650	Prosthodontics; Removable	Repairs to partial dentures	ADD TOOTH TO EXISTING PARTIAL DENTURE
Class II	D5660	Prosthodontics; Removable	Repairs to partial dentures	ADD CLASP TO EXISTING PARTIAL DENTURE
Class II	D5670	Prosthodontics; Removable	Repairs to partial dentures	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (UPPER)
Class II	D5671	Prosthodontics; Removable	Repairs to partial dentures	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK (LOWER)
Class II	D5710	Prosthodontics; Removable	Denture rebase procedures	REBASE COMPLETE UPPER DENTURE
Class II	D5711	Prosthodontics; Removable	Denture rebase procedures	REBASE COMPLETE LOWER DENTURE
Class II	D5720	Prosthodontics; Removable	Denture rebase procedures	REBASE UPPER PARTIAL DENTURE
Class II	D5721	Prosthodontics; Removable	Denture rebase procedures	REBASE LOWER PARTIAL DENTURE
Class II	D5730	Prosthodontics; Removable	Denture reline procedures	RELINING COMPLETE UPPER DENTURE (CHAIRSIDE)
Class II	D5731	Prosthodontics; Removable	Denture reline procedures	RELINING COMPLETE LOWER DENTURE (CHAIRSIDE)
Class II	D5740	Prosthodontics; Removable	Denture reline procedures	RELINING UPPER PARTIAL DENTURE (CHAIRSIDE)
Class II	D5741	Prosthodontics; Removable	Denture reline procedures	RELINING LOWER PARTIAL DENTURE (CHAIRSIDE)
Class II	D5750	Prosthodontics; Removable	Denture reline procedures	RELINING COMPLETE UPPER DENTURE (LABORATORY)
Class II	D5751	Prosthodontics; Removable	Denture reline procedures	RELINING COMPLETE LOWER DENTURE (LABORATORY)
Class II	D5760	Prosthodontics; Removable	Denture reline procedures	RELINING UPPER PARTIAL DENTURE (LABORATORY)
Class II	D5761	Prosthodontics; Removable	Denture reline procedures	RELINING LOWER PARTIAL DENTURE (LABORATORY)

Covered Class	Proc Code	Treatment Type	Class Code	Proc Code Description
Class II	D7111	Oral & Maxillofacial Surgery	Extractions	EXTRACTION, CORONAL REMNANTS - DECIDUOUS TOOTH
Class II	D7140	Oral & Maxillofacial Surgery	Extractions	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)
Class II	D7210	Oral & Maxillofacial Surgery	Surgical extractions	SURGICAL REMOVAL, ERUPTED TOOTH; FLAP ELEVATION, REMOVAL OF BONE AND/OR SECTION
Class II	D7220	Oral & Maxillofacial Surgery	Surgical extractions	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE
Class II	D7230	Oral & Maxillofacial Surgery	Surgical extractions	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY
Class II	D7240	Oral & Maxillofacial Surgery	Surgical extractions	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY
Class II	D7241	Oral & Maxillofacial Surgery	Surgical extractions	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY, UNUSUAL SURGICAL COMPLICATIONS
Class II	D7250	Oral & Maxillofacial Surgery	Surgical extractions	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)
Class II	D7260	Oral & Maxillofacial Surgery	Other Surgical procedures	OROANTRAL FISTULA CLOSURE
Class II	D7261	Oral & Maxillofacial Surgery	Other Surgical procedures	PRIMARY CLOSURE OF A SINUS PERFORATION
Class II	D7270	Oral & Maxillofacial Surgery	Other Surgical procedures	REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH
Class II	D7282	Oral & Maxillofacial Surgery	Other Surgical procedures	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION
Class II	D7285	Oral & Maxillofacial Surgery	Other Surgical procedures	BIOPSY OF ORAL TISSUE - HARD (BONE, TOOTH)
Class II	D7286	Oral & Maxillofacial Surgery	Other Surgical procedures	BIOPSY OF ORAL TISSUE - SOFT
Class II	D7290	Oral & Maxillofacial Surgery	Other Surgical procedures	SURGICAL REPOSITIONING OF TEETH
Class II	D7291	Oral & Maxillofacial Surgery	Other Surgical procedures	TRANSEPTAL FIBEROTOMY/SUPRA CRESTAL FIBEROTOMY, BY REPORT

Covered Class	Proc Code	Treatment Type	Class Code	Proc Code Description
Class II	D7310	Oral & Maxillofacial Surgery	Alveoplasty - preparation of ridge for dentures	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS 4 OR MORE TEETH OR TOOTH SPACES
Class II	D7311	Oral & Maxillofacial Surgery	Alveoplasty - preparation of ridge for dentures	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS -1-3 TEETH OR TOOTH SPACES
Class II	D7320	Oral & Maxillofacial Surgery	Alveoplasty - preparation of ridge for dentures	ALVEOLOPLASTY (NO EXTRACTIONS), 4 OR MORE TEETH OR TOOTH SPACES
Class II	D7321	Oral & Maxillofacial Surgery	Alveoplasty - preparation of ridge for dentures	ALVEOLOPLASTY (NO EXTRACTIONS), 1 - 3 TEETH OR TOOTH SPACES
Class II	D7340	Oral & Maxillofacial Surgery	Vestibuloplasty	VESTIBULOPLASTY - RIDGE EXTENSION (SECONDARY EPITHELIALIZATION)
Class II	D7350	Oral & Maxillofacial Surgery	Vestibuloplasty	VESTIBULOPLASTY - RIDGE EXTENSION (SOFT TISSUE GRAFT AND ATTACHMENT)
Class II	D7410	Oral & Maxillofacial Surgery	Surgical excision of soft tissue lesions	EXCISION OF BENIGN LESION UP TO 1.25 CM
Class II	D7411	Oral & Maxillofacial Surgery	Surgical excision of soft tissue lesions	EXCISION OF BENIGN LESION GREATER THAN 1.25 CM
Class II	D7412	Oral & Maxillofacial Surgery	Surgical excision of soft tissue lesions	EXCISION OF BENIGN LESION, COMPLICATED
Class II	D7413	Oral & Maxillofacial Surgery	Surgical excision of soft tissue lesions	EXCISION OF MALIGNANT LESION UP TO 1.25 CM
Class II	D7414	Oral & Maxillofacial Surgery	Surgical excision of soft tissue lesions	EXCISION OF MALIGNANT LESION GREATER THAN 1.25 CM
Class II	D7415	Oral & Maxillofacial Surgery	Surgical excision of soft tissue lesions	EXCISION OF MALIGNANT LESION, COMPLICATED
Class II	D7440	Oral & Maxillofacial Surgery	Surgical excision of intra-osseous lesions	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER UP TO 1.25 CM
Class II	D7441	Oral & Maxillofacial Surgery	Surgical excision of intra-osseous lesions	EXCISION OF MALIGNANT TUMOR - LESION DIAMETER GREATER THAN 1.25 CM
Class II	D7450	Oral & Maxillofacial Surgery	Surgical excision of intra-osseous lesions	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM

Covered Class	Proc Code	Treatment Type	Class Code	Proc Code Description
Class II	D7451	Oral & Maxillofacial Surgery	Surgical excision of intra-osseous lesions	REMOVAL OF BENIGN ODONTOGENIC CYST OR TUMOR- LESION DIAMETER GREATER THAN 1.25 CM
Class II	D7460	Oral & Maxillofacial Surgery	Surgical excision of intra-osseous lesions	REMOVAL OF BENIGN NONODONTOGENIC CYST OR TUMOR - LESION DIAMETER UP TO 1.25 CM
Class II	D7461	Oral & Maxillofacial Surgery	Surgical excision of intra-osseous lesions	REMOVAL OF BENIGN NONODONTOGENIC CYST/TUMOR - DIAMETER GREATER THAN 1.25CM
Class II	D7465	Oral & Maxillofacial Surgery	Surgical excision of soft tissue lesions	DESTRUCTION OF LESION(S) BY PHYSICAL OR CHEMICAL METHOD, BY REPORT
Class II	D7471	Oral & Maxillofacial Surgery	Excision of bone tissue	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)
Class II	D7472	Oral & Maxillofacial Surgery	Excision of bone tissue	REMOVAL OF TORUS PALATINUS
Class II	D7473	Oral & Maxillofacial Surgery	Excision of bone tissue	REMOVAL OF TORUS MANDIBULARIS
Class II	D7485	Oral & Maxillofacial Surgery	Excision of bone tissue	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY
Class II	D7490	Oral & Maxillofacial Surgery	Excision of bone tissue	RADICAL RESECTION OF MAXILLA OR MANDIBLE
Class II	D7510	Oral & Maxillofacial Surgery	Surgical incision	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE
Class II	D7511	Oral & Maxillofacial Surgery	Surgical incision	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE - COMPLICATED
Class II	D7520	Oral & Maxillofacial Surgery	Surgical incision	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE
Class II	D7521	Oral & Maxillofacial Surgery	Surgical incision	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE - COMPLICATED
Class II	D7530	Oral & Maxillofacial Surgery	Surgical incision	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE
Class II	D7540	Oral & Maxillofacial Surgery	Surgical incision	REMOVAL OF REACTION PRODUCING FOREIGN BODIES, MUSCULOSKELETAL SYSTEM

Covered Class	Proc Code	Treatment Type	Class Code	Proc Code Description
Class II	D7550	Oral & Maxillofacial Surgery	Surgical incision	PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE
Class II	D7560	Oral & Maxillofacial Surgery	Surgical incision	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH FRAGMENT OR FOREIGN BODY
Class II	D7610	Oral & Maxillofacial Surgery	Treatment of fractures - simple	MAXILLA - OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT)
Class II	D7620	Oral & Maxillofacial Surgery	Treatment of fractures - simple	MAXILLA - CLOSED REDUCTION (TEETH IMMOBILIZED, IF PRESENT)
Class II	D7630	Oral & Maxillofacial Surgery	Treatment of fractures - simple	MANDIBLE - OPEN REDUCTION (TEETH IMMOBILIZED, IF PRESENT)
Class II	D7640	Oral & Maxillofacial Surgery	Treatment of fractures - simple	MANDIBLE - CLOSED REDUCTION (TEETH IMMOBILIZED, IF PRESENT)
Class II	D7650	Oral & Maxillofacial Surgery	Treatment of fractures - simple	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION
Class II	D7660	Oral & Maxillofacial Surgery	Treatment of fractures - simple	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION
Class II	D7670	Oral & Maxillofacial Surgery	Treatment of fractures - simple	ALVEOLUS CLOSED REDUCTION MAY INCLUDE STABILIZATION OF TEETH
Class II	D7671	Oral & Maxillofacial Surgery	Treatment of fractures - simple	ALVEOLUS, OPEN REDUCTION MAY INCLUDE STABILIZATION OF TEETH
Class II	D7680	Oral & Maxillofacial Surgery	Treatment of fractures - simple	FACIAL BONES-COMPLICATED REDUCTION W/ FIXATION AND MULTIPLE SURGICAL APPROACHES
Class II	D7710	Oral & Maxillofacial Surgery	Treatment of fractures - compound	MAXILLA OPEN REDUCTION
Class II	D7720	Oral & Maxillofacial Surgery	Treatment of fractures - compound	MAXILLA - CLOSED REDUCTION
Class II	D7730	Oral & Maxillofacial Surgery	Treatment of fractures - compound	MANDIBLE - OPEN REDUCTION
Class II	D7740	Oral & Maxillofacial Surgery	Treatment of fractures - compound	MANDIBLE - CLOSED REDUCTION
Class II	D7750	Oral & Maxillofacial Surgery	Treatment of fractures - compound	MALAR AND/OR ZYGOMATIC ARCH - OPEN REDUCTION

Covered Class	Proc Code	Treatment Type	Class Code	Proc Code Description
Class II	D7760	Oral & Maxillofacial Surgery	Treatment of fractures - compound	MALAR AND/OR ZYGOMATIC ARCH - CLOSED REDUCTION
Class II	D7770	Oral & Maxillofacial Surgery	Treatment of fractures - compound	ALVEOLUS - OPEN REDUCTION STABILIZATION OF TEETH
Class II	D7771	Oral & Maxillofacial Surgery	Treatment of fractures - compound	ALVEOLUS, CLOSED REDUCTION STABILIZATION OF TEETH
Class II	D7780	Oral & Maxillofacial Surgery	Treatment of fractures - compound	FACIAL BONES-COMPLICATED REDUCTION W/ FIXATION AND MULTIPLE SURGICAL APPROACHES
Class II	D9110	Adjunctive General Services	Unclassified treatment	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN - MINOR PROCEDURE
Class II	D9120	Adjunctive General Services	Adjunctive General Services - By Report	FIXED PARTIAL DENTURE SECTIONING
Class II	D9220	Adjunctive General Services	Anesthesia	DEEP SEDATION/GENERAL ANESTHESIA - FIRST 30 MINUTES
Class II	D9221	Adjunctive General Services	Anesthesia	DEEP SEDATION/GENERAL ANESTHESIA - EACH ADDITIONAL 15 MINUTES
Class II	D9241	Adjunctive General Services	Adjunctive General Services - Group Specific	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA - FIRST 30 MINUTES
Class II	D9242	Adjunctive General Services	Adjunctive General Services - Group Specific	INTRAVENOUS CONSCIOUS SEDATION/ANALGESIA - EACH ADDITIONAL 15 MINUTES
Class II	D9310	Adjunctive General Services	Professional consultations	CONSULTATION - PROVIDED BY DENTIST OTHER THAN REQUESTING DENTIST
Class II	D9999	Adjunctive General Services	Adjunctive General Services - By Report	UNSPECIFIED ADJUNCTIVE PROCEDURE, BY REPORT
Class III	D2510	Restorative	Inlay/Onlay	INLAY - METALLIC - ONE SURFACE
Class III	D2520	Restorative	Inlay/Onlay	INLAY - METALLIC - TWO SURFACES
Class III	D2530	Restorative	Inlay/Onlay	INLAY - METALLIC - THREE OR MORE SURFACES
Class III	D2542	Restorative	Inlay/Onlay	ONLAY - METALLIC - TWO SURFACES
Class III	D2543	Restorative	Inlay/Onlay	ONLAY - METALLIC - THREE SURFACES
Class III	D2544	Restorative	Inlay/Onlay	ONLAY - METALLIC - FOUR OR MORE SURFACES
Class III	D2610	Restorative	Inlay/Onlay - Non Metallic	INLAY - PORCELAIN/CERAMIC - ONE SURFACE
Class III	D2620	Restorative	Inlay/Onlay - Non Metallic	INLAY - PORCELAIN/CERAMIC - TWO SURFACES

Covered Class	Proc Code	Treatment Type	Class Code	Proc Code Description
Class III	D2630	Restorative	Inlay/Onlay - Non Metallic	INLAY - PORCELAIN/CERAMIC - THREE OR MORE SURFACES
Class III	D2642	Restorative	Inlay/Onlay - Non Metallic	ONLAY - PORCELAIN/CERAMIC - TWO SURFACES
Class III	D2643	Restorative	Inlay/Onlay - Non Metallic	ONLAY - PORCELAIN/CERAMIC - THREE SURFACES
Class III	D2644	Restorative	Inlay/Onlay - Non Metallic	ONLAY - PORCELAIN/CERAMIC - FOUR OR MORE SURFACES
Class III	D2650	Restorative	Inlay/Onlay - Non Metallic	INLAY - RESIN-BASED COMPOSITE - ONE SURFACE
Class III	D2651	Restorative	Inlay/Onlay - Non Metallic	INLAY - RESIN-BASED COMPOSITE - TWO SURFACES
Class III	D2652	Restorative	Inlay/Onlay - Non Metallic	INLAY - RESIN-BASED COMPOSITE - THREE OR MORE SURFACES
Class III	D2662	Restorative	Inlay/Onlay - Non Metallic	ONLAY - RESIN-BASED COMPOSITE - TWO SURFACES
Class III	D2663	Restorative	Inlay/Onlay - Non Metallic	ONLAY - RESIN-BASED COMPOSITE - THREE SURFACES
Class III	D2664	Restorative	Inlay/Onlay - Non Metallic	ONLAY - RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES
Class III	D2710	Restorative	Crowns - Single	CROWN - RESIN-BASED COMPOSITE (INDIRECT)
Class III	D2712	Restorative	Crowns - Single	CROWN - 3/4 RESIN - BASED COMPOSITE (INDIRECT)
Class III	D2720	Restorative	Crowns - Single	CROWN - RESIN WITH HIGH NOBLE METAL
Class III	D2721	Restorative	Crowns - Single	CROWN - RESIN WITH PREDOMINANTLY BASE METAL
Class III	D2722	Restorative	Crowns - Single	CROWN - RESIN WITH NOBLE METAL
Class III	D2740	Restorative	Crowns - Single	CROWN - PORCELAIN/CERAMIC SUBSTRATE
Class III	D2750	Restorative	Crowns - Single	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL
Class III	D2751	Restorative	Crowns - Single	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL
Class III	D2752	Restorative	Crowns - Single	CROWN - PORCELAIN FUSED TO NOBLE METAL
Class III	D2780	Restorative	Crowns - Single	CROWN - 3/4 CAST HIGH NOBLE METAL
Class III	D2781	Restorative	Crowns - Single	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL
Class III	D2782	Restorative	Crowns - Single	CROWN - 3/4 CAST NOBLE METAL
Class III	D2783	Restorative	Crowns - Single	CROWN - 3/4 PORCELAIN/CERAMIC
Class III	D2790	Restorative	Crowns - Single	CROWN - FULL CAST HIGH NOBLE METAL

Covered Class	Proc Code	Treatment Type	Class Code	Proc Code Description
Class III	D2791	Restorative	Crowns - Single	CROWN - FULL CAST PREDOMINANTLY BASE METAL
Class III	D2792	Restorative	Crowns - Single	CROWN - FULL CAST NOBLE METAL
Class III	D2794	Restorative	Crowns - Single	CROWN - TITANIUM
Class III	D2950	Restorative	Other Restorative Services	CORE BUILDUP, INCLUDING ANY PINS WHEN REQUIRED
Class III	D2952	Restorative	Other Restorative Services	POST AND CORE IN ADDITION TO CROWN, INDIRECTLY FABRICATED
Class III	D2953	Restorative	Restorative - Group Specific Benefit	EACH ADDITIONAL INDIRECTLY FABRICATED POST - SAME TOOTH
Class III	D2954	Restorative	Other Restorative Services	PREFABRICATED POST AND CORE IN ADDITION TO CROWN
Class III	D2955	Restorative	Restorative - Group Specific Benefit	POST REMOVAL
Class III	D2957	Restorative	Restorative - Group Specific Benefit	EACH ADDITIONAL PREFABRICATED POST - SAME TOOTH
Class III	D2970	Restorative	Other Restorative Services	TEMPORARY CROWN (FRACTURED TOOTH)
Class III	D2980	Restorative	Other Restorative Services	CROWN REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE
Class III	D2981	Restorative	Other Restorative Services	INLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE
Class III	D2982	Restorative	Other Restorative Services	ONLAY REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE
Class III	D2999	Restorative	Restorative - By Report	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT
Class III	D5110	Prosthodontics; Removable	Complete Dentures	COMPLETE DENTURE - MAXILLARY (UPPER)
Class III	D5120	Prosthodontics; Removable	Complete Dentures	COMPLETE DENTURE - MANDIBULAR (LOWER)
Class III	D5130	Prosthodontics; Removable	Complete Dentures	IMMEDIATE DENTURE - MAXILLARY (UPPER)
Class III	D5140	Prosthodontics; Removable	Complete Dentures	IMMEDIATE DENTURE - MANDIBULAR (LOWER)
Class III	D5211	Prosthodontics; Removable	Partial Dentures	UPPER PARTIAL DENTURE - RESIN BASE (INCLUDING CLASPS, RESTS AND TEETH)
Class III	D5212	Prosthodontics; Removable	Partial Dentures	LOWER PARTIAL DENTURE - RESIN BASE (INCLUDING CLASPS, RESTS AND TEETH)
Class III	D5213	Prosthodontics; Removable	Partial Dentures	UPPER PART DENTURE - CAST METAL - RESIN BASE (INCLUDING CLASPS, RESTS, TEETH)

Covered Class	Proc Code	Treatment Type	Class Code	Proc Code Description
Class III	D5214	Prosthodontics; Removable	Partial Dentures	LOWER PARTIAL DENTURE - CAST METAL - RESIN BASE (INCLUDING CLASPS, RESTS, TEETH)
Class III	D5225	Prosthodontics; Removable	Partial Dentures	UPPER PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING CLASPS, RESTS AND TEETH)
Class III	D5226	Prosthodontics; Removable	Partial Dentures	LOWER PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING CLASPS, RESTS AND TEETH)
Class III	D5281	Prosthodontics; Removable	Partial Dentures	REMOVABLE UNILATERAL PARTIAL DENTURE - ONE PIECE CAST METAL
Class III	D5410	Prosthodontics; Removable	Adjustments to Dentures	ADJUST COMPLETE DENTURE - MAXILLARY (UPPER)
Class III	D5411	Prosthodontics; Removable	Adjustments to Dentures	ADJUST COMPLETE DENTURE - MANDIBULAR (LOWER)
Class III	D5421	Prosthodontics; Removable	Adjustments to Dentures	ADJUST PARTIAL DENTURE - MAXILLARY (UPPER)
Class III	D5422	Prosthodontics; Removable	Adjustments to Dentures	ADJUST PARTIAL DENTURE - MANDIBULAR (LOWER)
Class III	D5820	Prosthodontics; Removable	Interim prosthesis	INTERIM PARTIAL DENTURE (UPPER)
Class III	D5821	Prosthodontics; Removable	Interim prosthesis	INTERIM PARTIAL DENTURE (LOWER)
Class III	D5850	Prosthodontics; Removable	Other Removable prosthetic services	TISSUE CONDITIONING, UPPER
Class III	D5851	Prosthodontics; Removable	Other Removable prosthetic services	TISSUE CONDITIONING, LOWER
Class III	D5863	Prosthodontics; Removable	Other Removable prosthetic services	OVERDENTURE - COMPLETE MAXILLARY
Class III	D5864	Prosthodontics; Removable	Other Removable prosthetic services	OVERDENTURE - PARTIAL MAXILLARY
Class III	D5866	Prosthodontics; Removable	Other Removable prosthetic services	OVERDENTURE - PARTIAL MANDIBULAR
Class III	D5899	Prosthodontics; Removable	Prosthodontics; Removable - By Report	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE, BY REPORT
Class III	D6010	Implant Services	Surgical Implants	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL IMPLANT
Class III	D6011	Implant Services	Surgical Implants	SECOND STAGE IMPLANT SURGERY
Class III	D6013	Implant Services	Surgical Implants	SURGICAL PLACEMENT OF MINI IMPLANT
Class III	D6040	Implant Services	Surgical Implants	SURGICAL PLACEMENT: EPOSTEAL IMPLANT
Class III	D6050	Implant Services	Surgical Implants	SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT

Covered Class	Proc Code	Treatment Type	Class Code	Proc Code Description
Class III	D6051	Implant Services	Implant support prosthetics	INTERIM ABUTMENT
Class III	D6052	Implant Services	Implant support prosthetics	SEMI-PRECISION ATTACHMENT ABUTMENT
Class III	D6053	Implant Services	Implant support prosthetics	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR COMPLETELY EDENTULOUS ARCH
Class III	D6054	Implant Services	Implant support prosthetics	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE FOR PARTIALLY EDENTULOUS ARCH
Class III	D6055	Implant Services	Implant support prosthetics	CONNECTING BAR-IMPLANT/ABUTMENT SUPPRTD
Class III	D6056	Implant Services	Implant support prosthetics	PREFABRICATED ABUTMENT - INCLUDES MODIFICATION AND PLACEMENT
Class III	D6057	Implant Services	Implant support prosthetics	CUSTOM FABRICATED ABUTMENT - INCLUDES PLACEMENT
Class III	D6058	Implant Services	Implant support prosthetics	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN (IMPLANT)
Class III	D6059	Implant Services	Implant support prosthetics	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL) (IMPLANT)
Class III	D6060	Implant Services	Implant support prosthetics	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (BASE METAL) (IMPLANT)
Class III	D6061	Implant Services	Implant support prosthetics	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL CROWN (NOBLE METAL) (IMPLANT)
Class III	D6062	Implant Services	Implant support prosthetics	ABUTMENT SUPPORTED CAST METAL CROWN (HIGH NOBLE METAL) (IMPLANT)
Class III	D6063	Implant Services	Implant support prosthetics	ABUTMENT SUPPORTED CAST METAL CROWN (PREDOMINANTLY BASE METAL) (IMPLANT)
Class III	D6064	Implant Services	Implant support prosthetics	ABUTMENT SUPPORTED CAST METAL CROWN (NOBLE METAL) (IMPLANT)
Class III	D6065	Implant Services	Implant support prosthetics	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN
Class III	D6066	Implant Services	Implant support prosthetics	IMPLANT SUPPORTED PORCELAIN FUSED TO METAL CROWN (HIGH NOBLE METAL)

Covered Class	Proc Code	Treatment Type	Class Code	Proc Code Description
Class III	D6067	Implant Services	Implant support prosthetics	IMPLANT SUPPORTED METAL CROWN (HIGH NOBLE METAL)
Class III	D6068	Implant Services	Implant support prosthetics	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN/CERAMIC BRIDGE
Class III	D6069	Implant Services	Implant support prosthetics	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN TO METAL BRIDGE (HIGH NOBLE METAL)
Class III	D6070	Implant Services	Implant support prosthetics	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN TO METAL BRIDGE (PRED BASE METAL)
Class III	D6071	Implant Services	Implant support prosthetics	ABUTMENT SUPPORTED RETAINER FOR PORCELAIN FUSED TO METAL BRIDGE (NOBLE METAL)
Class III	D6072	Implant Services	Implant support prosthetics	ABUTMENT SUPPORTED RETAINER FOR CAST METAL BRIDGE (HIGH NOBLE METAL)
Class III	D6073	Implant Services	Implant support prosthetics	ABUTMENT SUPPORTED RETAINER FOR CAST METAL BRIDGE (PREDOMINANTLY BASE METAL)
Class III	D6074	Implant Services	Implant support prosthetics	ABUTMENT SUPPORTED RETAINER FOR CAST METAL BRIDGE (NOBLE METAL)
Class III	D6075	Implant Services	Implant support prosthetics	ABUTMENT SUPPORTED RETAINER FOR CERAMIC BRIDGE
Class III	D6076	Implant Services	Implant support prosthetics	IMPLANT SUPPORTED RETAINER FOR PORCELAIN TO METAL BRIDGE (HIGH NOBLE METAL)
Class III	D6077	Implant Services	Implant support prosthetics	IMPLANT SUPPORTED RETAINER FOR CAST METAL BRIDGE (HIGH NOBLE METAL)
Class III	D6078	Implant Services	Implant support prosthetics	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR COMPLETELY EDENTULOUS ARCH
Class III	D6079	Implant Services	Implant support prosthetics	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE FOR PARTIALLY EDENTULOUS ARCH
Class III	D6080	Implant Services	Other Implant Services	IMPLANT MAINTENANCE PROCEDURES, WHEN PROSTHESES REMOVED AND REINSERTED
Class III	D6090	Implant Services	Other Implant Services	REPAIR IMPLANT SUPPORTED PROSTHESIS, BY REPORT

Covered Class	Proc Code	Treatment Type	Class Code	Proc Code Description
Class III	D6091	Implant Services	Other Implant Services	REPLACEMENT OF IMPLANT SEMI-PRECISION OR PRECISION ATTACHMENT
Class III	D6092	Implant Services	Other Implant Services	RECEMENT IMPLANT/ABUTMENT SUPPORTED CROWN
Class III	D6093	Implant Services	Other Implant Services	RECEMENT IMPLANT/ABUTMENT SUPPORTED FIXED PARTIAL DENTURE
Class III	D6094	Implant Services	Other Implant Services	ABUTMENT SUPPORTED CROWN - (TITANIUM)(IMPLANT)
Class III	D6095	Implant Services	Other Implant Services	REPAIR IMPLANT ABUTMENT, BY REPORT
Class III	D6100	Implant Services	Other Implant Services	IMPLANT REMOVAL, BY REPORT
Class III	D6101	Implant Services	Other Implant Services	DEBRIDEMENT OF PERIIMPLANT DEFECT AND SURFACE CLEANING EXPOSED IMPLANT SURFACES
Class III	D6102	Implant Services	Other Implant Services	DEBRIDEMENT AND OSSEOUS CONTOURING OF A PERIIMPLANT DEFECT
Class III	D6190	Implant Services	Other Implant Services	RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT
Class III	D6194	Implant Services	Other Implant Services	ABUTMENT SUPPORTED RETAINER CROWN FOR BRIDGE - (TITANIUM)
Class III	D6199	Implant Services	Implant - By Report	UNSPECIFIED IMPLANT PROCEDURE, BY REPORT
Class III	D6205	Prosthodontics; Fixed	Fixed Partial Denture pontics	PONTIC - INDIRECT RESIN BASED COMPOSITE
Class III	D6210	Prosthodontics; Fixed	Fixed Partial Denture pontics	PONTIC - CAST HIGH NOBLE METAL
Class III	D6211	Prosthodontics; Fixed	Fixed Partial Denture pontics	PONTIC - CAST PREDOMINANTLY BASE METAL
Class III	D6212	Prosthodontics; Fixed	Fixed Partial Denture pontics	PONTIC - CAST NOBLE METAL
Class III	D6214	Prosthodontics; Fixed	Fixed Partial Denture pontics	PONTIC - TITANIUM
Class III	D6240	Prosthodontics; Fixed	Fixed Partial Denture pontics	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL
Class III	D6241	Prosthodontics; Fixed	Fixed Partial Denture pontics	PONTIC - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL
Class III	D6242	Prosthodontics; Fixed	Fixed Partial Denture pontics	PONTIC - PORCELAIN FUSED TO NOBLE METAL
Class III	D6245	Prosthodontics; Fixed	Fixed Partial Denture pontics	PONTIC - PORCELAIN/CERAMIC
Class III	D6250	Prosthodontics; Fixed	Fixed Partial Denture pontics	PONTIC - RESIN WITH HIGH NOBLE METAL
Class III	D6251	Prosthodontics; Fixed	Fixed Partial Denture pontics	PONTIC - RESIN WITH PREDOMINANTLY BASE METAL

Covered Class	Proc Code	Treatment Type	Class Code	Proc Code Description
Class III	D6252	Prosthodontics; Fixed	Fixed Partial Denture pontics	PONTIC - RESIN WITH NOBLE METAL
Class III	D6545	Prosthodontics; Fixed	Fixed Partial Denture retainers - inlays/onlays	RETAINER - CAST METAL FOR RESIN BONDED FIXED PROSTHESIS
Class III	D6548	Prosthodontics; Fixed	Fixed Partial Denture retainers - inlays/onlays	RETAINER - PORCELAIN/CERAMIC FOR RESIN BONDED FIXED PROSTHESIS
Class III	D6600	Prosthodontics; Fixed	Fixed Partial Denture retainers - inlays/onlays	INLAY - PORCELAIN/CERAMIC, TWO SURFACES
Class III	D6601	Prosthodontics; Fixed	Fixed Partial Denture retainers - inlays/onlays	INLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES
Class III	D6602	Prosthodontics; Fixed	Fixed Partial Denture retainers - inlays/onlays	INLAY - CAST HIGH NOBLE METAL, TWO SURFACES
Class III	D6603	Prosthodontics; Fixed	Fixed Partial Denture retainers - inlays/onlays	INLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES
Class III	D6604	Prosthodontics; Fixed	Fixed Partial Denture retainers - inlays/onlays	INLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES
Class III	D6605	Prosthodontics; Fixed	Fixed Partial Denture retainers - inlays/onlays	INLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES
Class III	D6606	Prosthodontics; Fixed	Fixed Partial Denture retainers - inlays/onlays	INLAY - CAST NOBLE METAL, TWO SURFACES
Class III	D6607	Prosthodontics; Fixed	Fixed Partial Denture retainers - inlays/onlays	INLAY - CAST NOBLE METAL, THREE OR MORE SURFACES
Class III	D6608	Prosthodontics; Fixed	Fixed Partial Denture retainers - inlays/onlays	ONLAY -PORCELAIN/CERAMIC, TWO SURFACES
Class III	D6609	Prosthodontics; Fixed	Fixed Partial Denture retainers - inlays/onlays	ONLAY - PORCELAIN/CERAMIC, THREE OR MORE SURFACES
Class III	D6610	Prosthodontics; Fixed	Fixed Partial Denture retainers - inlays/onlays	ONLAY - CAST HIGH NOBLE METAL, TWO SURFACES
Class III	D6611	Prosthodontics; Fixed	Fixed Partial Denture retainers - inlays/onlays	ONLAY - CAST HIGH NOBLE METAL, THREE OR MORE SURFACES
Class III	D6612	Prosthodontics; Fixed	Fixed Partial Denture retainers - inlays/onlays	ONLAY - CAST PREDOMINANTLY BASE METAL, TWO SURFACES
Class III	D6613	Prosthodontics; Fixed	Fixed Partial Denture retainers - inlays/onlays	ONLAY - CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES
Class III	D6614	Prosthodontics; Fixed	Fixed Partial Denture retainers - inlays/onlays	ONLAY - CAST NOBLE METAL, TWO SURFACES
Class III	D6615	Prosthodontics; Fixed	Fixed Partial Denture retainers - inlays/onlays	ONLAY - CAST NOBLE METAL, THREE OR MORE SURFACES
Class III	D6624	Prosthodontics; Fixed	Fixed Partial Denture retainers - inlays/onlays	INLAY - TITANIUM
Class III	D6634	Prosthodontics; Fixed	Fixed Partial Denture retainers - inlays/onlays	ONLAY - TITANIUM
Class III	D6710	Prosthodontics; Fixed	Fixed Partial Denture retainers - Crowns	CROWN - INDIRECT RESIN BASED COMPOSITE

Covered Class	Proc Code	Treatment Type	Class Code	Proc Code Description
Class III	D6720	Prosthodontics; Fixed	Fixed Partial Denture retainers - Crowns	CROWN - RESIN WITH HIGH NOBLE METAL
Class III	D6721	Prosthodontics; Fixed	Fixed Partial Denture retainers - Crowns	CROWN - RESIN WITH PREDOMINANTLY BASE METAL
Class III	D6722	Prosthodontics; Fixed	Fixed Partial Denture retainers - Crowns	CROWN - RESIN WITH NOBLE METAL
Class III	D6740	Prosthodontics; Fixed	Fixed Partial Denture retainers - Crowns	CROWN - PORCELAIN/CERAMIC
Class III	D6750	Prosthodontics; Fixed	Fixed Partial Denture retainers - Crowns	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL
Class III	D6751	Prosthodontics; Fixed	Fixed Partial Denture retainers - Crowns	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL
Class III	D6752	Prosthodontics; Fixed	Fixed Partial Denture retainers - Crowns	CROWN - PORCELAIN FUSED TO NOBLE METAL
Class III	D6780	Prosthodontics; Fixed	Fixed Partial Denture retainers - Crowns	CROWN - 3/4 CAST HIGH NOBLE METAL
Class III	D6781	Prosthodontics; Fixed	Fixed Partial Denture retainers - Crowns	CROWN - 3/4 CAST PREDOMINANTLY BASE METAL
Class III	D6782	Prosthodontics; Fixed	Fixed Partial Denture retainers - Crowns	CROWN - 3/4 CAST NOBLE METAL
Class III	D6783	Prosthodontics; Fixed	Fixed Partial Denture retainers - Crowns	CROWN - 3/4 PORCELAIN/CERAMIC
Class III	D6790	Prosthodontics; Fixed	Fixed Partial Denture retainers - Crowns	CROWN - FULL CAST HIGH NOBLE METAL
Class III	D6791	Prosthodontics; Fixed	Fixed Partial Denture retainers - Crowns	CROWN - FULL CAST PREDOMINANTLY BASE METAL
Class III	D6792	Prosthodontics; Fixed	Fixed Partial Denture retainers - Crowns	CROWN - FULL CAST NOBLE METAL
Class III	D6794	Prosthodontics; Fixed	Other Fixed partial denture services	CROWN - TITANIUM
Class III	D6930	Prosthodontics; Fixed	Other Fixed partial denture services	RECEMENT FIXED PARTIAL DENTURE
Class III	D6940	Prosthodontics; Fixed	Other Fixed partial denture services	STRESS BREAKER
Class III	D6980	Prosthodontics; Fixed	Other Fixed partial denture services	FIXED PARTIAL DENTURE REPAIR NECESSITATED BY RESTORATIVE MATERIAL FAILURE
Class III	D6999	Prosthodontics; Fixed	Prosthodontics; Fixed - By Report	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE, BY REPORT

DELTA DENTAL INSURANCE COMPANY

1130 Sanctuary Parkway, Suite 600
Alpharetta, Georgia 30009
(770) 641-5100 (800) 521-2651

APPLICATION FOR DELTACARE® USA GROUP DENTAL SERVICE CONTRACT

The undersigned client ("Applicant") hereby applies for a DeltaCare USA GROUP DENTAL SERVICE CONTRACT with DELTA DENTAL INSURANCE COMPANY ("Delta Dental") on the following terms:

- I. Applicant hereby authorizes Delta Dental to furnish the dental Benefits described in the attached Contract, subject to all of the terms and conditions of the Contract.
- II. Applicant agrees to pay to Delta Dental, in advance, the Premium specified in *Schedule C* to the Contract.
- III. Upon acceptance of this Application by Delta Dental, and payment of the initial Premium, the Contract shall be effective at 12:01 a.m., on the Effective Date shown on *Schedule C* and the Contract shall continue until terminated as provided. Payment of Premiums constitutes acceptance of the terms and conditions of this Contract.
- IV. Applicant agrees to receive, on behalf of Enrollees, all applicable notices concerning Benefits under this Contract.
- V. Unless such task has been delegated to Delta Dental, or to a third party, Applicant agrees to make available to Eligible Employees or Enrollees any disclosure statement, or other notices concerning Benefits required to be furnished by Delta Dental.

(Date)

78509

(Group Number)

City of Tallahassee

(Applicant)

300 South Adams Street, Box A-14, Tallahassee, FL 32301

(Applicant Address)

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

By: _____
(Authorized Signature)

(Licensed Registered Agent)

DELTA DENTAL INSURANCE COMPANY

1130 Sanctuary Parkway, Suite 600
Alpharetta, Georgia 30009
(770) 641-5100 (800) 521-2651

DeltaCare® USA GROUP DENTAL SERVICE CONTRACT

NOTICE: THE PREMIUMS PAYABLE UNDER THIS CONTRACT ARE SUBJECT TO INCREASE UPON RENEWAL AFTER THE END OF THE INITIAL CONTRACT TERM OR ANY SUBSEQUENT CONTRACT TERM.

Delta Dental provides Benefits as a Prepaid Limited Health Service Organization, as described in Section 636 of the Florida Statutes.

IN CONSIDERATION of the Application, a copy of which is attached hereto and made a part of this DeltaCare USA GROUP DENTAL SERVICE CONTRACT ("Contract") and IN CONSIDERATION of payment of the required Premiums, DELTA DENTAL INSURANCE COMPANY ("Delta Dental") agrees to provide the Benefits described for the Contract Term shown on *Schedule C* and from year to year thereafter, unless this Contract is terminated as provided. Premiums are payable in advance of the Effective Date and thereafter as provided. This Contract is issued and delivered in the State of Florida, is governed by the laws thereof, and is subject to the terms and conditions recited on the following pages.

Benefits for preexisting conditions (e.g. missing teeth) are covered under the DeltaCare USA Program. However, Benefits are not provided for dental treatment in progress at inception of eligibility in this Program. Refer to Exclusion of Benefits #13.

IN WITNESS WHEREOF, Delta Dental has caused this Contract to be executed on:

Date: November 7, 2014

DELTA DENTAL INSURANCE COMPANY



Anthony S. Barth
President

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ARTICLE 1. DEFINITIONS

As used in this Contract:

- 1.01 “Administrator” means Delta Dental Insurance Company (“Delta Dental”) or other entity designated by Delta Dental, operating as an Administrator in the state of Florida. Administrative functions described throughout this Contract may be performed by the Administrator, as designated by Delta Dental. The mailing address for Delta Dental is P.O. Box 1803, Alpharetta, GA, 30023. The Administrator will answer calls directed to (800) 422-4234.
- 1.02 “Applicant” means the client (employer or other organization) contracting to obtain dental Benefits for Eligible Employees.
- 1.03 “Benefits” mean those dental services which are provided under the terms of this Contract as specified in *Article 4* and *Schedule A*.
- 1.04 “Contract” means this agreement between Delta Dental and Applicant, including the Application for this Contract, the attached schedules, and any appendices, endorsements or riders. This Contract constitutes the entire agreement between the parties.
- 1.05 “Contract Dentist” means a Dentist who provides services in general dentistry and who has agreed to provide Benefits to Enrollees under this Contract.
- 1.06 “Contract Orthodontist” means a Dentist who specializes in orthodontics, and who has agreed to provide Benefits to Enrollees under this Contract.
- 1.07 “Contract Specialist” means a Dentist who provides Specialist Services and who has agreed to provide Benefits to Enrollees under this Contract.
- 1.08 “Contract Term” means each period commencing and terminating on the dates shown on *Schedule C*, and each yearly period thereafter during which this Contract remains in effect.
- 1.09 “Copayment” means the amount charged to an Enrollee by a Dentist for the Benefits provided under this Contract.
- 1.10 “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.
- 1.11 “Domestic Partner” means a person who, together with the Eligible Employee, has affirmed a domestic partnership through an Affidavit of Domestic Partnership filed with the Applicant.
- 1.12 “Effective Date” means the date this Contract becomes effective as provided in *Schedule C*.
- 1.13 “Eligibility Date” means the date upon which an Eligible Person’s eligibility for Benefits becomes effective under this Contract.
- 1.14 “Eligible Dependent” means any of the dependents of an Eligible Employee who are eligible to enroll for Benefits and who meet the conditions of eligibility outlined in *Article 2*.

- 1.15 “Eligible Employee” means any employee or member who meet the conditions of eligibility outlined in *Article 2*.
- 1.16 “Eligible Person” means an Eligible Employee or Eligible Dependent.
- 1.17 “Emergency Services” mean only those dental services immediately required for alleviation of severe pain, swelling or bleeding, or immediately required to avoid placing the patient’s health in serious jeopardy.
- 1.18 “Enrollee” means an Eligible Employee (“Primary Enrollee”) or an Eligible Dependent (“Dependent Enrollee”) enrolled to receive Benefits.
- 1.19 “Open Enrollment Period” means the period preceding the date of commencement of the Contract Term or the 30-day period immediately preceding the annual anniversary of the commencement of the Contract Term or a period as otherwise requested by the Applicant and agreed to by Delta Dental
- 1.20 “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 this Contract.
- 1.21 “Preauthorization” means the process by which Delta Dental determines if a procedure or treatment is a referable Benefit under the Enrollee’s plan.
- 1.22 “Premium” means payments by Applicant as provided in *Article 3* and in amounts stated in *Schedule C*.
- 1.23 “Specialist Services” mean services performed by a Dentist who specializes in the practice of oral surgery, endodontics, periodontics or pediatric dentistry and which must be preauthorized by Delta Dental.

ARTICLE 2. ELIGIBILITY, ENROLLMENT AND CANCELLATION OF ENROLLMENT

2.01 Eligible Employees are those employees or group members described *in Schedule C*. New employees shall become eligible for coverage as specified in *Schedule C*.

Eligible Dependents become eligible on:

- 1) the date the Eligible Employee is eligible for coverage;
- 2) as soon as an Eligible Dependent becomes the dependent of an Eligible Employee, 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) or Domestic Partner (until such partnership is terminated by either or both parties);
- 2) unmarried children from birth up to age 26; and dependent grandchildren until age 18 months;
- 3) unmarried children from birth to the end of the calendar year in which they turn age 26 if:
 - a) they are supported by the Eligible Employee, and
 - b) they either live in the Eligible Employee's household, or
 - c) they are enrolled as full-time or part-time students in an accredited school.

Children include natural children, children of a covered family member, stepchildren, adopted children, foster children and children of a Domestic Partner provided all such children are dependent on the Eligible Employee for support. Newborn children (including newborn children of a covered family member and newborn adopted children) are covered from and after the moment of birth. With the exception of newborn adopted children, notice of birth must be received within 31 days after the date of birth for coverage to continue beyond 31 days. Foster and adopted children (other than newborns) are eligible from and after the moment the child is placed in the physical custody of the Eligible Employee.

An unmarried dependent child may continue eligibility if:

- a) he or she is incapable of self-support because of a mental or physical disability that began prior to reaching the limiting age;
- b) he or she is chiefly dependent on the Eligible Employee for support; and
- c) 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 age 26. Eligibility will continue as long as the dependent relies on the Eligible Employee 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 eligibility of an Eligible Employee or Eligible Dependent.

2.02 Eligible Employees must complete the enrollment process during the Open Enrollment Period in order to receive Benefits and for their Eligible Dependents to receive Benefits. Persons not originally eligible during the Open Enrollment Period may be enrolled immediately upon attainment of dependent status. Subject to cancellation as provided under this Contract, enrollment of Eligible Employees and any Eligible Dependents is for a minimum period of one year.

On or prior to the first day of every month, Applicant shall compile and furnish to Delta Dental the names of all Primary Enrollees showing their identification numbers and, if applicable, location codes and all Dependent Enrollees. Enrollee names must be presented in a format acceptable to Delta Dental. Delta Dental shall be obligated to provide Benefits only to Primary Enrollees and their Dependent Enrollees who have been reported by the Applicant. The appropriate Premium must be paid pursuant to *Article 3* and *Schedule C* of this Contract for the period in which covered dental services are provided.

2.03 Subject to any rights provided under *Section 2.04*, *Section 2.05* and *Article 9*, an Eligible Employee's or Eligible Dependent's enrollment under this Contract may be canceled, or renewal of enrollment refused, in the following events:

- 1) Immediately
 - a) upon loss of eligibility as described in this Contract; or
 - b) if the Premiums are not paid by or on behalf of the Enrollee on the date due, or within the 30-day Premium grace period. The Enrollee may continue to receive Benefits during the 30-day grace period and may be reinstated during the term of this Contract upon payment of any unpaid Premium. If coverage is not reinstated, the Enrollee will be responsible for the cost of services received during the 30-day grace period; or
 - c) if the Contract is terminated or not renewed;
- 2) Upon 45 days written notice if
 - a) the Enrollee's behavior is disruptive, unruly, abusive, unlawful, fraudulent, or uncooperative to the extent that the Enrollee's continuing participation seriously impairs Delta Dental's ability to provide services to other Enrollees;
 - b) the Enrollee commits fraud or misrepresentation in applying for or presenting any claim for Benefits under this Contract;
 - c) the Enrollee misuses the documents provided as evidence of Benefits available under this Contract; or
 - d) the Enrollee furnishes incorrect or incomplete information to Delta Dental in order to fraudulently obtain services.

Prior to cancellation, Delta Dental will make every effort to resolve problems through the grievance procedures and will determine that the Enrollee's behavior is not due to the use of the services or mental illness.

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

2.04 Extension of Benefits

- (a) Benefits will continue to be provided for dental services provided to a patient who is totally disabled when coverage ends, if:
 - (i) The Dentist recommends the services to the patient in writing, and the services began, while coverage was in effect.
 - (ii) The services are not for routine examinations, prophylaxis, x-rays, sealants, or orthodontic services.
 - (iii) The services are provided within 90 days after the patient's coverage ended, and the coverage did not end because the patient (or, in the case of a dependent child, the child's parent) voluntarily terminated coverage.

- (b) The extension of Benefits ends at the earlier of:
 - (i) the end of the 90-day period in (a) (iii) above; or
 - (ii) the day the patient becomes covered under another contract which does not exclude benefits for the procedure because of an elimination period or limitations.
- (c) All limitations and exclusions in this Contract will continue to apply during the extension.

2.05 Conversion Privilege

A person who has been continuously covered under the Contract for at least three months, and who loses that coverage, may convert to individual coverage within 31 days after losing the coverage without providing evidence of insurability. The person must pay Premium at individual rates.

However, a person may not convert to individual coverage if the lost coverage is replaced by similar coverage within 31 days, or if the person lost coverage because he or she:

- (a) did not pay any required Premium or contribution;
- (b) committed fraud or material misrepresentation in applying for coverage;
- (c) willfully and knowingly misused the Contract identification or member certificate;
- (d) willfully and knowingly gave incorrect or incomplete information to fraudulently obtain coverage;
- (e) left the geographic service area and does not intend to live there in the future; or
- (f) acted in a way that was so disruptive, unruly, abusive, or uncooperative that continuing the coverage would prevent Delta Dental from providing proper services to that person or to any other patients. However, before Delta Dental cancels an Enrollee's coverage it will try to resolve the problem through the grievance procedures and will make sure that the person's behavior is not caused by the services provided or mental illness.

ARTICLE 3. PREMIUM AND COPAYMENTS

- 3.01 In accordance with *Schedule C*, Applicant agrees to collect Premiums by means of payroll deductions for Primary Enrollees and Dependent Enrollees voluntarily enrolled for Benefits under this Contract. Applicant shall remit one check each period as required by *Schedule C*. Should an Enrollee 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 the Enrollee shall be re-enrolled.
- 3.02 This Contract shall not be in effect until initial Premiums are received. Benefits shall not be provided unless subsequent Premiums are received in accordance with this Contract.
- 3.03 Upon 120 days' written notice, Delta Dental may change the amount of Premiums whenever the terms of this Contract are changed by amendment or Delta Dental's liability is changed by law or regulation. However, in the absence of an amendment mutually agreed upon between Applicant and Delta Dental or such a change in liability, no change in the Premiums shall become effective within a Contract Term except as provided in *Section 3.04*.
- 3.04 If during a Contract Term, any new tax is imposed on Delta Dental by any government agency on the amount of Premiums payable under this Contract or the number of persons covered, or if the rate of an existing tax on the amount of Premiums or the number of persons covered is increased, the Premiums stated in *Schedule C* may be increased by the amount of any such new tax or increased taxes upon 60 days' written notice.
- 3.05 Upon discovery of clerical errors made by Delta Dental with respect to enrollment data for an Enrollee, Premiums may be adjusted back to the Enrollee's enrollment date.
- 3.06 Upon discovery of clerical errors made by the Applicant with respect to enrollment data, the amount of credit which may be taken with respect to an Enrollee shall not exceed the Premiums for the current month in which Premiums are due, plus two months of retroactive Premiums. In addition, the total amount of credit which may be taken on any due date shall not exceed 10% of the billed amount for that due date.
- 3.07 Enrollees are required to pay any Copayments listed in *Schedule A* directly to the Dentist. 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 emergency visits after normal visiting hours are also shown on *Schedule A*.
- 3.08 In the event of cancellation of enrollment by Delta Dental, Delta Dental shall return to Applicant the pro rata portion of the Premiums paid to Delta Dental which corresponds to any unexpired period for which payment had been received, together with any amounts due on claims, if any, less any amounts owed to Delta Dental. This provision does not apply if the Enrollee engaged in fraud or deception in obtaining Benefits from Delta Dental or knowingly permitted such fraud or deception by another.

ARTICLE 4. BENEFITS, LIMITATIONS AND EXCLUSIONS

- 4.01 Delta Dental shall provide the Benefits in *Schedule A*, subject to the limitations and exclusions in *Schedule B*. Benefits are available to each Enrollee on the Eligibility Date.
- 4.02 Delta Dental shall provide Contract Dentists at convenient locations during the term of this Contract. A list of Contract Dentists shall be furnished to all Primary Enrollees. Enrollees may select any Contract Dentist whose name is on said list at the time of enrollment. Enrollees in the same family may collectively select no more than three Contract Dentist facilities. If an Enrollee fails to select a Contract Dentist or the Contract Dentist selected becomes unavailable, Delta Dental shall request the selection of another Contract Dentist or shall assign that Enrollee to another Contract Dentist. An Enrollee may make a change to any other Contract Dentist by directing a request to the Customer Service department at (800) 422-4234 prior to the 21st day of the month. The change will become effective on the first day of the following month.
- 4.03 All services which are Benefits shall be rendered at the Contract Dentist's facility selected by the Enrollee. Delta Dental relies on the professional judgment of the general Dentist to diagnose the appropriate efficient and prudent solution to the Enrollee's dental needs based on the plan Benefits. A Contract Dentist may provide services either personally, or through associated Dentists, or the other technicians or hygienists who may lawfully perform the services. Delta Dental shall have no obligation or liability with respect to services rendered by out-of-network Dentists, with the exception of Emergency Services as provided in *Section 4.04*, or Specialist Services recommended by a Contract Dentist, and preauthorized by Delta Dental. All preauthorized Specialist Services claims will be paid by Delta Dental less any applicable Copayments.
- 4.04 The Enrollee should contact the assigned Contract Dentist for Emergency Services for covered dental procedures whenever possible. If the Enrollee is unable to reach their Contract Dentist for Emergency Services, the Enrollee may call Customer Service at (800) 422-4234 for assistance in obtaining urgent care. During non-business hours or if the Enrollee requires Emergency Services and is 35 miles or more from his or her assigned Contract Dentist, the Enrollee may seek treatment from a Dentist other than their 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. The Enrollee is responsible for the Copayment(s) as well as any charges over the \$100.00 benefit maximum.
- Emergency dental care shall be limited to palliative treatment for the elimination of dental pain. Further treatment must be obtained from the assigned Contract Dentist.
- 4.05 Claims for covered Emergency Services or preauthorized Specialist Services must be sent to Delta Dental within 90 days of the end of treatment. Valid claims received after the 90-day period will be reviewed if the Enrollee can show that it was not reasonably possible to submit the claim within that time. Except in the absence of legal capacity of the claimant, all claims must be received within one year of the treatment date.

- 4.06 In the event Delta Dental fails to pay a Contract Dentist or Contract Specialist, the Enrollee will not be liable to that Dentist for any sums owed by Delta Dental. By statute, the DeltaCare USA provider contract contains a provision prohibiting a Contract Dentist or Contract Specialist from charging an Enrollee for any sums owed by Delta Dental.
- Except for provisions in *Section 4.04*, if the Enrollee has not received Preauthorization for treatment from an out-of-network Dentist, and Delta Dental fails to pay that out-of-network Dentist, the Enrollee may be liable to that Dentist for the cost of services.
- 4.07 Upon termination of a Contract Dentist's agreement, Delta Dental shall be liable for Benefits for the completion of treatment for single procedures begun prior to the termination of the agreement. The terminating 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).
- If for any reason the Contract Dentist is unable to complete treatment, Delta Dental shall make reasonable and appropriate provisions for the completion of such treatment by another Contract Dentist.
- 4.08 In the absence of an amendment mutually agreed upon between Applicant and Delta Dental, no change in Benefits shall be made during a Contract Term.
- 4.09 All Benefits shall terminate for any Enrollee as of the date that this Contract is terminated, such person ceases to be eligible under the terms of this Contract, or such person's enrollment is cancelled under this Contract. Delta Dental shall not be obligated to continue to provide Benefits to any such person in such event, except for completion of single procedures commenced while this Contract was in effect.

ARTICLE 5. COORDINATION OF BENEFITS

- 5.01 This Contract provides Benefits without regard to coverage by any other group insurance policy or any other group health benefits program if the other policy or program covers services or expenses in addition to dental care. Otherwise, Benefits provided under this Contract by specialists or out-of-network Dentists are coordinated with such other group dental insurance policy or any group dental benefits program.
- 5.02 When Benefits are coordinated with another group insurance policy or group health benefits program, the determination of which policy or program is primary shall be governed by the following rules:
- (a) The policy or program covering the Enrollee as other than a dependent shall be primary over the policy or program covering the Enrollee as a dependent.
 - (b) The policy or program covering a child as a dependent of a parent whose birthday occurs earlier in a calendar year shall be primary over the policy or program covering a child as a dependent of a parent whose birthday occurs later in a calendar year (except for a dependent child whose parents are separated or divorced as described in (c) below). If both parents have the same birthday, the plan that covered either of the parents longer is primary.
 - (c) In the case of a dependent child whose parents are legally separated or divorced:
 - (i) If the parent with custody has not remarried, the policy or program covering the child as a dependent of the parent with custody shall be primary over the policy or program covering the child as a dependent of the parent without custody.
 - (ii) If the parent with custody has remarried, the policy or program covering the child as a dependent of the parent with custody shall be primary over the policy or program covering the child as a dependent of the step-parent, and the policy or program covering the child as a dependent of the step-parent shall be primary over the policy or program covering the child as a dependent of the parent without custody.
 - (iii) If there is a court decree that establishes financial responsibility for dental services which are Benefits under this program, and if the plan with responsibility for payment has actual knowledge of the existence of the court decree, notwithstanding (c) (i) and (ii), the policy or program covering the child as a dependent of the parent with such financial responsibility shall be primary over any other policy or program covering the child.
 - (d) If the primary policy or program cannot be determined by the rules described in (a), (b) or (c), the policy or program which has covered the Enrollee for a longer period of time shall be primary, with the following exception: A policy or program covering the Enrollee as a laid-off or retired employee or the dependent of a laid-off or retired employee shall not be primary under this rule d) over a policy or program covering the Enrollee as an employee or the dependent of an employee. However, if the provisions of the other policy or program do not include this exception, which results in benefits under neither being primary, then this exception will not apply.

5.03 When this plan is secondary, it may reduce its Benefits so that the total Benefits paid or provided by all plans during a claim determination period are not more than 100 percent of total Allowable Expenses. "Allowable Expense" is defined as a service or expense, including deductibles and copayments, that is covered at least in part by any of the plans covering the person.

If a covered person is enrolled in two or more closed panel plans and if, for any reason, including the provision of service by a non-panel provider, benefits are not payable by one closed panel plan, COB shall not apply between that plan and other closed panel plans.

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

ARTICLE 6. ENROLLEE COMPLAINT PROCEDURE

Informal Grievances

6.01 Delta Dental 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 an Enrollee has any complaint regarding eligibility, the denial of dental services or claims, the policies, procedures or operations of Delta Dental, the Administrator or the quality of dental services performed by a Contract Dentist, he or she may make an informal complaint by calling the Customer Service department, toll-free, at (800) 422-4234. A grievance is not considered formal until Delta Dental receives a written complaint.

Formal Grievances

6.02 Written complaints may be addressed to:

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

The 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 Applicant, and 4) the Dentist's name and facility location.

6.03 For complaints involving an adverse benefit determination (e.g. a denial, modification or termination of a requested benefit or claim) the Enrollee must file a request for review (a complaint) with Delta Dental within one year after receipt of the adverse determination. Delta Dental's 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, Delta Dental will provide the Enrollee 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, Delta Dental 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.

6.04 Within 10 business days of the receipt of any complaint (including adverse benefit determinations as described above), a quality management coordinator will forward to the complainant an acknowledgement of receipt of the complaint. Certain requests may require that the complainant be referred to a Dentist in their area for clinical evaluation of the dental services provided.

6.05 Delta Dental 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. In no event will the decision on the request for review be sent more than 90 days after Delta Dental receives it.

Appeal of Decision

- 6.06 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. Delta Dental shall undertake a full and fair review upon any request. Delta Dental may require additional documents as it deems necessary in making such a review. Delta Dental shall provide a written response to the complainant within 30 days after receipt of the appeal and supporting documentation or a written explanation if additional time is required to issue the decision.
- 6.07 An Enrollee who is dissatisfied with the decision may appeal in writing to the State of Florida Office of Insurance Regulation.
The State of Florida Office of Insurance Regulation may be contacted at any time, concerning any complaint or request for assistance, by writing to 200 East Gaines St., Tallahassee, FL 32399, or by calling the Office's toll-free consumer hotline: (800) 342-2762.
- 6.08 If the group health plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA), the Enrollee may contact the U.S. Department of Labor, Employee Benefits Security Administration (EBSA) for further review of the claim or if the Enrollee has questions about the rights under ERISA. The Enrollee 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.

ARTICLE 7. GENERAL PROVISIONS

- 7.01 The Contract, the Contract application, and any attached schedules, appendices, endorsements and riders, constitute the entire agreement between Delta Dental and Applicant. No agent has authority to amend this Contract or waive any of its provisions. No amendment to this Contract shall be valid unless approved by an executive officer of Delta Dental and evidenced by endorsements
- 7.02 If any portion of this Contract or any amendment thereof shall be determined by any arbitrator, court or other competent authority to be illegal, void or unenforceable, such determination shall not abrogate this Contract or any portion thereof other than such portion determined to be illegal, void or unenforceable, and all other portions of this Contract shall remain in full force and effect.
- 7.03 The parties agree that all questions regarding interpretation or enforcement of this Contract shall be governed by the laws of the State of Florida, where the Contract was entered into and is to be performed. Delta Dental is subject to the requirements of Section 636 of the Florida Statutes. Any provisions required to be in the Contract by either of the above shall bind Delta Dental whether or not provided in this Contract.
- 7.04 In the absence of fraud, all statements made by the Applicant or by an Enrollee will be deemed representations and not warranties. No such statement will be used in defense to a claim under this Contract unless it is contained in a written instrument signed by the Applicant or Enrollee, and a copy of that instrument has been furnished to the Applicant or Enrollee.
- 7.05 This Contract is not in lieu of and does not affect any requirements for coverage by Worker's Compensation Insurance.
- 7.06 Unless this task has been delegated to the Applicant or a third party, Delta Dental will issue to each Primary Enrollee, a certificate summarizing the Benefits to which each Enrollee is entitled. The certificate may not be assigned, and the Benefits may only be assigned to a Dentist who is treating the Enrollee. If any amendment to this Contract shall materially affect any provisions described in such certificate, new certificates or riders showing the change shall be issued. Any direct conflict between the certificate and this Contract shall be resolved according to the terms most favorable to the Enrollee.
- 7.07 Both parties to this Contract agree to consult to the extent reasonably practical concerning all material published or distributed relating to this Contract. No such material will be published or distributed which is contrary to the terms of this Contract.
- 7.08 The Applicant and Delta Dental will permit and encourage the professional relationship between Dentist and patient to be maintained without interference.
- 7.09 Applicant shall designate in writing a representative, for purposes of receiving notices under this Contract. Applicant may change its representative at any time, on 30-days notice to Delta Dental and the Administrator. Any notice under this Contract shall be sufficient if given by either the Applicant or Delta Dental to the other addressed as stated on the Application of this Contract, and shall be effective 48 hours after deposit in the United States mail with postage fully prepaid. Any notice required from Delta Dental or the Administrator to any Enrollee may be given to the Applicant's representative who shall disseminate such notice to Enrollees by next regular communication but in no event later than 30 days after receipt thereof.

7.10 Both parties to this Contract shall comply in all respects with all applicable federal, state and local laws and regulations relating to administrative simplification, security, and privacy of individually identifiable Enrollee information. Both parties agree that this Contract may be amended as necessary to comply with federal regulations issued under the Health Insurance Portability and Accountability Act of 1996 or to comply with any other enacted administrative simplification, security or privacy laws or regulations.

ARTICLE 8. TERMINATION AND RENEWAL

- 8.01 This Contract may be terminated by Delta Dental upon Applicant's failure (i) to furnish Delta Dental with the names of eligible Enrollees as required by *Article 2*, or (ii) to pay Premiums in the amount and manner required by *Article 3* and subject to the grace period noted in *Section 8.05* below, provided Applicant has been notified of such failure and, except for non-payment of Premium, at least 45 days have elapsed since such notification.
- 8.02 Delta Dental may terminate this Contract upon 60 days written notice in the event the minimum enrollment of three Primary Enrollees is not maintained in three consecutive months at any time during a Contract Term.
- 8.03 Termination at the end of a Contract Term, for any reason, shall be by at least 60 days advance written notice of termination by certified mail given by the party desiring to terminate to the other party.
- If termination is initiated by Delta Dental, it will be without prejudice to any continuous loss which commenced while this Contract was in force.
- In the event that Delta Dental shall desire to change Premiums or Benefits effective at the end of any Contract Term, advice of such changes will be given to Applicant upon at least 120 days written notice. Such notice shall renew the Contract for another Contract Term at the rates and with the coverage as stated in the notice unless Applicant provides written notification to Delta Dental by certified mail on or before the date stated in the notice that Applicant does not choose to renew.
- 8.04 Acceptance by Delta Dental of the proper Premiums after termination of this Contract and without requiring a new application, shall reinstate this Contract as though it had never terminated, unless Delta Dental shall, within 20 business days of receipt of such payment, either 1) refuse the payment so made, or 2) issue to Applicant a new Contract accompanied by written notice stating clearly those respects in which the new Contract differs from this terminated Contract in Benefits, coverage or otherwise.
- 8.05 This Contract will terminate at midnight of the last day of the period for which Applicant has paid Premium to Delta Dental, except as provided in the grace period below:
- Grace Period: This Contract has a 30-day grace period. This provision means that, if any required Premium is not paid on or before the date it is due, it may be paid subsequently during the grace period. During the grace period, the Contract will stay in force.

ARTICLE 9. OPTIONAL CONTINUATION OF COVERAGE

9.01 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”. The Enrollee may be entitled to continue coverage under this plan, *at his or her expense*, if certain conditions are met. The period of continued coverage depends on the Qualifying Event.

9.02 DEFINITIONS

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

Qualified Beneficiary means:

1. Enrollees who are enrolled in the Delta Dental plan on the day before the Qualifying Event, or
2. a child who is born to or placed for adoption with the Primary Enrollee 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 the Primary Enrollee’s employer;
- Event 2. the Primary Enrollee’s death;
- Event 3. the Primary Enrollee’s divorce or legal separation from his or her spouse;
- Event 4. a dependent’s loss of dependent status under the plan; and
- Event 5. as to dependents only, the Primary Enrollee’s entitlement to Medicare.

9.03 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 of the month that begins more than 30 days after the date of the final determination that the disabled individual is no longer disabled. The Primary Enrollee must notify his or her employer within 30 days of any such determination.

If, during the 18 months continuation period resulting from Qualifying Event 1, 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).

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.

9.04 ELECTION OF CONTINUED COVERAGE

The Primary Enrollee's employer shall notify Delta Dental 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.

9.05 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.

9.06 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 Delta Dental within 30 days of the occurrence of any of the above events. Once coverage ends, it cannot be reinstated.

9.07 TERMINATION OF THE EMPLOYER'S DENTAL CONTRACT

If the dental contract between the employer and Delta Dental 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 Delta Dental 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.

9.08 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 Delta Dental plan.

ARTICLE 10. ATTACHMENTS

The following documents are part of this Contract:

Schedule A - Description of Benefits and Copayments

Schedule B - Limitations and Exclusions of Benefits

Schedule C - Group Variables and Premiums

Appendix A - Group Numbers

SCHEDULE A
DESCRIPTION OF BENEFITS AND COPAYMENTS

REFER TO APPENDED SCHEDULES

SCHEDULE B
LIMITATIONS AND EXCLUSIONS OF BENEFITS

REFER TO APPENDED SCHEDULES

SCHEDULE C

GROUP VARIABLES AND PREMIUMS

- A. Client Name: City of Tallahassee
- B. Group Number: 78509 (See Appendix)
- C. Effective Date: January 1, 2015
- D. Contract Term: 24 Months
- E. Eligible Present Employees: As defined by the Applicant.
Eligible New Employees: As defined by the Applicant.
- F. Premiums per Month:
- | | | |
|---|-------|---------|
| Plan Type: | FL12B | |
| Florida Primary Enrollee: | | \$17.94 |
| Florida Primary Enrollee Plus
One Dependent Enrollee: | | \$34.10 |
| Florida Primary Enrollee Plus
Two or More Dependent Enrollees: | | \$45.04 |
- G. Remit Premium Payment to: Attn: Accounts Receivable
Delta Dental Insurance Company
P.O. Box 677006
Dallas, TX 75267-7006
- H. Wash Language: Employees added on or prior to the 15th of the month are payable for that month; employees added after the 15th of the month are not payable for that month. Terminations received prior to the 16th of the month are not payable for that month; terminations received on or after the 16th of the month are payable for that month.

APPENDIX A

<u>Division ID</u>	<u>Division Name</u>
00001	City of Tallahassee
08001	City of Tallahassee
09001	City of Tallahassee

SCHEDULE A

Description of Benefits and Copayments

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

Text that appears in italics below is specifically intended to clarify the delivery of benefits under the DeltaCare USA program and is not to be interpreted as CDT-2015 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association. The American Dental Association may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

<u>CODE</u>	<u>DESCRIPTION</u>	<u>ENROLLEE PAYS</u>
D0100-D0999 I. DIAGNOSTIC		
D0120	Periodic oral evaluation - established patient	No Cost
D0140	Limited oral evaluation - problem focused	No Cost
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	\$5.00
D0180	Comprehensive periodontal evaluation - new or established patient	No Cost
D0190	Screening of a patient	No Cost
D0191	Assessment of a patient	No Cost
D0210	Intraoral - complete series of radiographic images - <i>limited to 1 series every 24 months</i>	No Cost
D0220	Intraoral - periapical first radiographic image	No Cost
D0230	Intraoral - periapical each additional radiographic image	No Cost
D0240	Intraoral - occlusal radiographic image	No Cost
D0250	Extraoral - first radiographic image	No Cost
D0260	Extraoral - each additional radiographic image	No Cost
D0270	Bitewing - single radiographic image	No Cost
D0272	Bitewings - two radiographic images	No Cost
D0273	Bitewings three radiographic images	No Cost
D0274	Bitewings - four radiographic images - <i>limited to 1 series every 6 months</i>	No Cost
D0277	Vertical bitewings - 7 to 8 radiographic images	No Cost
D0330	Panoramic radiographic image	No Cost
D0415	Collection of microorganisms for culture and sensitivity	No Cost
D0425	Caries susceptibility tests	No Cost
D0460	Pulp vitality tests	No Cost
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 - <i>limited to children age 3 to 19, 1 every 3 years</i>	No Cost
D0602	Caries risk assessment and documentation, with a finding of moderate risk - <i>limited to children age 3 to 19, 1 every 3 years</i>	No Cost
D0603	Caries risk assessment and documentation, with a finding of high risk - <i>limited to children age 3 to 19, 1 every 3 years</i>	No Cost
D0999	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit (in addition to other services)</i>	\$5.00

D1000-D1999 II. PREVENTIVE

D1110	Prophylaxis <i>cleaning</i> - adult - <i>1 per 6 month period</i>	No Cost
D1110	<i>Additional prophylaxis cleaning</i> - adult (<i>within the 6 month period</i>)	\$45.00
D1120	Prophylaxis <i>cleaning</i> - child - <i>1 per 6 month period</i>	No Cost
D1120	<i>Additional prophylaxis cleaning</i> - child (<i>within the 6 month period</i>)	\$35.00
D1206	Topical application of fluoride varnish - <i>child to age 19; 1 D1206 or D1208 per 6 month period</i>	No Cost
D1208	Topical application of fluoride - excluding varnish - <i>child to age 19; 1 D1206 or D1208 per 6 month period</i>	No Cost
D1310	Nutritional counseling for control of dental disease	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth - <i>limited to permanent molars through age 15</i>	\$10.00
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - <i>limited to permanent molars through age 15</i>	\$10.00
D1353	Sealant repair - per tooth - <i>limited to permanent molars through age 15</i>	\$10.00
D1510	Space maintainer - fixed - unilateral	\$35.00
D1515	Space maintainer - fixed - bilateral	\$35.00
D1520	Space maintainer - removable - unilateral	\$35.00
D1525	Space maintainer - removable - bilateral	\$35.00
D1550	Re-cement or re-bond space maintainer	No Cost
D1555	Removal of fixed space maintainer	No Cost

D2000-D2999 III. RESTORATIVE

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

- When there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100.00 per crown, beyond the 6th unit.

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

D2140	Amalgam - one surface, primary or permanent	\$5.00
D2150	Amalgam - two surfaces, primary or permanent	\$10.00
D2160	Amalgam - three surfaces, primary or permanent	\$15.00
D2161	Amalgam - four or more surfaces, primary or permanent	\$20.00
D2330	Resin-based composite - one surface, anterior	\$22.00
D2331	Resin-based composite - two surfaces, anterior	\$26.00
D2332	Resin-based composite - three surfaces, anterior	\$28.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior) .	\$40.00
D2390	Resin-based composite crown, anterior	\$50.00
D2391	Resin-based composite - one surface, posterior	\$65.00
D2392	Resin-based composite - two surfaces, posterior	\$75.00
D2393	Resin-based composite - three surfaces, posterior	\$85.00

D2394	Resin-based composite - four or more surfaces, posterior	\$95.00
D2510	Inlay - metallic - one surface	\$45.00
D2520	Inlay - metallic - two surfaces	\$50.00
D2530	Inlay - metallic - three or more surfaces	\$55.00
D2542	Onlay - metallic - two surfaces	\$55.00
D2543	Onlay - metallic - three surfaces	\$60.00
D2544	Onlay - metallic - four or more surfaces	\$65.00
D2610	Inlay - porcelain/ceramic - one surface	\$215.00
D2620	Inlay - porcelain/ceramic - two surfaces	\$245.00
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$260.00
D2642	Onlay - porcelain/ceramic - two surfaces	\$240.00
D2643	Onlay - porcelain/ceramic - three surfaces	\$270.00
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$285.00
D2650	Inlay - resin-based composite - one surface	\$135.00
D2651	Inlay - resin-based composite - two surfaces	\$155.00
D2652	Inlay - resin-based composite - three or more surfaces	\$185.00
D2662	Onlay - resin-based composite - two surfaces	\$180.00
D2663	Onlay - resin-based composite - three surfaces	\$200.00
D2664	Onlay - resin-based composite - four or more surfaces	\$235.00
D2710	Crown - resin-based composite (indirect)	\$85.00
D2712	Crown - $\frac{3}{4}$ resin-based composite (indirect)	\$85.00
D2720	Crown - resin with high noble metal	\$245.00
D2721	Crown - resin with predominantly base metal	\$145.00
D2722	Crown - resin with noble metal	\$185.00
D2740	Crown - porcelain/ceramic substrate	\$295.00
D2750	Crown - porcelain fused to high noble metal	\$295.00
D2751	Crown - porcelain fused to predominantly base metal	\$195.00
D2752	Crown - porcelain fused to noble metal	\$235.00
D2780	Crown - $\frac{3}{4}$ cast high noble metal	\$260.00
D2781	Crown - $\frac{3}{4}$ cast predominantly base metal	\$160.00
D2782	Crown - $\frac{3}{4}$ cast noble metal	\$200.00
D2783	Crown - $\frac{3}{4}$ porcelain/ceramic	\$295.00
D2790	Crown - full cast high noble metal	\$260.00
D2791	Crown - full cast predominantly base metal	\$160.00
D2792	Crown - full cast noble metal	\$200.00
D2794	Crown - titanium	\$295.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$10.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$10.00
D2920	Re-cement or re-bond crown	\$10.00
D2921	Reattachment of tooth fragment, incisal edge or cusp (<i>anterior</i>)	\$40.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth - <i>anterior primary tooth</i>	\$30.00
D2930	Prefabricated stainless steel crown - primary tooth	\$25.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$25.00
D2932	Prefabricated resin crown - <i>anterior primary tooth</i>	\$35.00
D2933	Prefabricated stainless steel crown with resin window - <i>anterior primary tooth</i>	\$30.00
D2940	Protective restoration	\$10.00
D2941	Interim therapeutic restoration - primary dentition	\$10.00
D2949	Restorative foundation for an indirect restoration	\$20.00
D2950	Core buildup, including any pins when required	\$20.00
D2951	Pin retention - per tooth, in addition to restoration	\$15.00
D2952	Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i>	\$60.00

D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i>	\$45.00
D2954	Prefabricated post and core in addition to crown - <i>base metal post; includes canal preparation</i>	\$45.00
D2957	Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i>	\$35.00
D2970	Temporary crown (fractured tooth) - <i>palliative treatment only</i>	\$10.00
D2971	Additional procedures to construct new crown under existing partial denture framework	\$39.00
D2980	Crown repair necessitated by restorative material failure	\$20.00
D2981	Inlay repair necessitated by restorative material failure	\$20.00
D2982	Onlay repair necessitated by restorative material failure	\$20.00
D2983	Veneer repair necessitated by restorative material failure	\$20.00
D2990	Resin infiltration of incipient smooth surface lesions - <i>limited to permanent molars through age 15</i>	\$10.00

D3000-D3999 IV. ENDODONTICS

D3110	Pulp cap - direct (excluding final restoration)	No Cost
D3120	Pulp cap - indirect (excluding final restoration)	No Cost
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$15.00
D3221	Pulpal debridement, primary and permanent teeth	\$20.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$15.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$30.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$30.00
D3310	<i>Root canal</i> - endodontic therapy, anterior tooth (excluding final restoration)	\$85.00
D3320	<i>Root canal</i> - endodontic therapy, bicuspid tooth (excluding final restoration)	\$150.00
D3330	<i>Root canal</i> - endodontic therapy, molar (excluding final restoration)	\$280.00
D3331	Treatment of root canal obstruction; non-surgical access	\$85.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$85.00
D3333	Internal root repair of perforation defects	\$85.00
D3346	Retreatment of previous root canal therapy - anterior	\$115.00
D3347	Retreatment of previous root canal therapy - bicuspid	\$180.00
D3348	Retreatment of previous root canal therapy - molar	\$310.00
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$80.00
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$55.00
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$55.00
D3410	Apicoectomy - anterior	\$90.00
D3421	Apicoectomy - bicuspid (first root)	\$100.00
D3425	Apicoectomy - molar (first root)	\$110.00
D3426	Apicoectomy (each additional root)	\$65.00
D3427	Periradicular surgery without apicoectomy	\$90.00
D3430	Retrograde filling - per root	\$60.00
D3450	Root amputation - per root	No Cost
D3920	Hemisection (including any root removal), not including root canal therapy	\$40.00

D4000-D4999 V. PERIODONTICS

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

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$135.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$80.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth .	\$80.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$135.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$80.00
D4245	Apically positioned flap	\$130.00
D4249	Clinical crown lengthening - hard tissue	\$125.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$300.00
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 - first site in quadrant	\$215.00
D4264	Bone replacement graft - each additional site in quadrant	\$80.00
D4270	Pedicle soft tissue graft procedure	\$215.00
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$50.00
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	\$215.00
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	\$215.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	\$40.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	\$30.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis - <i>limited to 1 treatment in any 12 consecutive months</i>	\$40.00
D4910	Periodontal maintenance - <i>limited to 1 treatment each 6 month period</i>	\$30.00
D4910	<i>Additional periodontal maintenance (within the 6 month period)</i>	\$55.00
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	\$215.00
D5120	Complete denture - mandibular	\$215.00
D5130	Immediate denture - maxillary	\$235.00
D5140	Immediate denture - mandibular	\$235.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$180.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$180.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$240.00

D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$240.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$290.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$290.00
D5410	Adjust complete denture - maxillary	\$10.00
D5411	Adjust complete denture - mandibular	\$10.00
D5421	Adjust partial denture - maxillary	\$10.00
D5422	Adjust partial denture - mandibular	\$10.00
D5510	Repair broken complete denture base	\$25.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$15.00
D5610	Repair resin denture base	\$25.00
D5620	Repair cast framework	\$25.00
D5630	Repair or replace broken clasp	\$25.00
D5640	Replace broken teeth - per tooth	\$15.00
D5650	Add tooth to existing partial denture	\$15.00
D5660	Add clasp to existing partial denture	\$15.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$150.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$150.00
D5710	Rebase complete maxillary denture	\$70.00
D5711	Rebase complete mandibular denture	\$70.00
D5720	Rebase maxillary partial denture	\$70.00
D5721	Rebase mandibular partial denture	\$70.00
D5730	Reline complete maxillary denture (chairside)	\$35.00
D5731	Reline complete mandibular denture (chairside)	\$35.00
D5740	Reline maxillary partial denture (chairside)	\$35.00
D5741	Reline mandibular partial denture (chairside)	\$35.00
D5750	Reline complete maxillary denture (laboratory)	\$75.00
D5751	Reline complete mandibular denture (laboratory)	\$75.00
D5760	Reline maxillary partial denture (laboratory)	\$75.00
D5761	Reline mandibular partial denture (laboratory)	\$75.00
D5820	Interim partial denture (maxillary) - <i>limited to 1 in any 12 consecutive months</i>	\$90.00
D5821	Interim partial denture (mandibular) - <i>limited to 1 in any 12 consecutive months</i>	\$90.00
D5850	Tissue conditioning, maxillary	\$15.00
D5851	Tissue conditioning, mandibular	\$15.00

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES - Not Covered

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

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

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

D6210	Pontic - cast high noble metal	\$260.00
D6211	Pontic - cast predominantly base metal	\$160.00
D6212	Pontic - cast noble metal	\$200.00
D6240	Pontic - porcelain fused to high noble metal	\$295.00
D6241	Pontic - porcelain fused to predominantly base metal	\$195.00
D6242	Pontic - porcelain fused to noble metal	\$235.00
D6245	Pontic - porcelain/ceramic	\$295.00

D6250	Pontic - resin with high noble metal	\$245.00
D6251	Pontic - resin with predominantly base metal	\$145.00
D6252	Pontic - resin with noble metal	\$195.00
D6600	Inlay - porcelain/ceramic, two surfaces	\$245.00
D6601	Inlay - porcelain/ceramic, three or more surfaces	\$260.00
D6602	Inlay - cast high noble metal, two surfaces	\$150.00
D6603	Inlay - cast high noble metal, three or more surfaces	\$155.00
D6604	Inlay - cast predominantly base metal, two surfaces	\$50.00
D6605	Inlay - cast predominantly base metal, three or more surfaces	\$55.00
D6606	Inlay - cast noble metal, two surfaces	\$90.00
D6607	Inlay - cast noble metal, three or more surfaces	\$95.00
D6608	Onlay - porcelain/ceramic, two surfaces	\$240.00
D6609	Onlay - porcelain/ceramic, three or more surfaces	\$270.00
D6610	Onlay - cast high noble metal, two surfaces	\$155.00
D6611	Onlay - cast high noble metal, three or more surfaces	\$160.00
D6612	Onlay - cast predominantly base metal, two surfaces	\$55.00
D6613	Onlay - cast predominantly base metal, three or more surfaces	\$65.00
D6614	Onlay - cast noble metal, two surfaces	\$95.00
D6615	Onlay - cast noble metal, three or more surfaces	\$105.00
D6720	Crown - resin with high noble metal	\$245.00
D6721	Crown - resin with predominantly base metal	\$145.00
D6722	Crown - resin with noble metal	\$185.00
D6740	Crown - porcelain/ceramic	\$295.00
D6750	Crown - porcelain fused to high noble metal	\$295.00
D6751	Crown - porcelain fused to predominantly base metal	\$195.00
D6752	Crown - porcelain fused to noble metal	\$235.00
D6780	Crown - $\frac{3}{4}$ cast high noble metal	\$260.00
D6781	Crown - $\frac{3}{4}$ cast predominantly base metal	\$160.00
D6782	Crown - $\frac{3}{4}$ cast noble metal	\$200.00
D6783	Crown - $\frac{3}{4}$ porcelain/ceramic	\$295.00
D6790	Crown - full cast high noble metal	\$260.00
D6791	Crown - full cast predominantly base metal	\$160.00
D6792	Crown - full cast noble metal	\$200.00
D6930	Re-cement or re-bond fixed partial denture	\$15.00
D6940	Stress breaker	\$25.00
D6980	Fixed partial denture repair necessitated by restorative material failure	\$30.00

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

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

D7111	Extraction, coronal remnants - deciduous tooth	\$5.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$8.00
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$45.00
D7220	Removal of impacted tooth - soft tissue	\$55.00
D7230	Removal of impacted tooth - partially bony	\$75.00
D7240	Removal of impacted tooth - completely bony	\$95.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$115.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$25.00
D7251	Coronectomy - intentional partial tooth removal	\$115.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$95.00
D7280	Surgical access of an unerupted tooth	\$120.00
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$120.00
D7283	Placement of device to facilitate eruption of impacted tooth	No Cost

D7286	Incisional biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i>	\$25.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$50.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$50.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$70.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$70.00
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	No Cost
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	No Cost
D7471	Removal of lateral exostosis (maxilla or mandible)	\$25.00
D7472	Removal of torus palatinus	\$25.00
D7473	Removal of torus mandibularis	\$25.00
D7510	Incision and drainage of abscess - intraoral soft tissue	No Cost
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	No Cost
D7970	Excision of hyperplastic tissue - per arch	\$60.00
D7971	Excision of pericoronal gingiva	\$60.00

D8000-D8999 XI. ORTHODONTICS

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

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

Pre and post orthodontic records include:

	<i>The benefit for pre-treatment records and diagnostic services includes:</i>	\$200.00
D0210	Intraoral - complete series of radiographic images	
D0322	Tomographic survey	
D0330	Panoramic radiographic image	
D0340	Cephalometric radiographic image	
D0350	2D oral/facial photographic images obtained intraorally or extraorally	
D0351	3D photographic image	
D0470	Diagnostic casts	
	<i>The benefit for post-treatment records includes:</i>	\$70.00
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>	\$1,150.00
D8050	Interceptive orthodontic treatment of the primary dentition	\$950.00
D8060	Interceptive orthodontic treatment of the transitional dentition	\$950.00
D8070	Comprehensive orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i>	\$1,700.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i>	\$1,700.00

D8090	Comprehensive orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i>	\$1,900.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$25.00
D8680	Orthodontic retention (removal of appliances, construction and placement of <i>removable retainers</i>)	\$275.00
D8999	Unspecified orthodontic procedure, by report - <i>includes treatment planning session</i>	\$100.00

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$10.00
D9211	Regional block anesthesia	No Cost
D9212	Trigeminal division block anesthesia	No Cost
D9215	Local anesthesia in conjunction with operative or surgical procedures	No Cost
D9219	Evaluation for deep sedation or general anesthesia	No Cost
D9220	Deep sedation/general anesthesia - first 30 minutes	\$165.00
D9221	Deep sedation/general anesthesia - each additional 15 minutes	\$80.00
D9241	Intravenous moderate (conscious) sedation/analgesia - first 30 minutes	\$165.00
D9242	Intravenous moderate (conscious) sedation/analgesia - each additional 15 minutes ..	\$80.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$10.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$5.00
D9440	Office visit - after regularly scheduled hours	\$25.00
D9450	Case presentation, detailed and extensive treatment planning	No Cost
D9931	Cleaning and inspection of a removable appliance	No Cost
D9940	Occlusal guard, by report - <i>limited to 1 in 3 years</i>	\$105.00
D9951	Occlusal adjustment, limited	\$50.00
D9952	Occlusal adjustment, complete	\$70.00
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 - per 15 minutes of appointment time</i> .	\$10.00
D9987	Canceled appointment - <i>without 24 hour notice - per 15 minutes of appointment time</i>	\$10.00

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 specialized services, and are referred by the assigned Contract Dentist, must be preauthorized by Delta Dental. The Enrollee pays the Copayment specified for such services.

Procedures not listed above are not covered, however, may be available at the Contract Dentist's "filed fees." "Filed fees" means the Contract Dentist's fees on file with Delta Dental. Questions regarding these fees should be directed to the Customer Service department at 800-422-4234.

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 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, an authorized dental specialist, or a Contract Orthodontist except for *Emergency Services* as described in the Contract and/or Certificate of Coverage.
11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
12. Prescription drugs.
13. Dental expenses incurred in connection with any dental 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.
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.



Delta Dental Insurance Company

CITY OF TALLAHASSEE



deltadentalins.com

Group No: 17452

Effective Date: January 1, 2015

This Certificate Contains a Deductible Provision.

DELTA DENTAL INSURANCE COMPANY

1130 Sanctuary Parkway
Suite 600
Alpharetta, Georgia 30009
(770) 641-5100
(800) 521-2651

DENTAL CERTIFICATE OF COVERAGE

Delta Dental PPOSM Program

This booklet is a summary of your group dental program. Please read it carefully. It only summarizes the detailed provisions of the group dental contract issued by Delta Dental Insurance Company ("Delta Dental") and cannot modify the Contract in any way.



**Anthony S. Barth
President**

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GROUP HIGHLIGHTS

PLAN:

You have a Calendar Year plan and deductibles and maximums will be based upon a Calendar Year, which is January 1st through December 31st.

BENEFITS:	PPO/PREMIER		PPO PLUS	
	In-Network PPO & Premier Dentists	Out-of-Network Non-Delta Dental Dentists	In-Network PPO Dentists	Out-of-Network Premier and Non-Delta Dental Dentist
Diagnostic & Preventive Benefits:	100%	100%	100%	80%
Basic Benefits:	80%	80%	80%	60%
Major Benefits:	60%	50%	60%	50%
Orthodontic Benefits:	50%	50%	50%	50%
DEDUCTIBLES:				
Per Enrollee per Calendar Year:	\$25	\$50	\$25	\$50
Per Family per Calendar Year:	\$75	\$150	\$75	\$150
Diagnostic and Preventive Benefits and Orthodontic Benefits are not subject to the deductible.				
The Enrollee pays separate deductibles for In-Network Benefits and Out-of-Network Benefits each Calendar Year. If the Enrollee switches between the In-Network and Out-of-Network Benefits during a Calendar Year the Deductibles may be adjusted accordingly. The maximum deductible amounts in any Calendar Year will not exceed the Calendar Year Deductible for Out-of-Network Benefits.				
MAXIMUMS AMOUNTS:				
Per Enrollee per Calendar Year:	\$1,500		\$1,500	
Any expenses towards Diagnostic & Preventive Benefits will not be subject to the Calendar Year Maximum Amount.				
Lifetime for Orthodontic Services per Dependent Child Enrollee:	\$1,500		\$1,800	\$1,500
There are separate Orthodontic lifetime maximums under the <i>PPO Plus plan</i> . The lifetime maximum amount payable for In-Network and Out-of-Network Benefits will not exceed the lifetime maximum amount for In-Network Benefits (\$1,800). However, if only Out-of-Network Benefits are met, the Enrollee may still utilized an In-Network Dentist for the balance of the lifetime maximum of \$300.				

Lifetime Takeover Credit: Delta Dental will receive credit for any amounts paid under the Contractholder’s previous dental care contract, if applicable, for Orthodontic Benefits. These amounts will be credited towards the maximum amounts payable for Orthodontic Benefits.

PREMIUMS:

You are required to contribute towards the cost of your coverage.
 You are required to contribute towards the cost of your Dependent’s coverage.

Delta Dental may cancel the Contract 31 days after written notice to the Contractholder if monthly premiums are not paid when due.

NOTICE:

Since this information is being provided in electronic format, its accuracy should be verified before receiving treatment. This information is not a guarantee of covered benefits, services or payments.

DEFINITIONS

Terms when capitalized in your certificate of coverage booklet have defined meanings, given in the section below or throughout the booklet sections.

Approved Amount -- the maximum amount a Dentist may charge for a Single Procedure.

Benefits (In-Network or Out-of-Network) -- the amounts that Delta Dental will pay for dental services under this Contract.
PPO/Premier Plan
In-Network Benefits are those covered by this Contract and performed by a Delta Dental PPO Dentist or Delta Dental Premier® Dentist. Out-of-Network Benefits are those covered by this Contract but performed by a Non-Delta Dental Dentist.

PPO Plus Plan

In-Network Benefits are those covered by this Contract and performed by a Delta Dental PPO Dentist. Out-of-Network Benefits are those covered by this Contract but performed by a Delta Dental Premier® Dentist or by a Non-Delta Dental Dentist.

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

Contract -- the written agreement under which Benefits are provided.

Contract Allowance -- the maximum amount Delta Dental will use for calculating the Benefits for a Single Procedure. The Contract Allowance for services provided:

- by Delta Dental PPO Dentists is the lesser of the Dentist's submitted fee, the Delta Dental PPO Dentist's Fee or the Dentist's filed fee with Delta Dental in the Participating Dentist Agreement;
- by Delta Dental Premier Dentists (who are not Delta Dental PPO Dentists) is the lesser of the Dentist's submitted fee, the Dentist's filed fee with Delta Dental in the Participating Dentist Agreement or the Maximum Plan Allowance; or
- by Non-Delta Dental Dentists is the lesser of the Dentist's submitted fee or the Maximum Plan Allowance.

Contractholder -- the employer, union or other organization or group contracting to obtain Benefits.

Delta Dental PPO Dentist (PPO Dentist) -- a participating Delta Dental Dentist who agrees to accept Delta Dental's PPO fees as payment in full and comply with Delta Dental's administrative guidelines. All PPO Dentists are also Delta Dental Premier Dentists. All PPO Dentists must be contracted in the Delta Dental Premier network.

Delta Dental PPO Dentist's Fee (PPO Dentist's Fee) -- the fee for each Single Procedure that PPO Dentists have contractually agreed to accept as payment in full for treating PPO Enrollees.

Delta Dental Premier Dentist (Premier Dentist) -- a Dentist who contracts with Delta Dental or any other member company of the Delta Dental Plans Association and who agrees to abide by certain administrative guidelines. Not all Premier Dentists are PPO Dentists; however, all Premier Dentists agree to accept Delta Dental's Maximum Plan Allowance for each Single Procedure as payment in full.

Dentist -- a person licensed to practice dentistry when and where services are performed.

Dependent Enrollee -- a dependent of a Primary Enrollee or domestic partner who is eligible for Benefits under the Contract.

Effective Date -- the date the program starts. This date is given on the booklet cover.

Enrollee -- a Primary Enrollee or Dependent Enrollee enrolled to receive Benefits.

Maximum Plan Allowance (MPA) -- the maximum amount Delta Dental will reimburse for a covered procedure. Delta Dental establishes the MPA for each procedure through a review of proprietary filed fee data and actual submitted claims. MPAs are set annually to reflect charges based on actual submitted claims from providers in the same geographical area with similar professional standing. The MPA may vary by the type of network Dentist.

Non-Delta Dental Dentist -- a Dentist who is neither a Premier nor a PPO Dentist and who is not contractually bound to abide by Delta Dental's administrative guidelines.

Open Enrollment Period -- the month of the year during which employees may change coverage for the next Contract Year.

Participating Dentist Agreement -- an agreement between a member of the Delta Dental Plans Association and a Dentist that establishes the terms and conditions under which services are provided.

Participating PPO Dentist Agreement (PPO Dentist Agreement) -- an agreement between a member of the Delta Dental Plans Association and a Dentist which establishes the terms and conditions under which covered services are provided under a Delta Dental PPO program.

Pre-Treatment Estimate -- an estimation of the allowable Benefits under the Contract for the services proposed, assuming the person is an eligible Enrollee.

Primary Enrollee -- any employee or retiree eligible for Benefits under the Contract.

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

Qualifying Status Change -- a change in:

- legal marital status (marriage, divorce, legal separation, annulment or death);
- number of dependents (a child's birth, adoption of a child, placement of child for adoption, addition of a step or foster child or death of a child);
- employment status (change in employment status of Enrollee, spouse or dependent child);
- dependent child ceases to satisfy eligibility requirements (limiting age or student status);
- residence (Enrollee, dependent spouse or child moves);
- a court order requiring dependent coverage; or
- any other current or future election changes permitted by IRC Section 125.

Single Procedure -- a dental procedure that is assigned a separate CDT number.

CHOICE OF DENTIST

Enrollees may choose a Dentist from Delta Dental's panel of PPO Dentists and Premier Dentists, or Enrollees may choose a Non-Delta Dental Dentist. A list of Delta Dental Dentists can be obtained by accessing the Delta Dental National Dentist Directory at deltadentalins.com. Enrollees are responsible for verifying whether the selected Dentist is a PPO Dentist or a Premier Dentist. Dentists are regularly added to the panel. Additionally, Enrollees should always confirm with the Dentist's office that a listed Dentist is still a participating PPO Dentist or Premier Dentist.

PPO Dentist

The PPO program potentially allows the greatest reduction in Enrollees' out-of-pocket expenses, since this select group of Dentists will provide dental Benefits at a charge which has been contractually agreed upon between Delta Dental and the PPO Dentist.

Premier Dentist

The Premier Dentist, which include specialists (endodontists, periodontists or oral surgeons), has not agreed to the features of the PPO program; however, you may still receive dental care at a lower cost than if you use a Non-Delta Dental Dentist.

Non-Delta Dental Dentist

If a Dentist is a Non-Delta Dental Dentist, the amount charged to Enrollees may be above that accepted by the PPO or Premier Dentists. Non-Delta Dental Dentists can balance bill for the difference between the MPA and the Non-Delta Dental Dentist's Approved Amount. For a Non-Delta Dental Dentist, the Approved Amount is the Dentist's submitted charge.

Additional advantages of using a PPO Dentist or Premier Dentist

- The PPO Dentist and Premier Dentist must accept assignment of Benefits, meaning PPO Dentists and Premier Dentists will be paid directly by Delta Dental after satisfaction of the deductible and coinsurance, and the Enrollee does not have to pay all the dental charges while at the dental office and then submit the claim for reimbursement.
- The PPO Dentist and Premier Dentist will complete the dental Claim Form and submit it to Delta Dental for reimbursement.

WHO IS ELIGIBLE?

Eligibility for Enrollment

You will become eligible to receive Benefits on the date stated in the Contract after completing any eligibility periods required by the Contractholder as stated in the Contract.

If your dependents are covered, they will be eligible when you are or as soon as they become dependents. Dependents are your:

- Lawful spouse or domestic partner named in Contractholder's guidelines for Domestic Partnership;
- Children from birth to the end of the Calendar Year of their 26th birthday. Children include natural children, step-children, adopted children, children of your domestic partner, foster children, custodial children and newborn children including a newborn child of a covered dependent child. Newborn children, including a newborn child of a covered dependent child or a newborn child where a written agreement to adopt has been entered into prior to birth, are eligible from the moment of birth. Adopted children, foster children and custodial children are eligible from the moment of placement in the Enrollee's residence. Notice of birth, adoption placement, foster home placement or other custodial placement of a child with Enrollee must be received within 31 days of the birth or placement. If notice of birth or adoption is received within the 31 day notice period, no additional premiums are due during the notice period. If notice is received within 60 days of the birth or adoption placement instead of 31 days, coverage will be effective from the date of birth or placement, but the Enrollee must pay any additional Premium from the date of birth or placement. Eligibility for a newborn child of covered dependent child terminates 18 months after the birth of the newborn.
- A child 26 years or older may continue to be eligible as a dependent if the child is not self-supporting because of physical handicap or mental incapacity that began before age 26 and the child is mostly dependent on the Eligible Employee for support and maintenance. Proof of incapacity will not be required until a claim has been denied due to a child having reached age 26. Proof of these facts must be given to Delta Dental or to the Contractholder within 31 days if it is requested. Proof will not be required more than once a year after the child is 28.

Dependents in military service are not eligible.

Enrollment Requirements

If you are paying all or a portion of premiums for yourself or your dependents then:

- You must enroll within 31 days after the date you become eligible or during an Open Enrollment Period.
- All dependents must be enrolled within 31 days after they become eligible or during an Open Enrollment Period. If notice of a birth or adoption is received within the 31 day notice period, no additional premiums are due during the notice period. If notice is received within 60 days of a birth or adoption placement instead of 31 days, coverage will be effective from the date of birth or placement, but the Enrollee must pay any additional Premium from the date of birth or placement.
- If you elect dependent coverage, you must enroll all of your Dependent Enrollees for coverage.
- You must pay Premiums in the manner elected by the Contractholder and approved by Delta Dental. Coverage cannot be dropped or changed other than during an Open Enrollment Period or because of a Qualifying Status Change.
- If you pay Premiums for Dependent Enrollees in the manner elected by the Contractholder and approved by Delta Dental until your dependents are no longer eligible or until you choose to drop dependent coverage, coverage may not be changed at any time other than during an Open Enrollment Period or if there is a Qualifying Status Change.
- If both you and your spouse are eligible persons, one of you may enroll as a Dependent Enrollee of the other. Dependent children may enroll as Dependent Enrollees of only one Primary Enrollee.
- A child who is eligible as a Primary Enrollee and a dependent can be insured under the Contract as a Primary Enrollee or as a Dependent Enrollee but not both at the same time.

Loss of Eligibility

Your coverage ends on the last day of the month you stop working for the Contractholder or immediately when the Contract ends. Your dependents' coverage ends when your coverage ends or on the date when dependent status is lost.

Termination of Benefits on Voluntary Loss of Eligibility

Delta Dental will not pay for Benefits for any services received after your coverage ends. However, Delta Dental will pay for a Single Procedure incurred when you were covered if such procedure is completed within 90 days of the Enrollee's voluntary termination of coverage. A dental service is incurred as follows:

- for an appliance (or change to an appliance), at the time the impression is made;
- for a crown, bridge or cast restoration, at the time the tooth or teeth are prepared;
- for root canal therapy, at the time the pulp chamber is opened; and
- for all other dental services, at the time the service is performed or the supply furnished.

Strike, Lay-off and Leave of Absence

You and your dependents will not be covered for any dental services received while you are on strike, lay-off or leave of absence, other than as required under the Family & Medical Leave Act of 1993*.

Benefits for you and your Dependent Enrollees will resume as follows:

- if coverage is reactivated in the same Calendar Year, deductibles and maximums will resume as if you were never gone; or
- if coverage is reactivated in a different Calendar Year, new deductibles and maximums will apply.

Coverage will resume the first day of the month after you return to work, provided you submit to Delta Dental an enrollment card requesting that coverage be reactivated.

*You and your dependents' coverage is not affected if you take a leave of absence allowed under the Family & Medical Leave Act of 1993. If you are currently paying any part of your premium, you may choose to continue coverage. If you do not continue coverage during the leave, you can resume that coverage on your return to active work as if no interruption occurred.

Important: The Family & Medical Leave Act does not apply to all companies, only those that meet certain size guidelines. See your Human Resources Department for complete information.

If you are rehired within the same Calendar Year, deductibles and maximums will resume as if you were never gone.

Continued Coverage Under USERRA

As required under the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA), if you are covered by the Contract on the date your USERRA leave of absence begins, you may continue dental coverage for yourself and any covered dependents. Continuation of coverage under USERRA may not extend beyond the earlier of: 24 months beginning on the date the leave of absence begins or the date you fail to return to work within the time required by USERRA. For USERRA leave that extends beyond 31 days, the premium for continuation of coverage will be the same as for COBRA coverage.

Continuation of Coverage Under (COBRA)

COBRA (the Consolidated Omnibus Budget Reconciliation Act of 1985) provides a way for employees and their Dependent Enrollees who lose employer-sponsored group health plan coverage to continue coverage for a period of time. COBRA does not apply to all companies, only those that meet certain size guidelines. See your Human Resources Department for complete information.

DEDUCTIBLE

Your dental plan features a deductible. This is an amount you must pay out-of-pocket before Benefits are paid. The deductible amounts are listed on the Group Highlights page.

Only the Dentist's fees you pay for covered Benefits will count toward the deductible, but you do not have to pay a deductible for Diagnostic and Preventive Benefits or Orthodontic Benefits.

MAXIMUM AMOUNT

The Maximum Amount payable is shown on the Group Highlights page. There may be maximums on a yearly basis, a per services basis, or a lifetime basis.

BENEFITS, LIMITATIONS & EXCLUSIONS

Delta Dental will pay the Benefits for the types of dental services as described below. Delta Dental will pay Benefits only for covered services. These services must be provided by a Dentist and must be necessary and customary under generally accepted dental practice standards. Delta Dental may use dental consultants to review treatment plans, diagnostic materials and/or prescribed treatments to determine generally accepted dental practices. If you receive dental services from a Dentist outside the state of Florida, the Dentist will be reimbursed according to Delta Dental's network payment provisions for said state according to the terms of this Contract.

If a primary dental procedure includes component procedures that are performed at the same time as the primary procedure, the component procedures are considered to be part of the primary procedure for purposes of determining the benefit payable under the Contract. Even if the Dentist bills separately for the primary procedure and each of its component parts, the total benefit payable for all related charges will be limited to the maximum benefit payable for the primary procedure.

Enrollee Coinsurance

Delta Dental's provision of Benefits is limited to the applicable percentage of Dentist's fees shown on the Group Highlights page. You are responsible for paying the remaining applicable percentage of any such fees, known as the "Enrollee Coinsurance". Your group has chosen to require Enrollee Coinsurances under this program as a method of sharing the costs of providing dental Benefits between the Contractholder and Enrollees.

If the Dentist discounts, waives or rebates any portion of the Enrollee Coinsurance to the Enrollee, Delta Dental will be obligated to provide as Benefits only the applicable percentages of the Dentist's fees reduced by the amount of such fees that is discounted, waived or rebated.

BENEFITS

Delta Dental will pay or otherwise discharge the percentage of Contract Allowance shown on the Group Highlights page for covered services.

PPO/PREMIER

Diagnostic and Preventive Benefits:

- Diagnostic: procedures to assist the Dentist in choosing required dental treatment.
- Preventive: prophylaxis (cleaning, periodontal cleaning in the presence of gingival inflammation is considered to be periodontal (a Major Benefit) for payment purposes), topical application of fluoride solutions.
- Sealants: topically applied acrylic, plastic or composite materials used to seal developmental grooves and pits in permanent molars for the purpose of preventing decay.

Basic Benefits:

- Simple Extraction: extraction of erupted tooth or exposed root.
- Palliative: treatment to relieve pain.
- Restorative: amalgam, synthetic porcelain, plastic restorations (fillings) and prefabricated stainless steel restorations for treatment of carious lesions (visible destruction of hard tooth structure resulting from the process of decay).
- Other Services: space maintainers.

Major Benefits:

- General Anesthesia or IV Sedation: when administered by a Dentist for covered oral surgery or selected endodontic and periodontal surgical procedures.
- Oral Surgery: extractions and other surgical procedures (including pre-and post-operative care).
- Endodontics: treatment of the tooth pulp.
- Periodontics: treatment of gums and bones supporting teeth.
- Crowns, Inlays/Onlays and Cast Restorations: treatment of carious lesions (visible decay of the hard tooth structure) when teeth cannot be restored with amalgam, synthetic porcelain or plastic restorations.
- Prosthodontics: procedures for construction of fixed bridges, partial or completed dentures and the repair of fixed bridges.
- Denture Repairs: repair to partial or complete dentures including rebase procedures and relining.

Orthodontic Benefits:

Procedures performed by a Dentist, involving the use of an active orthodontic appliance and post-treatment retentive appliances for treatment of malalignment of teeth and/or jaws which significantly interferes with their functions.

Note on additional benefits during pregnancy - When an Enrollee is pregnant, Delta Dental will pay for additional services to help improve the oral health of the Enrollee during the pregnancy. The additional services each Calendar Year while the Enrollee is covered under this Contract include: one (1) additional oral exam and either one (1) additional routine cleaning or one (1) additional periodontal scaling and root planing per quadrant. Written confirmation of the pregnancy must be provided by the Enrollee or her dentist when the claim is submitted.

LIMITATIONS**Limitations on Diagnostic and Preventive Benefits:**

- Routine oral examinations and cleanings (including periodontal cleanings) are provided no more than twice in any Calendar Year while the person is an Enrollee under any Delta Dental program or dental care program provided by the Contractholder. Note that periodontal cleanings are covered as a Major Benefit and routine cleanings are covered as a Diagnostic and Preventive Benefit. See note on additional benefits during pregnancy.
- Full-mouth x-rays and panoramic x-rays are limited to once every five (5) years while the person is an Enrollee under any Delta Dental program.
- Bitewing x-rays are provided once in a Calendar Year for you and your spouse and twice in a Calendar Year for your Dependent Child Enrollees.
- Topical application of fluoride solutions is limited to Enrollees under age 19.
- Sealants are limited as follows:
 - (1) to permanent first molars through age eight (8) and to permanent second molars through age 15 if they are without cavities or restorations on the occlusal surface.
 - (2) do not include repair or replacement of a sealant on any tooth within two (2) years of its application.

Limitations on Basic Benefits:

- Delta Dental will not pay to replace an amalgam, synthetic porcelain or plastic restorations (fillings) or prefabricated stainless steel restorations within 24 months of treatment if the service is provided by the same Dentist.
- Delta Dental limits payment for stainless steel crowns under this section to services on baby teeth. However, after consultant's review, Delta Dental may allow stainless steel crowns on permanent teeth as a Major Benefit.
- Space maintainers are limited to the initial appliance only and to Enrollees under age 14.

Limitations on Major Benefits:

- Benefits for periodontal scaling and root planing in the same quadrant are limited to once in every 24-month period. See note on additional benefits during pregnancy.
- Delta Dental will not pay to replace any crowns, inlays/onlays or cast restorations which the Enrollee received in the previous five (5) years under any Delta Dental program or any program of the Contractholder.
- Prosthodontic appliances that were provided under any Delta Dental program will be replaced only after five (5) years have passed, except when Delta Dental determines that there is such extensive loss of remaining teeth or change in

supporting tissue that the existing fixed bridge or denture cannot be made satisfactory. Replacement of a prosthodontic appliance not provided under a Delta Dental program will be made if Delta Dental determines it is unsatisfactory and cannot be made satisfactory.

- Delta Dental limits payment for dentures to a standard partial or denture (coinsurances apply). A standard denture means a removable appliance to replace missing natural, permanent teeth that is made from acceptable materials by conventional means.
- Delta Dental will not pay for implants (artificial teeth implanted into or on bone or gums), their removal or other associated procedures, but Delta Dental will credit the cost of a crown or standard complete or partial denture toward the cost of the implant associated appliance, i.e. the implant supported crown or denture.

Limitations on Orthodontic Benefits:

- The maximum amount payable for each Enrollee during the Enrollee's lifetime is shown on the Group Highlights page.
- Orthodontic Benefits will be provided in two (2) payments after the person becomes covered (the initial payment at the banding date and the second in 12 months); however, for treatment plans of less than \$500 or when the treatment plan is 12 months or less, one (1) payment will be made.
- Benefits are not paid to repair or replace any orthodontic appliance received under this program.
- Benefits are not provided for orthodontic retreatment procedures.
- Orthodontic Benefits are limited to Dependent Child Enrollees to the end of the Calendar Year of their 25th birthday.
- Non-orthodontic procedures performed for the purpose of orthodontic treatment are subject to the Orthodontic coinsurance and lifetime maximum if covered as Benefits under Delta Dental's standard processing policies.

PPO PLUS

Diagnostic and Preventive Benefits:

- Diagnostic: procedures to assist the Dentist in choosing required dental treatment.
- Preventive: prophylaxis (cleaning, periodontal cleaning in the presence of gingival inflammation is considered to be periodontal (a Major Benefit) for payment purposes), topical application of fluoride solutions.
- Sealants: topically applied acrylic, plastic or composite materials used to seal developmental grooves and pits in permanent molars for the purpose of preventing decay.

Basic Benefits:

- Simple Extraction: extraction of erupted tooth or exposed root.
- Palliative: treatment to relieve pain.
- Restorative: amalgam, synthetic porcelain, plastic restorations (fillings) and prefabricated stainless steel restorations for treatment of carious lesions (visible destruction of hard tooth structure resulting from the process of decay).
- Other Services: space maintainers.

Major Benefits:

- General Anesthesia or IV Sedation: when administered by a Dentist for covered oral surgery or selected endodontic and periodontal surgical procedures.
- Oral Surgery: extractions and other surgical procedures (including pre-and post-operative care).
- Endodontics: treatment of the tooth pulp.
- Periodontics: treatment of gums and bones supporting teeth.
- Crowns, Inlays/Onlays and Cast Restorations: treatment of carious lesions (visible decay of the hard tooth structure) when teeth cannot be restored with amalgam, synthetic porcelain or plastic restorations.
- Prosthodontics: procedures for construction of fixed bridges, partial or completed dentures and the repair of fixed bridges; implant surgical placement and removal; and for implant supported prosthetics, including implant repair and re cementation.

- Denture Repairs: repair to partial or complete dentures including rebase procedures and relining.

Orthodontic Benefits:

Procedures performed by a Dentist, involving the use of an active orthodontic appliance and post-treatment retentive appliances for treatment of malalignment of teeth and/or jaws which significantly interferes with their functions.

Note on additional benefits during pregnancy - When an Enrollee is pregnant, Delta Dental will pay for additional services to help improve the oral health of the Enrollee during the pregnancy. The additional services each Calendar Year while the Enrollee is covered under this Contract include: one (1) additional oral exam and either one (1) additional routine cleaning or one (1) additional periodontal scaling and root planing per quadrant. Written confirmation of the pregnancy must be provided by the Enrollee or her dentist when the claim is submitted.

LIMITATIONS

Limitations on Diagnostic and Preventive Benefits:

- Routine oral examinations and cleanings (including periodontal cleanings) are provided no more than four (4) in any Calendar Year while the person is an Enrollee under any Delta Dental program or dental care program provided by the Contractholder. Note that periodontal cleanings are covered as a Major Benefit and routine cleanings are covered as a Diagnostic and Preventive Benefit. See note on additional benefits during pregnancy.
- Full-mouth x-rays and panoramic x-rays are limited to once every five (5) years while the person is an Enrollee under any Delta Dental program.
- Bitewing x-rays are provided once in a Calendar Year for you and your spouse and twice in a Calendar Year for your Dependent Child Enrollees.
- Topical application of fluoride solutions is limited to Enrollees under age 19.
- Sealants are limited as follows:
 - (1) to permanent first molars through age eight (8) and to permanent second molars through age 15 if they are without cavities or restorations on the occlusal surface.
 - (2) do not include repair or replacement of a sealant on any tooth within two (2) years of its application.

Limitations on Basic Benefits:

- Delta Dental will not pay to replace an amalgam, synthetic porcelain or plastic restorations (fillings) or prefabricated stainless steel restorations within 24 months of treatment if the service is provided by the same Dentist.
- Delta Dental limits payment for stainless steel crowns under this section to services on baby teeth. However, after consultant's review, Delta Dental may allow stainless steel crowns on permanent teeth as a Major Benefit.

Limitations on Major Benefits:

- Space maintainers are limited to the initial appliance only and to Enrollees under age 14.
- Benefits for periodontal scaling and root planing in the same quadrant are limited to once in every 24-month period. See note on additional benefits during pregnancy.
- Delta Dental will not pay to replace any crowns, inlays/onlays or cast restorations which the Enrollee received in the previous five (5) years under any Delta Dental program or any program of the Contractholder.
- Prosthodontic appliances and/or implants that were provided under any Delta Dental program will be replaced only after five (5) years have passed, except when Delta Dental determines that there is such extensive loss of remaining teeth or change in supporting tissue that the existing fixed bridge or denture cannot be made satisfactory. Replacement of a prosthodontic appliance and/or implant supported prosthesis not provided under a Delta Dental program will be made if Delta Dental determines it is unsatisfactory and cannot be made satisfactory. Delta Dental will pay for the removal of an implant once for each tooth during the Enrollee's lifetime.
- Delta Dental limits payment for dentures to a standard partial or denture (coinsurances apply). A standard denture means a removable appliance to replace missing natural, permanent teeth that is made from acceptable materials by conventional means.

Limitations on Orthodontic Benefits:

- The maximum amount payable for each Enrollee during the Enrollee's lifetime is shown on the Group Highlights page.
- Orthodontic Benefits will be provided in two (2) payments after the person becomes covered (the initial payment at the banding date and the second in 12 months); however, for treatment plans of less than \$500 or when the treatment plan is 12 months or less, one (1) payment will be made.
- Benefits are not paid to repair or replace any orthodontic appliance received under this program.

- Benefits are not provided for orthodontic retreatment procedures.
- Orthodontic Benefits are limited to Dependent Child Enrollees to the end of the Calendar Year of their 25th birthday.
- Non-orthodontic procedures performed for the purpose of orthodontic treatment are subject to the Orthodontic coinsurance and lifetime maximum if covered as Benefits under Delta Dental's standard processing policies.

BOTH PLANS

Limitations on All Benefits - Optional Services that are more expensive than the form of treatment customarily provided under accepted dental practice standards are called "Optional Services". Optional Services also include the use of specialized techniques instead of standard procedures. For example:

- a crown where a filling would restore the tooth;
- a precision denture/partial where a standard denture/partial could be used;
- an inlay/onlay instead of an amalgam restoration; or
- a composite restoration instead of an amalgam restoration on posterior teeth.

If you receive Optional Services, Benefits will be based on the lower cost of the customary service or standard practice instead of the higher cost of the Optional Service. You will be responsible for the difference between the higher cost of the Optional Service and the lower cost of the customary service or standard procedure.

EXCLUSIONS

Delta Dental does not pay Benefits for:

- treatment of injuries or illness paid under workers' compensation or employers' liability laws; services received without cost from any federal, state or local agency, unless this exclusion is prohibited by law.
- cosmetic surgery or dentistry for purely cosmetic reasons.
- services for congenital (hereditary) or developmental (following birth) malformations, including but not limited to cleft palate (unless services for cleft palate are provided to a covered child under the age of 18), upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth) and anodontia (congenitally missing teeth), except those services provided to newborn dependent children for medically diagnosed congenital defects, birth abnormalities or prematurity.
- treatment to restore tooth structure lost from wear, erosion or abrasion; treatment to rebuild or maintain chewing surfaces due to teeth out of alignment or occlusion; or treatment to stabilize the teeth. Examples include but are not limited to: equilibration, periodontal splinting or occlusal adjustment.
- any Single Procedure started prior to the date the Enrollee became covered for such services under this program.
- prescribed drugs, medication, pain killers or experimental procedures.
- charges by any hospital or other surgical or treatment facility and any additional fees charged by the Dentist for treatment in any such facility.
- charges for anesthesia, other than general anesthesia and IV sedation administered by a licensed Dentist in connection with covered oral surgery or selected endodontic and periodontal surgical procedures.
- extraoral grafts (grafting of tissues from outside the mouth to oral tissues).
- treatment performed by someone other than a Dentist or a person who by law may work under a Dentist's direct supervision.
- charges incurred for oral hygiene instruction, a plaque control program, dietary instruction, x-ray duplications, cancer screening or broken appointments.
- services or supplies covered by any other health plan of the Contractholder.

- treatment rendered by a person who ordinarily resides in your household or who is related to you (or to your spouse) by blood, marriage or legal adoption.
- services for Orthodontic treatment (treatment of malocclusion of teeth and/or jaws) except as provided under the Orthodontic Benefits section, if applicable.
- services for any disturbances of the temporomandibular (jaw) joints.

EXTENSION OF BENEFITS

If the Contract terminates, an extension of benefits in the form of reimbursed expenses will apply if:

- the dental services were recommended in writing and begun while the policy was in effect by the Dentist to you while you were covered by the Contract.
- the dental services were procedures for other than routine examinations, prophylaxis, x-rays, sealants or orthodontic services.
- the dental services were performed within 90 days after your coverage ceased under the policy or Contract and the termination of coverage did not occur as a result of your voluntary termination of coverage.

The extension of benefits terminates upon the earlier of:

- the 90 day period specified in the above third bullet item or
- the date you become covered under a succeeding policy.

If coverage or services for the dental procedures referred to in the above first bullet item are excluded by the succeeding contract through the use of an elimination period or limitation, you are not covered by the succeeding contract and the extension of benefits does not terminate.

All contractual limitations, exclusions or reductions that would have applied to the specific dental services had your coverage not terminated apply during the extension of benefits.

COORDINATION OF BENEFITS

Delta Dental matches the Benefits under this program with your Benefits under any other group prepaid program or Benefit plan including another Delta Dental plan. (This does not apply to a blanket school accident policy). Benefits under one of the programs may be reduced so that your combined coverage does not exceed the Dentist's fees for the covered services. If this is the "primary" program, Delta Dental will not reduce Benefits, but if the other program is the primary one, Delta Dental will reduce Benefits otherwise payable under this program. The reduction will be the amount paid for or provided under the terms of the primary program for services covered under the Contract (see Benefits and Limitations).

- *How does Delta Dental determine which Plan is the "primary" program?*
 - (1) If the other Plan is not primarily a dental plan, this Plan is primary.
 - (2) If the other Plan is a dental program, the following rules are applied:
 - a) the Plan covering the Enrollee as an employee is primary over a Plan covering the Enrollee as a dependent.
 - b) the Plan covering the Enrollee as an employee is primary over a Plan which covers the insured person as a dependent; except that: if the insured person is also a Medicare beneficiary, and as a result of the rule established by Title XVIII of the Social Security Act and implementing regulations, Medicare is:
 - i) secondary to the Plan covering the insured person as a dependent and
 - ii) primary to the Plan covering the insured person as other than a dependent (e.g. a retired employee), then the benefits of the Plan covering the insured person as a dependent are determined before those of the Plan covering that insured person as other than a dependent.
 - (3) Except as stated below, when this Plan and another Plan cover the same child as a dependent of different persons, called parents:
 - a) The benefits of the Plan of the parent whose birthday falls earlier in a year are determined before those of the Plan of the parent whose birthday falls later in that year, but
 - b) If both parents have the same birthday, the benefits of the Plan which covered one parent longer are determined before those of the Plan which covered the other parent for a shorter period of time.
 - c) However, if the other Plan does not have the birthday rule described above, but instead has a rule based on the gender of the parent, and if, as a result, the plans do not agree on the order of benefits, the rule in the other Plan will determine the order of benefits.

- d) In the case of a dependent child of legally separated or divorced parents, the Plan covering the Enrollee as a dependent of the parent with legal custody, or as a dependent of the custodial parent's spouse (i.e. step-parent) will be primary over the Plan covering the Enrollee as a dependent of the parent without legal custody. If there is a court decree which would otherwise establish financial responsibility for the health care expenses with respect to the child, the benefits of a Plan which covers the child as a dependent of the parent with such financial responsibility will be determined before the benefits of any other policy which covers the child as a dependent child.

If the specific terms of a court decree state that the parents will share joint custody, without stating that one of the parents is responsible for the health care expenses of the child, the Plans covering the child will follow the order of benefit determination rules outlined in (3) a) through (3) c).

- (4) The benefits of a Plan which covers an insured person as an employee who is neither laid off nor retired are determined before those of a Plan which covers that insured person as a laid off or retired employee. The same would hold true if an insured person is a dependent of a person covered as a retiree and an employee. If the other Plan does not have this rule, and if, as a result, the Plans do not agree on the order of benefits, this rule is ignored.
- (5) If an insured person whose coverage is provided under a right of continuation pursuant to federal or state law also is covered under another Plan, the following will be the order of benefit determination:
- a) First, the benefits of a Plan covering the insured person as an employee or Primary Enrollee (or as that insured person's dependent);
 - b) Second, the benefits under the continuation coverage.
- If the other Plan does not have the rule described above, and if, as a result, the Plans do not agree on the order of benefits, this rule is ignored.
- (6) If none of the above rules determine the order of benefits, the benefits of the plan which covered an employee longer are determined before those of the Plan which covered that insured person for the shorter term.

AUTOMATED INFORMATION LINE

You may access Delta Dental's automated information line on a regular business day to obtain Enrollee eligibility and Benefits, group Benefit or claim status information or to speak to a Customer Service Representative for assistance. **(800) 521-2651**

CLAIMS

Claims for Benefits must be filed on a standard Claim Form which you or your Dentist may obtain from:

Delta Dental Insurance Company
P.O. Box #1809
Alpharetta, Georgia 30023
(800) 521-2651
deltadentalins.com

PRE-TREATMENT ESTIMATE

A Dentist may file a Claim Form before treatment, showing the services to be provided to an Enrollee. Delta Dental will predetermine the amount of Benefits payable under the Contract for the listed services. Benefits will be processed according to the terms of the Contract when the treatment is performed. Pre-Treatment Estimates are valid for 365 days, or until an earlier occurrence of any one of the following events:

- the date the Contract terminates;
- the date the Enrollee's coverage ends; or
- the date the PPO Dentist's or Premier Dentist's agreement with Delta Dental ends.

CLAIMS APPEAL

Delta Dental will notify the Primary Enrollee if Benefits are denied for services submitted on a Claim Form, in whole or in part, stating the reason(s) for denial. The Enrollee has 180 days after receiving a notice of denial to appeal it by writing to Delta Dental giving reasons why the denial was wrong. The Enrollee may also ask Delta Dental to examine any additional information he/she includes that may support his/her appeal.

Delta Dental will make a full and fair review within 15 days after Delta Dental receives the request for appeal. Delta Dental may ask for more documents if needed. In no event will the decision take longer than 15 days. The review will take into account all comments, documents, records or other information, regardless of whether such information was submitted or

considered initially. If the review is of a denial based in whole or in part on lack of dental necessity, experimental treatment or clinical judgment in applying the terms of the Contract, Delta Dental shall consult with a Dentist who has appropriate training and experience. The review will be conducted for Delta Dental by a person who is neither the individual who made the claim denial that is subject to the review, nor the subordinate of such individual. The identity of such dental consultant is available upon request whether or not the advice was relied upon.

If the Enrollee believes he/she needs further review of said claim, he/she may contact his/her state insurance regulatory agency if applicable or bring a civil action under section 502(a) of the Employee Retirement Income Security Act of 1974 (ERISA) if the Contract is subject to ERISA.

CANCELLATION OF CONTRACT

Delta Dental may cancel the Contract only:

- on an anniversary of the Effective Date upon 60 days written notice; or
- if your employer does not pay the monthly premiums upon 31 days written notice; or
- if your employer does not provide a list of who is eligible upon 60 days written notice; or
- if less than the minimum number of Primary Enrollees required under the Contract are reported eligible for three (3) months or more, upon 15 days written notice.

GENERAL PROVISIONS

Clinical Examination

Before approving a claim, Delta Dental will be entitled to receive, to such extent as may be lawful, from any attending or examining Dentist, or from hospitals in which a Dentist's care is provided, such information and records relating to attendance to or examination of, or treatment provided to, an Enrollee as may be required to administer the claim, or that an Enrollee be examined by a dental consultant retained by Delta Dental, in or near his community or residence. Delta Dental will in every case hold such information and records confidential.

Notice of Claim Forms

Delta Dental will give any Dentist or Enrollee, on request, a standard Claim Form to make claim for Benefits. To make a claim, the form must be completed and signed by the Dentist who performed the services and by the Enrollee (or the parent or guardian if the Enrollee is a minor) and submitted to Delta Dental.

If the form is not furnished by Delta Dental within 15 days after requested by a Dentist or Enrollee, the requirements for proof of loss set forth in the next paragraph will be deemed to have been complied with upon the submission to Delta Dental, within the time established in said paragraph for filing proofs of loss, of written proof covering the occurrence, the character and the extent of the loss for which claim is made.

Written Notice of Claim/Proof of Loss

Delta Dental must be given written proof of loss within 12 months after the date of the loss. If it is not reasonably possible to give written proof in the time required, the claim will not be reduced or denied solely for this reason, provided proof is filed as soon as reasonably possible. In any event, proof of loss must be given no later than one year from such time (unless the claimant was legally incapacitated).

All written proof of loss must be given to Delta Dental within 12 months of the termination of the Contract.

Time of Payment

Claims payable under this policy for any loss other than loss for which this policy provides any periodic payment will be processed (paid or denied):

- a) within 45 days after receipt of due written proof of such loss. If additional information is requested to process the claim, Delta will notify the Primary Enrollee and the Dentist within 45 days of written proof of loss; and
- b) within 60 days after the requested information is received for any disputed portion of the claim.

Claims not processed (paid or denied) within 120 days of receipt are subject to a charge of 10 percent interest per annum.

To Whom Benefits are Paid

PPO Dentists and Premier Dentists will be paid directly. Any other payments provided by the Contract will be made to the Primary Enrollee, unless the Enrollee requests when filing a proof of loss claim that the payment be made directly to the Dentist providing the services. All Benefits not paid to the Dentist will be payable to the Enrollee, or to his estate, except that if the person is a minor or otherwise not competent to give a valid release, Benefits may be payable to the parent, guardian or other person actually supporting him.

Legal Actions

No action at law or in equity will be brought to recover on this Contract before 60 days after written proof of loss has been given in accordance with requirements of this Contract. No such action may be brought after the expiration of the applicable statute of limitations from the time written proof of loss is required to be given.

THIS CERTIFICATE OF COVERAGE CONSTITUTES ONLY A SUMMARY OF THE DENTAL INSURANCE CONTRACT. THE COMPLETE CONTRACT MUST BE CONSULTED TO DETERMINE THE EXACT TERMS AND CONDITIONS OF COVERAGE.