

# DeltaCare USA – provided by Delta Dental of New York



We'll do whatever it takes and then some.

## Find a DeltaCare USA dentist

Select from among the many conveniently located DeltaCare USA contracted general dentists. To find the most current listing of DeltaCare USA dental offices you can:

Visit our website at [deltadentalins.com/enrollees](http://deltadentalins.com/enrollees). Under Find a dentist, select DeltaCare USA as your network.

Or call Customer Service at **800-422-4234** for help in finding a DeltaCare USA dentist.



## Welcome to DeltaCare USA – quality, convenience, predictable costs

DeltaCare USA is a dental program that provides you and your family with quality dental benefits at an affordable cost. The DeltaCare USA program is designed to encourage you and your family to visit the dentist regularly to maintain your dental health.

When you enroll, you select a contract dentist to provide services. The DeltaCare USA network consists of private practice dental facilities that have been carefully screened for quality.

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

### Quality

- Extensive benefits for you and your family
- No restrictions on pre-existing conditions covered, except for work in progress
- Large, stable network of dentists, so you can enjoy a long-term relationship with your dentist

### Convenience

- No claim forms to complete
- Easy access to specialty care
- Expanded business hours for toll-free customer service, from 8 a.m. to 9 p.m., Eastern time

### Predictable costs

- No deductibles
- Out-of-pocket costs are clearly defined
- Out-of-area dental emergency coverage up to \$100 per emergency
- No annual or lifetime dollar maximums



Administered by Delta Dental Insurance Company



## What if I have questions about my DeltaCare USA Program?

### Eligibility for you and your family

If you meet your group's eligibility requirements for dental coverage, you can enroll in the DeltaCare USA program. If your program includes dependent coverage, you may also enroll eligible dependents. Contact your benefits administrator if you have any questions.

### Easy enrollment

Simply complete the enrollment process as directed by your benefits administrator. Be sure to indicate a dentist (from the list of contract dental facilities) for both yourself and your eligible dependents. Include the name of your group.

### How your DeltaCare USA program works

Your selected contract dentist will take care of your dental care needs. If you require treatment from a specialist, your contract dentist will handle the referral for you.

After you have enrolled, you will receive a membership packet that includes an identification card and an Evidence of Coverage that fully describes the benefits of your dental program. Also included in this packet are the name, address and phone number of your contract dentist. Simply call the dental facility to make an appointment.

Under the DeltaCare USA program, many services are covered at no cost, while others have copayments (amount you pay your contract dentist) for certain benefits. See the "Description of Benefits and Copayments" for a list of your benefits.

Please note: Dental services that are not performed by your selected contract dentist, or are not covered under provisions for emergency care below, must be preauthorized to be covered by your DeltaCare USA program.

### Provisions for emergency care

Under your DeltaCare USA program, you and your eligible dependents are covered for out-of-area dental emergencies (35 or more miles from your contract dentist). Your program pays up to \$100 for emergency dental expenses per emergency for each enrollee.

### My dentist is a Delta Dental dentist but is not on the list of DeltaCare USA dentists. Can I still receive treatment from this dentist?

You must receive treatment from your selected DeltaCare USA contract dentist. Please note that Delta Dental dentists are not necessarily DeltaCare USA dentists.

### Do my family members receive treatment from the same DeltaCare USA contract dentist?

You and your eligible dependents may receive care from the same contract dentist, or if you prefer, you may select up to a maximum of three contract dental facilities.

### Can I change my contract dentist?

You may change contract dentists by contacting the Customer Service department either by phone or in writing, or by visiting our website ([deltadentalins.com](http://deltadentalins.com)). If you contact us by the 21st of the month, the change will become effective the first of the following month.

### How long does it take to get an appointment with a DeltaCare USA dentist?

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

## Highlights of your DeltaCare USA Program

### **Are pre-existing dental conditions and work in progress covered?**

Treatment for pre-existing conditions, such as extracted teeth, is covered under the DeltaCare USA program. However, benefits are not provided for any dental treatment started before joining the program (that is, work in progress, such as preparations for crowns, root canals and impressions for dentures). Orthodontic treatment in progress may be covered for new DeltaCare USA enrollees. See the "Limitations and Exclusions of Benefits."

### **How does the DeltaCare USA program encourage preventive care?**

Your DeltaCare USA program is designed to encourage regular visits to the dentist by having no copayments (fees you pay to the contract dentist) on most diagnostic and preventive benefits. See the enclosed "Description of Benefits and Copayments."

### **Does my DeltaCare USA program cover specialists' services?**

Your contract dentist will coordinate your specialty care needs for oral surgery, endodontics, periodontics or pediatric dentistry with an approved contract specialist. There is no additional charge to you for receiving care from a specialist. If there is no contract specialist within your service area, a referral to an out-of-network specialist will be authorized at no extra cost, other than the applicable copayment.

### **What if I have questions about my DeltaCare USA program?**

Call the Customer Service department at 800-422-4234. We have multilingual representatives available from 8 a.m. to 9 p.m. Eastern time, Monday through Friday. Our Customer Service representatives can answer benefits questions, as well as arrange facility transfers and urgent care referrals.

**Our Customer Service representatives have worked in dental facilities and can answer benefits questions, as well as arrange facility transfers and urgent care referrals.**

**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.

<b>CODE</b>	<b>DESCRIPTION</b>	<b>ENROLLEE PAYS</b>
<b>D0100-D0999 I. DIAGNOSTIC</b>		
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
D0270	Bitewing - single radiographic image .....	No Cost
D0272	Bitewings - two radiographic images .....	No Cost
D0273	Bitewings three radiographic images .....	No Cost
D0274	Bitewings - four radiographic images - <i>limited to 1 series every 6 months</i> .....	No Cost
D0330	Panoramic radiographic image .....	No Cost
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> .....	No Cost
<b>D1000-D1999 II. PREVENTIVE</b>		
D1110	Prophylaxis <i>cleaning</i> - adult - <i>1 per 6 month period</i> .....	No Cost
D1120	Prophylaxis <i>cleaning</i> - child - <i>1 per 6 month period</i> .....	No Cost
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 - <i>excluding varnish - child to age 19; 1 D1206 or D1208 per 6 month period</i> .....	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 .....	\$40.00

D1515	Space maintainer - fixed - bilateral .....	\$40.00
D1520	Space maintainer - removable - unilateral .....	\$40.00
D1525	Space maintainer - removable - bilateral .....	\$40.00
D1550	Re-cement or re-bond space maintainer .....	\$10.00
D1555	Removal of fixed space maintainer .....	\$10.00

**D2000-D2999 III. RESTORATIVE**

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

D2140	Amalgam - one surface, primary or permanent .....	No Cost
D2150	Amalgam - two surfaces, primary or permanent .....	No Cost
D2160	Amalgam - three surfaces, primary or permanent .....	No Cost
D2161	Amalgam - four or more surfaces, primary or permanent .....	No Cost
D2330	Resin-based composite - one surface, anterior .....	No Cost
D2331	Resin-based composite - two surfaces, anterior .....	No Cost
D2332	Resin-based composite - three surfaces, anterior .....	No Cost
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior) .....	No Cost
D2390	Resin-based composite crown, anterior .....	No Cost
D2391	Resin-based composite - one surface, posterior .....	\$15.00
D2392	Resin-based composite - two surfaces, posterior .....	\$20.00
D2393	Resin-based composite - three surfaces, posterior .....	\$25.00
D2394	Resin-based composite - four or more surfaces, posterior .....	\$35.00
D2510	Inlay - metallic - one surface <sup>2, 6</sup> .....	\$130.00
D2520	Inlay - metallic - two surfaces <sup>2, 6</sup> .....	\$140.00
D2530	Inlay - metallic - three or more surfaces <sup>2, 6</sup> .....	\$150.00
D2542	Onlay - metallic - two surfaces <sup>2, 6</sup> .....	\$146.00
D2543	Onlay - metallic - three surfaces <sup>2, 6</sup> .....	\$156.00
D2544	Onlay - metallic - four or more surfaces <sup>2, 6</sup> .....	\$162.00
D2610	Inlay - porcelain/ceramic - one surface <sup>1, 2</sup> .....	\$215.00
D2620	Inlay - porcelain/ceramic - two surfaces <sup>1, 2</sup> .....	\$235.00
D2630	Inlay - porcelain/ceramic - three or more surfaces <sup>1, 2</sup> .....	\$250.00
D2642	Onlay - porcelain/ceramic - two surfaces <sup>1, 2</sup> .....	\$250.00
D2643	Onlay - porcelain/ceramic - three surfaces <sup>1, 2</sup> .....	\$270.00
D2644	Onlay - porcelain/ceramic - four or more surfaces <sup>1, 2</sup> .....	\$295.00
D2650	Inlay - resin-based composite - one surface <sup>1, 2</sup> .....	\$100.00
D2651	Inlay - resin-based composite - two surfaces <sup>1, 2</sup> .....	\$140.00
D2652	Inlay - resin-based composite - three or more surfaces <sup>1, 2</sup> .....	\$170.00
D2662	Onlay - resin-based composite - two surfaces <sup>1, 2</sup> .....	\$180.00
D2663	Onlay - resin-based composite - three surfaces <sup>1, 2</sup> .....	\$195.00
D2664	Onlay - resin-based composite - four or more surfaces <sup>1, 2</sup> .....	\$225.00
D2710	Crown - resin-based composite (indirect) <sup>1, 2</sup> .....	\$110.00
D2712	Crown - ¾ resin-based composite (indirect) <sup>1, 2</sup> .....	\$110.00
D2720	Crown - resin with high noble metal <sup>1, 2</sup> .....	\$295.00
D2721	Crown - resin with predominantly base metal <sup>1, 2</sup> .....	\$195.00
D2722	Crown - resin with noble metal <sup>1, 2</sup> .....	\$195.00
D2740	Crown - porcelain/ceramic substrate <sup>1, 2</sup> .....	\$195.00
D2750	Crown - porcelain fused to high noble metal <sup>1, 2</sup> .....	\$295.00
D2751	Crown - porcelain fused to predominantly base metal <sup>1, 2</sup> .....	\$195.00
D2752	Crown - porcelain fused to noble metal <sup>1, 2</sup> .....	\$195.00
D2780	Crown - ¾ cast high noble metal <sup>2</sup> .....	\$295.00
D2781	Crown - ¾ cast predominantly base metal <sup>2</sup> .....	\$195.00
D2782	Crown - ¾ cast noble metal <sup>2</sup> .....	\$195.00
D2790	Crown - full cast high noble metal <sup>2</sup> .....	\$295.00
D2791	Crown - full cast predominantly base metal <sup>2</sup> .....	\$195.00
D2792	Crown - full cast noble metal <sup>2</sup> .....	\$195.00
D2794	Crown - titanium <sup>2</sup> .....	\$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> ) .....	No Cost
D2929	Prefabricated porcelain/ceramic crown - primary tooth - <i>anterior</i> .....	\$35.00
D2930	Prefabricated stainless steel crown - primary tooth .....	\$35.00
D2931	Prefabricated stainless steel crown - permanent tooth .....	\$35.00
D2932	Prefabricated resin crown - <i>anterior primary tooth</i> .....	\$45.00
D2933	Prefabricated stainless steel crown with resin window - <i>anterior primary tooth</i> .....	\$35.00
D2940	Protective restoration .....	No Cost
D2941	Interim therapeutic restoration - primary dentition .....	No Cost
D2949	Restorative foundation for an indirect restoration .....	\$15.00
D2950	Core buildup, including any pins when required .....	\$15.00
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> <sup>6</sup> .....	\$15.00
D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i> <sup>6</sup> .....	\$15.00
D2954	Prefabricated post and core in addition to crown - <i>base metal post; includes canal preparation</i> .....	\$15.00
D2957	Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i> .....	\$15.00
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 .....	\$15.00
D2981	Inlay repair necessitated by restorative material failure .....	\$15.00
D2982	Onlay repair necessitated by restorative material failure .....	\$15.00
D2983	Veneer repair necessitated by restorative material failure .....	\$15.00
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 .....	\$5.00
D3221	Pulpal debridement, primary and permanent teeth .....	\$5.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development .....	\$5.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) .....	\$5.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) .....	\$5.00
D3310	<i>Root canal</i> - endodontic therapy, anterior tooth (excluding final restoration) <sup>9</sup> .....	\$75.00
D3320	<i>Root canal</i> - endodontic therapy, bicuspid tooth (excluding final restoration) <sup>9</sup> .....	\$120.00
D3330	<i>Root canal</i> - endodontic therapy, molar (excluding final restoration) <sup>9</sup> .....	\$180.00
D3346	Retreatment of previous root canal therapy - anterior <sup>9</sup> .....	\$95.00
D3347	Retreatment of previous root canal therapy - bicuspid <sup>9</sup> .....	\$140.00
D3348	Retreatment of previous root canal therapy - molar <sup>9</sup> .....	\$200.00
D3410	Apicoectomy - anterior <sup>9</sup> .....	\$85.00
D3421	Apicoectomy - bicuspid (first root) <sup>9</sup> .....	\$85.00
D3425	Apicoectomy - molar (first root) <sup>9</sup> .....	\$85.00
D3426	Apicoectomy (each additional root) <sup>9</sup> .....	\$50.00
D3427	Periradicular surgery without apicoectomy .....	\$85.00
D3430	Retrograde filling - per root <sup>9</sup> .....	\$50.00
D3450	Root amputation, per root - <i>not covered in conjunction with a hemisection</i> <sup>9</sup> .....	\$60.00

**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 .....	\$125.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant .....	\$25.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth .....	\$25.00
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 .....	\$135.00

D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant .....	\$250.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant .....	\$250.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i> .....	\$45.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i> .....	\$45.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis - <i>limited to 1 treatment in any 12 consecutive months</i> .....	\$45.00
D4910	Periodontal maintenance - <i>limited to 1 treatment each 6 month period</i> .....	\$36.00
D4921	Gingival irrigation - per quadrant .....	No Cost
<b>D5000-D5899 VI. PROSTHODONTICS (removable)</b>		
D5110	Complete denture - maxillary <sup>3, 10</sup> .....	\$225.00
D5120	Complete denture - mandibular <sup>3, 10</sup> .....	\$225.00
D5130	Immediate denture - maxillary <sup>3, 10</sup> .....	\$300.00
D5140	Immediate denture - mandibular <sup>3, 10</sup> .....	\$300.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) <sup>3, 10</sup> .....	\$245.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) <sup>3, 10</sup> .....	\$245.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) <sup>3, 10</sup> .....	\$275.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) <sup>3, 10</sup> .....	\$275.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth) <sup>3, 10</sup> .....	\$325.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth) <sup>3, 10</sup> .....	\$325.00
D5410	Adjust complete denture - maxillary <sup>3</sup> .....	\$10.00
D5411	Adjust complete denture - mandibular <sup>3</sup> .....	\$10.00
D5421	Adjust partial denture - maxillary <sup>3</sup> .....	\$10.00
D5422	Adjust partial denture - mandibular <sup>3</sup> .....	\$10.00
D5510	Repair broken complete denture base .....	\$24.00
D5520	Replace missing or broken teeth - complete denture (each tooth) .....	\$10.00
D5610	Repair resin denture base .....	\$24.00
D5620	Repair cast framework .....	\$24.00
D5630	Repair or replace broken clasp .....	\$24.00
D5640	Replace broken teeth - per tooth .....	\$10.00
D5650	Add tooth to existing partial denture .....	\$10.00
D5660	Add clasp to existing partial denture .....	\$10.00
D5710	Rebase complete maxillary denture <sup>11</sup> .....	\$50.00
D5711	Rebase complete mandibular denture <sup>11</sup> .....	\$50.00
D5720	Rebase maxillary partial denture <sup>11</sup> .....	\$50.00
D5721	Rebase mandibular partial denture <sup>11</sup> .....	\$50.00
D5730	Reline complete maxillary denture (chairside) <sup>11</sup> .....	\$30.00
D5731	Reline complete mandibular denture (chairside) <sup>11</sup> .....	\$30.00
D5740	Reline maxillary partial denture (chairside) <sup>11</sup> .....	\$30.00
D5741	Reline mandibular partial denture (chairside) <sup>11</sup> .....	\$30.00
D5750	Reline complete maxillary denture (laboratory) <sup>11</sup> .....	\$50.00
D5751	Reline complete mandibular denture (laboratory) <sup>11</sup> .....	\$50.00
D5760	Reline maxillary partial denture (laboratory) <sup>11</sup> .....	\$50.00
D5761	Reline mandibular partial denture (laboratory) <sup>11</sup> .....	\$50.00
D5820	Interim partial denture (maxillary) - <i>limited to initial placement of interim partial denture /stayplate to replace extracted anterior teeth during healing</i> <sup>3</sup> .....	No Cost
D5821	Interim partial denture (mandibular) - <i>limited to initial placement of interim partial denture /stayplate to replace extracted anterior teeth during healing</i> <sup>3</sup> .....	No Cost
D5850	Tissue conditioning, maxillary <sup>3, 11</sup> .....	\$10.00
D5851	Tissue conditioning, mandibular <sup>3, 11</sup> .....	\$10.00

**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])**

D6210	Pontic - cast high noble metal <sup>4</sup> .....	\$295.00
D6211	Pontic - cast predominantly base metal <sup>4</sup> .....	\$195.00
D6212	Pontic - cast noble metal <sup>4</sup> .....	\$195.00
D6240	Pontic - porcelain fused to high noble metal <sup>1,4</sup> .....	\$295.00
D6241	Pontic - porcelain fused to predominantly base metal <sup>1,4</sup> .....	\$195.00
D6242	Pontic - porcelain fused to noble metal <sup>1,4</sup> .....	\$195.00
D6245	Pontic - porcelain/ceramic <sup>1,4</sup> .....	\$295.00
D6250	Pontic - resin with high noble metal <sup>1,4</sup> .....	\$295.00
D6251	Pontic - resin with predominantly base metal <sup>1,4</sup> .....	\$195.00
D6252	Pontic - resin with noble metal <sup>1,4</sup> .....	\$195.00
D6600	Inlay - porcelain/ceramic, two surfaces <sup>1,4</sup> .....	\$295.00
D6601	Inlay - porcelain/ceramic, three or more surfaces <sup>1,4</sup> .....	\$305.00
D6602	Inlay - cast high noble metal, two surfaces <sup>1,4</sup> .....	\$140.00
D6603	Inlay - cast high noble metal, three or more surfaces <sup>1,4</sup> .....	\$150.00
D6604	Inlay - cast predominantly base metal, two surfaces <sup>1,4</sup> .....	\$140.00
D6605	Inlay - cast predominantly base metal, three or more surfaces <sup>1,4</sup> .....	\$150.00
D6606	Inlay - cast noble metal, two surfaces <sup>1,4</sup> .....	\$140.00
D6607	Inlay - cast noble metal, three or more surfaces <sup>1,4</sup> .....	\$150.00
D6608	Onlay - porcelain/ceramic, two surfaces <sup>1,4</sup> .....	\$295.00
D6609	Onlay - porcelain/ceramic, three or more surfaces <sup>1,4</sup> .....	\$305.00
D6610	Onlay - cast high noble metal, two surfaces <sup>1,4</sup> .....	\$156.00
D6611	Onlay - cast high noble metal, three or more surfaces <sup>1,4</sup> .....	\$156.00
D6612	Onlay - cast predominantly base metal, two surfaces <sup>1,4</sup> .....	\$156.00
D6613	Onlay - cast predominantly base metal, three or more surfaces <sup>1,4</sup> .....	\$156.00
D6614	Onlay - cast noble metal, two surfaces <sup>1,4</sup> .....	\$156.00
D6615	Onlay - cast noble metal, three or more surfaces <sup>1,4</sup> .....	\$156.00
D6720	Crown - resin with high noble metal <sup>1,4</sup> .....	\$295.00
D6721	Crown - resin with predominantly base metal <sup>1,4</sup> .....	\$195.00
D6722	Crown - resin with noble metal <sup>1,4</sup> .....	\$195.00
D6740	Crown - porcelain/ceramic <sup>1,4</sup> .....	\$295.00
D6750	Crown - porcelain fused to high noble metal <sup>1,4</sup> .....	\$295.00
D6751	Crown - porcelain fused to predominantly base metal <sup>1,4</sup> .....	\$195.00
D6752	Crown - porcelain fused to noble metal <sup>1,4</sup> .....	\$195.00
D6780	Crown - ¾ cast high noble metal <sup>4</sup> .....	\$295.00
D6781	Crown - ¾ cast predominantly base metal <sup>4</sup> .....	\$195.00
D6782	Crown - ¾ cast noble metal <sup>4</sup> .....	\$195.00
D6790	Crown - full cast high noble metal <sup>4</sup> .....	\$295.00
D6791	Crown - full cast predominantly base metal <sup>4</sup> .....	\$195.00
D6792	Crown - full cast noble metal <sup>4</sup> .....	\$195.00
D6930	Re-cement or re-bond fixed partial denture .....	\$15.00
D6940	Stress breaker <sup>4</sup> .....	\$25.00
D6980	Fixed partial denture repair necessitated by restorative material failure .....	\$20.00

**D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY**

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

D7111	Extraction, coronal remnants - deciduous tooth .....	\$6.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) .....	\$6.00
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated .....	\$15.00
D7220	Removal of impacted tooth - soft tissue .....	\$40.00



D7230	Removal of impacted tooth - partially bony .....	\$60.00
D7240	Removal of impacted tooth - completely bony .....	\$80.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications .....	\$80.00
D7250	Surgical removal of residual tooth roots (cutting procedure) .....	No Cost
D7251	Coronectomy - intentional partial tooth removal .....	\$80.00
D7286	Incisional biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i> .....	\$20.00
D7310	Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant .....	\$40.00
D7311	Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant .....	\$40.00
D7320	Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant .....	\$60.00
D7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant .....	\$60.00
D7471	Removal of lateral exostosis (maxilla or mandible) .....	\$50.00
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
<b>D8000-D8999 XI. ORTHODONTICS</b>		
D8070	Comprehensive orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i> <sup>5</sup> .....	\$1,800.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i> <sup>5</sup> .....	\$1,800.00
D8090	Comprehensive orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i> <sup>5</sup> .....	\$2,000.00
D8660	Pre-orthodontic treatment examination to monitor growth and development - <i>not to be charged with any other consultation procedure(s)</i> <sup>8</sup> .....	No Cost
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s)) <sup>7</sup> .....	No Cost
D8999	Unspecified orthodontic procedure, by report - <i>includes START-UP FEES, (including initial examination, diagnosis, consultation and initial banding)</i> .....	\$350.00
<b>D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES</b>		
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
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician .....	\$20.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed .....	\$5.00
D9440	Office visit - after regularly scheduled hours .....	\$20.00
D9450	Case presentation, detailed and extensive treatment planning .....	No Cost
D9931	Cleaning and inspection of a removable appliance .....	No Cost
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

Procedures not listed above are not covered, however, may be available at the Contract Dentist's "filed fees."

"Filed fees" mean 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.

#### FOOTNOTES

- <sup>1</sup> Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150.00.
- <sup>2</sup> Replacement is subject to a limitation requiring the existing restoration to be 5+ years old.
- <sup>3</sup> Includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement, if the Enrollee continues to be eligible and the service is provided at the Contract Dentist's facility where the denture was originally delivered.
- <sup>4</sup> Replacement is subject to a limitation requiring the existing bridge to be 5+ years old.
- <sup>5</sup> Listed Copayment covers up to 24 months of active orthodontic treatment excluding the services listed for D8999 (Start-up fee). Beyond 24 months of active treatment, an additional monthly fee of \$75.00 applies.
- <sup>6</sup> Base or noble metal is the benefit. If an inlay, onlay or indirectly fabricated post and core is made of high noble metal, an additional fee up to \$100.00 per tooth will be charged for the upgrade.

- 7 *Includes adjustments and/or office visits up to 24 months. After 24 months, a monthly fee of \$75.00 applies.*
- 8 *The Enrollee is also responsible for any incurred orthodontic diagnostic record fees.*
- 9 *A benefit for permanent teeth only.*
- 10 *Replacement is subject to a limitation requiring the existing denture to be 5+ years old.*
- 11 *Limited to 1 per denture during any 12 consecutive months.*

**SCHEDULE B**

**Limitations of Benefits**

1. Full mouth x-rays are limited to one set every 24 consecutive months and include any combination of periapicals, bitewings and/or panoramic film.
2. Bitewing x-rays are limited to not more than one series of four films in any six month period.
3. Diagnostic casts are limited to aid in diagnosis by the Contract Dentist for covered benefits.
4. If a biopsy is prior approved by Delta Dental to an oral surgeon, then examination of the resulting biopsy specimen is covered under codes D0472, D0473 or D0474 and available at no additional cost.
5. Prophylaxis or periodontal maintenance is limited to one procedure each six month period.
6. Benefits for sealants include the application of sealants only to permanent first and second molars with no decay, with no restorations and with the occlusal surface intact, for first molars through age nine and second molars through age 15. Benefits for sealants do not include the repair or replacement of a sealant on any tooth within three years of its application.
7. A filling is a benefit for the removal of decay, for minor repairs of tooth structure or to replace a lost filling.
8. A crown is a benefit when there is insufficient tooth structure to support a filling or to replace an existing crown that is non-functional or non-restorable and meets the five+ year limitation (Limitation #12).
9. A covered metallic inlay, onlay, crown or fixed partial denture (bridge) using base or noble metal is available for listed Copayment(s). If the Enrollee elects to have high noble metal used instead, the maximum additional cost of this material upgrade is \$100.00 per tooth or pontic. For a cast post and core, the benefit is for base or noble metal. If the Enrollee elects to have a high noble metal cast post and core instead, the maximum additional cost of this material upgrade is \$100.00 per tooth.
10. For molars, a covered inlay, onlay, crown, or unit of a fixed partial denture (bridge) is metallic without porcelain or other tooth-colored material. If the Enrollee elects to have porcelain, porcelain-fused-to-metal, resin or resin-with-metal used instead, the maximum additional cost for this tooth-colored material upgrade is \$150.00 per molar.
11. If a porcelain margin is also chosen by the Enrollee for a covered porcelain-fused-to-metal crown, the maximum additional cost for this laboratory upgrade is \$75.00.
12. The replacement of an existing inlay, onlay, crown, fixed partial denture (bridge) or a removable full or partial denture is covered when:
  - a. The existing restoration/bridge/denture is no longer functional and cannot be made functional by repair or adjustment, and
  - b. Either of the following:
    - The existing non-functional restoration/bridge/denture was placed five or more years prior to its replacement, or
    - If an existing partial denture is less than five years old, but must be replaced by a new partial denture due to the loss of a natural tooth, which cannot be replaced by adding another tooth to the existing partial denture.
13. A direct or indirect pulp cap is a benefit only on a vital permanent tooth with an open apex or a vital primary tooth.
14. With the exception of pulp caps and pulpotomies, endodontic procedures (e.g. root canal therapy, apicoectomy, retrofill, etc.) are only a benefit on a permanent tooth.
15. A therapeutic pulpotomy on a permanent tooth is limited to palliative treatment when the Contract Dentist is not performing root canal therapy.
16. Periodontal scaling and root planing are limited to four quadrants during any 12 month period.
17. Full mouth debridement (gross scale) is limited to one treatment in any 12 month period.
18. Coverage for the placement of a fixed partial denture (bridge) requires that:
  - a. No cantilevered posterior pontic (prosthetic tooth) be included; and
  - b. Either of the following:
    - The sole tooth to be replaced in the arch is a permanent tooth, which cannot be replaced by adding another tooth to an existing removable partial denture; or
    - The new bridge would replace an existing, non-functional bridge (see Limitation #12); or
    - Each abutment tooth to be crowned meets Limitation #8.
19. Relines, tissue conditioning and rebases are limited to one per denture during any 12 consecutive months.
20. Interim partial dentures (stayplates), in conjunction with fixed or removable appliances, are limited to:

- The replacement of extracted anterior teeth for adults during a healing period when the teeth cannot be added to an existing partial denture or
  - The replacement of permanent tooth/teeth for children under 16 years of age.
21. Retained primary teeth shall be covered as primary teeth.
  22. Excision of the frenum is a benefit only when it results in limited mobility of the tongue, it causes a large diastema between teeth or it interferes with a prosthetic appliance.
  23. 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.
  24. Benefits for a soft tissue management program are limited to those parts, which are listed covered services listed on Schedule A. If an Enrollee declines non-covered services within a soft tissue management program, it does not eliminate or alter other covered benefits.
  25. A new removable partial, complete or immediate denture includes after delivery adjustments and tissue conditioning at no additional cost for the first six months after placement if the Enrollee continues to be eligible and the service is provided at the Contract Dentist's facility where the denture was originally delivered.
  26. An Optional procedure is defined as any alternative procedure presented by the Contract Dentist that satisfies the same dental need as a covered procedure, is chosen by the Enrollee, and is subject to the limitations and exclusions of the program. The applicable charge to the Enrollee is the difference between the Contract Dentist's "filed fees" for the Optional procedure and the "filed fees" for the covered procedure, plus any applicable Copayment for the covered procedure. Optional treatment does not apply when alternative choices are benefits. Optional procedures include:
    - The use of a tooth-colored material when restoring a posterior tooth with a filling, inlay or onlay; and
    - Units in a fixed partial denture (bridge) made of porcelain/ceramic, which is not fused to and supported by underlying cast metal.

"Filed fees" mean 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.

### Exclusions of Benefits

1. Any procedure that is not specifically listed under *Schedule A, Description of Benefits and Copayments*.
2. Treatment provided in a government hospital, or for which benefits are provided under Medicare or other governmental program (except Medicaid), and State or Federal workers' compensation, employer liability or occupational disease law; benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable; services rendered and separately billed by employees of hospitals, laboratories or other institutions; services performed by a member of the Enrollee's immediate family; and services for which no charge is normally made.
3. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
4. Loss or theft of full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).
5. Dental expenses incurred in connection with any dental procedures started after termination of eligibility for coverage.
6. Dental expenses incurred in connection with any dental procedure started before the Enrollee's eligibility with the DeltaCare program. Examples include: teeth prepared for crowns, root canals in progress, orthodontics (unless qualified for the orthodontic treatment in progress provision).
7. Dispensing of drugs not normally supplied in a dental facility.
8. Any procedure that, in the professional opinion of the Contract Dentist or Delta Dental's dental consultant, is inconsistent with generally accepted standards for dentistry and will not produce a satisfactory result.
9. Dental services received from any dental facility other than the assigned Contract Dentist, including the services of a dental specialist, unless expressly authorized by Delta Dental or as cited under *Section 4.04*. To obtain authorization, the Enrollee should call the Customer Service department at 800-422-4234.
10. Consultations for non-covered benefits.
11. Implant placement or removal, appliances placed on or services associated with implants, including but not limited to prophylaxis and periodontal treatment.
12. Porcelain crowns, porcelain fused to metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.

13. Restorations placed solely due to cosmetics, abrasions, attrition, erosion, restoring or altering vertical dimension.

Treatment or materials primarily for cosmetic purposes including, but not limited to, porcelain or other veneers, except reconstructive surgery which is not medical in nature, and which is either (a) dentally necessary and follows surgery resulting from trauma, infection or other diseases of the involved part and is directly attributable thereto, or (b) dentally necessary because of a congenital disease or anomaly of a covered dependent child which has resulted in a functional defect. If treatment is not excluded as to particular teeth under this provision, cosmetic treatment of teeth adjacent to or near the affected ones is excluded. If an appliance is required as a result of reconstructive surgery, the appliance so provided will be the least expensive one which is adequate for the purpose.

This exclusion will not apply if the treatment is approved by an external appeal agent pursuant to Section 4910 of the New York Insurance Law. Refer to ENROLLEE COMPLAINT PROCEDURES and Appendix A, DELTA DENTAL OF NEW YORK'S INTERNAL GRIEVANCE PROCEDURE Rider for additional information.

14. Appliances or restorations necessary to increase vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth, periodontal splinting, gnathologic recordings, equilibration or treatment of disturbances of the temporomandibular joint (TMJ) which are medical in nature.
15. An extensive initial treatment plan which involves the removal and reestablishment of the occlusal contacts of 10 or more teeth with crowns, onlays, fixed partial dentures (bridges), or any combination of these is considered to be full mouth reconstruction under the DeltaCare Program. Crowns, onlays and fixed partial dentures associated with such a treatment plan are not covered benefits. This exclusion does not eliminate the benefit for other covered services.
16. 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.
17. Extraction of teeth, when teeth are asymptomatic/non-pathologic (no signs or symptoms of pathology or infection), including but not limited to the removal of third molars and orthodontic extractions.
18. Treatment or extraction of primary teeth when exfoliation (normal shedding and loss) is imminent.
19. Treatment required by reason of war, declared or undeclared.

#### Orthodontic Limitations

The DeltaCare USA program provides coverage for orthodontic treatment plans provided through Contract Orthodontists. The start-up fees and the cost to the Enrollee for the treatment plan are listed in *Schedule A, Description of Benefits and Copayments* and subject to the following:

1. Orthodontic treatment must be provided by the Contract Orthodontist.
2. Benefits cover 24 months of active comprehensive orthodontic treatment. Included is the initial examination, diagnosis, consultation, initial banding, 24 months of active treatment, de-banding and the retention phase of treatment. The retention phase includes the initial construction, placement and adjustment to retainers and office visits for a maximum of two years.
3. Treatment plans extending beyond 24 months of active treatment, or 24 months of the retention phase of treatment will be subject to a monthly office visit fee to the Enrollee not to exceed \$75.00 per month.
4. Should an Enrollee's coverage be cancelled or terminated for any reason, and at the time of cancellation or termination be receiving any orthodontic treatment, the Enrollee and not Delta Dental will be responsible for payment of any balance due for treatment provided after cancellation or termination. In such a case the Enrollee's payment shall be based on a maximum of \$2,800.00 for covered dependent children to age 19 and \$3,000.00 for covered adults and dependent children from age 19 - 23. The amount will be prorated over the number of months to completion of the treatment and, will be payable by the Enrollee on such terms and conditions as are arranged between the Enrollee and the Contract Orthodontist.
5. Three recementations or replacements of a bracket/band on the same tooth or a total of five rebracketings/rebandings on different teeth during the covered course of treatment are benefits. If any additional recementations or replacements of brackets/bands are performed, the Enrollee is responsible for the cost at the Contract Orthodontist's usual and customary fee.
6. Comprehensive orthodontic treatment (Phase II) consists of repositioning all or nearly all of the permanent teeth in an effort to make the Enrollee's occlusion as ideal as possible. This treatment usually requires complete fixed appliances; however, when the Contract Orthodontist deems it suitable, a European or removable appliance therapy may be substituted at the same Copayment amounts as for fixed appliances.

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

### Orthodontic Exclusions

1. Pre-, mid- and post-treatment records which include cephalometric x-rays, tracings, photographs and study models.
2. Lost, stolen or broken orthodontic appliances.
3. Retreatment of orthodontic cases.
4. Surgical procedures incidental to orthodontic treatment.
5. Myofunctional therapy.
6. Surgical procedures which are medical in nature and are related to cleft palate, micrognathia or macrognathia.
7. Treatment related to temporomandibular joint disturbances which is medical in nature.
8. Supplemental appliances not routinely used in typical comprehensive orthodontics.
9. Restorative work caused by orthodontic treatment.
10. Phase I orthodontics, as well as activator appliances and minor treatment for tooth guidance and/or arch expansion. Phase I orthodontics is defined as early treatment including interceptive orthodontia prior to the development of late mixed dentition.
11. Extractions solely for the purpose of orthodontics.
12. Treatment in progress at inception of eligibility.
13. Transfer after banding has been initiated.
14. Composite bands, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.

## SmileWay® Wellness Program

Find all of our dental health resources, including a risk assessment tool, articles, videos and a free e-newsletter subscription, at: [mysmileway.com](http://mysmileway.com).

## DeltaCare USA Customer Service

800-422-4234

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

The Group Dental Service Contract must be consulted to determine the exact terms and conditions of coverage. An Evidence of Coverage will be sent to you upon enrollment.

*In New York, DeltaCare USA is underwritten by Delta Dental of New York and administered by Delta Dental Insurance Company. These companies are financially responsible for their own products.*

#### **Customer Service**

800-422-4234  
Monday through Friday  
8 a.m. to 9 p.m., Eastern time

#### *Provided by:*

**Delta Dental of New York**  
575 Madison Avenue  
New York, NY 10022

#### *Administered by:*

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



[deltadentalins.com/enrollees](http://deltadentalins.com/enrollees)



