

# DeltaCare<sup>®</sup> USA – provided by Alpha Dental Programs, Inc.



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

Alpha Dental Programs is a single service (dental) HMO 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, 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 7 a.m. to 8 p.m., Central time

### Predictable costs

- No deductibles
- Out-of-pocket costs are clearly defined
- Emergency dental services coverage
- 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. 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 by us to be covered by your DeltaCare USA program.

### Provisions for emergency care

Under your DeltaCare USA program, you are covered for emergency dental services as described in the "Description of Benefits and Copayments."

### 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 individual contract dental facilities.

### Can I change my contract dentist?

You may change contract dentists by notifying us 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?

Three 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.

### Does my DeltaCare USA program cover tooth-colored fillings and crowns?

Porcelain and other tooth-colored materials are included as a benefit under your program. The copayment shows you what your out of pocket cost will be.

## Highlights of your DeltaCare USA Program

### **Can I have my teeth whitened under the DeltaCare USA program?**

External bleaching is a benefit under your program. See the "Description of Benefits and Copayments" and talk to your contract dentist about your options.

### **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 Customer Service at 800-422-4234. We have multilingual representatives available from 7 a.m. to 8 p.m. Central 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 this Program and is not to be interpreted as CDT-2016 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.**

CODE	DESCRIPTION	ENROLLEE PAYS
<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> <sup>1</sup> .....	No Cost
D0220	Intraoral - periapical first radiographic image .....	No Cost
D0230	Intraoral - periapical each additional radiographic image .....	No Cost
D0240	Intraoral - occlusal radiographic image .....	No Cost
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector .....	No Cost
D0251	Extraoral posterior dental radiographic image .....	No Cost
D0270	Bitewing - single radiographic image .....	No Cost
D0272	Bitewings - two radiographic images .....	No Cost
D0273	Bitewings three radiographic images .....	No Cost
D0274	Bitewings - four radiographic images - <i>limited to 1 series every 6 months</i> <sup>1</sup> .....	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 - <i>available only when performed in conjunction with a covered biopsy</i> .....	No Cost
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report - <i>available only when performed in conjunction with a covered biopsy</i> .....	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 - <i>available only when performed in conjunction with a covered biopsy</i> .....	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
<b>D1000-D1999 II. PREVENTIVE</b>		
D1110	Prophylaxis <i>cleaning</i> - adult - <i>1 per 6 month period</i> <sup>1</sup> .....	No Cost
D1110	<i>Additional prophylaxis cleaning</i> - adult ( <i>within the 6 month period</i> ) <sup>1</sup> .....	\$20.00
D1120	Prophylaxis <i>cleaning</i> - child - <i>1 per 6 month period</i> <sup>1</sup> .....	No Cost

D1120	Additional prophylaxis cleaning - child (within the 6 month period) <sup>1</sup>	\$15.00
D1206	Topical application of fluoride varnish - 1 D1206 or D1208 per 6 month period <sup>1</sup>	No Cost
D1208	Topical application of fluoride - excluding varnish - 1 D1206 or D1208 per 6 month period <sup>1</sup>	No Cost
D1310	Nutritional counseling for control of dental disease	No Cost
D1320	Tobacco counseling for the control and prevention of oral disease	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth - limited to permanent molars through age 15	\$5.00
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - limited to permanent molars through age 15	\$5.00
D1353	Sealant repair - per tooth - limited to permanent molars through age 15	\$5.00
D1510	Space maintainer - fixed - unilateral	\$20.00
D1515	Space maintainer - fixed - bilateral	\$20.00
D1520	Space maintainer - removable - unilateral	\$30.00
D1525	Space maintainer - removable - bilateral	\$30.00
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 \$125.00 per crown, beyond the 6th unit.

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

\* Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed \$325.00 in addition to the listed Copayment. Refer to Limitation of Benefits #4 for additional information.

D2140	Amalgam - one surface, primary or permanent	No Cost
D2150	Amalgam - two surfaces, primary or permanent	No Cost
D2160	Amalgam - three surfaces, primary or permanent	No Cost
D2161	Amalgam - four or more surfaces, primary or permanent	No Cost
D2330	Resin-based composite - one surface, anterior	\$10.00
D2331	Resin-based composite - two surfaces, anterior	\$14.00
D2332	Resin-based composite - three surfaces, anterior	\$16.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$20.00
D2390	Resin-based composite crown, anterior	\$20.00
D2391	Resin-based composite - one surface, posterior	\$25.00
D2392	Resin-based composite - two surfaces, posterior	\$30.00
D2393	Resin-based composite - three surfaces, posterior	\$35.00
D2394	Resin-based composite - four or more surfaces, posterior	\$40.00
D2510	Inlay - metallic - one surface	\$85.00
D2520	Inlay - metallic - two surfaces	\$90.00
D2530	Inlay - metallic - three or more surfaces	\$95.00
D2542	Onlay - metallic - two surfaces	\$95.00
D2543	Onlay - metallic - three surfaces	\$100.00
D2544	Onlay - metallic - four or more surfaces	\$110.00
D2610	Inlay - porcelain/ceramic - one surface*	\$190.00
D2620	Inlay - porcelain/ceramic - two surfaces*	\$190.00
D2630	Inlay - porcelain/ceramic - three or more surfaces*	\$190.00
D2642	Onlay - porcelain/ceramic - two surfaces*	\$190.00
D2643	Onlay - porcelain/ceramic - three surfaces*	\$190.00
D2644	Onlay - porcelain/ceramic - four or more surfaces*	\$190.00
D2650	Inlay - resin-based composite - one surface	\$130.00
D2651	Inlay - resin-based composite - two surfaces	\$130.00
D2652	Inlay - resin-based composite - three or more surfaces	\$130.00
D2662	Onlay - resin-based composite - two surfaces	\$130.00
D2663	Onlay - resin-based composite - three surfaces	\$130.00
D2664	Onlay - resin-based composite - four or more surfaces	\$130.00
D2710	Crown - resin-based composite (indirect)	\$130.00
D2712	Crown - ¾ resin-based composite (indirect)	\$130.00

D2720	Crown - resin with high noble metal .....	\$280.00
D2721	Crown - resin with predominantly base metal .....	\$115.00
D2722	Crown - resin with noble metal .....	\$270.00
D2740	Crown - porcelain/ceramic substrate* .....	\$330.00
D2750	Crown - porcelain fused to high noble metal* .....	\$305.00
D2751	Crown - porcelain fused to predominantly base metal .....	\$150.00
D2752	Crown - porcelain fused to noble metal .....	\$300.00
D2780	Crown - ¾ cast high noble metal .....	\$305.00
D2781	Crown - ¾ cast predominantly base metal .....	\$150.00
D2782	Crown - ¾ cast noble metal .....	\$300.00
D2783	Crown - ¾ porcelain/ceramic* .....	\$305.00
D2790	Crown - full cast high noble metal .....	\$305.00
D2791	Crown - full cast predominantly base metal .....	\$150.00
D2792	Crown - full cast noble metal .....	\$300.00
D2794	Crown - titanium .....	\$305.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration .....	No Cost
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core .....	No Cost
D2920	Re-cement or re-bond crown .....	No Cost
D2921	Reattachment of tooth fragment, incisal edge or cusp ( <i>anterior</i> ) .....	\$20.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth - <i>anterior</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> .....	\$30.00
D2933	Prefabricated stainless steel crown with resin window - <i>anterior primary tooth</i> .....	\$30.00
D2940	Protective restoration .....	No Cost
D2941	Interim therapeutic restoration - primary dentition .....	No Cost
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 .....	\$10.00
D2952	Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i> .....	\$50.00
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> .....	\$30.00
D2955	Post removal .....	\$10.00
D2957	Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i> .....	\$28.00
D2960	Labial veneer (resin laminate) - chairside - <i>limited to replacement of significant tooth structure loss due to caries or fracture</i> .....	\$245.00
D2961	Labial veneer (resin laminate) - laboratory - <i>limited to replacement of significant tooth structure loss due to caries or fracture</i> .....	\$295.00
D2962	Labial veneer (porcelain laminate) - laboratory - <i>limited to replacement of significant tooth structure loss due to caries or fracture</i> .....	\$345.00
D2971	Additional procedures to construct new crown under existing partial denture framework .....	\$45.00
D2980	Crown repair necessitated by restorative material failure .....	No Cost
D2981	Inlay repair necessitated by restorative material failure .....	No Cost
D2982	Onlay repair necessitated by restorative material failure .....	No Cost
D2983	Veneer repair necessitated by restorative material failure .....	No Cost
D2990	Resin infiltration of incipient smooth surface lesions - <i>limited to permanent molars through age 15</i> .....	\$5.00
<b>D3000-D3999 IV. ENDODONTICS</b>		
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 .....	No Cost
D3221	Pulpal debridement, primary and permanent teeth .....	\$15.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development .....	No Cost
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) .....	No Cost
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) .....	\$8.00
D3310	<i>Root canal</i> - endodontic therapy, anterior tooth (excluding final restoration) .....	\$75.00

D3320	Root canal - endodontic therapy, bicuspid tooth (excluding final restoration)	\$110.00
D3330	Root canal - endodontic therapy, molar (excluding final restoration)	\$200.00
D3331	Treatment of root canal obstruction; non-surgical access	\$70.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$70.00
D3333	Internal root repair of perforation defects	\$70.00
D3346	Retreatment of previous root canal therapy - anterior	\$115.00
D3347	Retreatment of previous root canal therapy - bicuspid	\$150.00
D3348	Retreatment of previous root canal therapy - molar	\$260.00
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$70.00
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	\$80.00
D3421	Apicoectomy - bicuspid (first root)	\$85.00
D3425	Apicoectomy - molar (first root)	\$95.00
D3426	Apicoectomy (each additional root)	\$55.00
D3427	Periradicular surgery without apicoectomy	\$80.00
D3430	Retrograde filling - per root	\$10.00
D3450	Root amputation - per root	\$75.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$75.00

**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	\$150.00
D4249	Clinical crown lengthening - hard tissue	\$120.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$260.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$208.00
D4263	Bone replacement graft - first site in quadrant	\$195.00
D4264	Bone replacement graft - each additional site in quadrant	\$85.00
D4266	Guided tissue regeneration - resorbable barrier, per site	\$210.00
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	\$240.00
D4270	Pedicle soft tissue graft procedure	\$195.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	\$75.00
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$60.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	\$250.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	\$195.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	\$195.00
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$45.00
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$150.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - limited to 4 quadrants during any 12 consecutive months	\$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
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth - <i>for each of the first two teeth treated within a quadrant following root planing or periodontal maintenance</i> .....	\$60.00
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth - <i>for an additional tooth treated in the same quadrant following root planing or periodontal maintenance</i> .....	No Cost
D4910	Periodontal maintenance - <i>limited to 1 treatment each 6 month period</i> .....	\$30.00
D4910	Additional periodontal maintenance ( <i>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 .....	\$165.00
D5120	Complete denture - mandibular .....	\$165.00
D5130	Immediate denture - maxillary .....	\$175.00
D5140	Immediate denture - mandibular .....	\$175.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) .....	\$155.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) .....	\$155.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) .....	\$190.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) .....	\$190.00
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth) .....	\$155.00
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth) .....	\$155.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) .....	\$190.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) .....	\$190.00
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
D5281	Removable unilateral partial denture - one piece cast metal (including clasps and teeth) .....	\$180.00
D5410	Adjust complete denture - maxillary .....	No Cost
D5411	Adjust complete denture - mandibular .....	No Cost
D5421	Adjust partial denture - maxillary .....	No Cost
D5422	Adjust partial denture - mandibular .....	No Cost
D5510	Repair broken complete denture base .....	\$24.00
D5520	Replace missing or broken teeth - complete denture (each tooth) .....	\$20.00
D5610	Repair resin denture base .....	\$24.00
D5620	Repair cast framework .....	\$24.00
D5630	Repair or replace broken clasp - per tooth .....	\$24.00
D5640	Replace broken teeth - per tooth .....	\$20.00
D5650	Add tooth to existing partial denture .....	\$20.00
D5660	Add clasp to existing partial denture - per tooth .....	\$20.00
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 .....	\$60.00
D5711	Rebase complete mandibular denture .....	\$60.00
D5720	Rebase maxillary partial denture .....	\$60.00
D5721	Rebase mandibular partial denture .....	\$60.00
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)	\$50.00
D5751	Reline complete mandibular denture (laboratory)	\$50.00
D5760	Reline maxillary partial denture (laboratory)	\$50.00
D5761	Reline mandibular partial denture (laboratory)	\$50.00
D5820	Interim partial denture (maxillary) - <i>limited to 1 in any 12 consecutive months</i>	\$65.00
D5821	Interim partial denture (mandibular) - <i>limited to 1 in any 12 consecutive months</i>	\$65.00
D5850	Tissue conditioning, maxillary	No Cost
D5851	Tissue conditioning, mandibular	No Cost

**D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered****D6000-D6199 VIII. IMPLANT SERVICES - Not Covered****D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])**

- When a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional \$125.00 per unit, beyond the 6th unit.

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

\* Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed \$325.00 in addition to the listed Copayment. Refer to Limitation of Benefits #4 for additional information.

D6205	Pontic - indirect resin based composite	\$130.00
D6210	Pontic - cast high noble metal	\$305.00
D6211	Pontic - cast predominantly base metal	\$150.00
D6212	Pontic - cast noble metal	\$300.00
D6214	Pontic - titanium	\$305.00
D6240	Pontic - porcelain fused to high noble metal*	\$305.00
D6241	Pontic - porcelain fused to predominantly base metal	\$150.00
D6242	Pontic - porcelain fused to noble metal	\$300.00
D6245	Pontic - porcelain/ceramic*	\$305.00
D6250	Pontic - resin with high noble metal	\$280.00
D6251	Pontic - resin with predominantly base metal	\$115.00
D6252	Pontic - resin with noble metal	\$270.00
D6600	Retainer inlay - porcelain/ceramic, two surfaces	\$190.00
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	\$190.00
D6602	Retainer inlay - cast high noble metal, two surfaces	\$300.00
D6603	Retainer inlay - cast high noble metal, three or more surfaces	\$300.00
D6604	Retainer inlay - cast predominantly base metal, two surfaces	\$90.00
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	\$95.00
D6606	Retainer inlay - cast noble metal, two surfaces	\$300.00
D6607	Retainer inlay - cast noble metal, three or more surfaces	\$300.00
D6608	Retainer onlay - porcelain/ceramic, two surfaces	\$190.00
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	\$190.00
D6610	Retainer onlay - cast high noble metal, two surfaces	\$300.00
D6611	Retainer onlay - cast high noble metal, three or more surfaces	\$300.00
D6612	Retainer onlay - cast predominantly base metal, two surfaces	\$95.00
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	\$100.00
D6614	Retainer onlay - cast noble metal, two surfaces	\$300.00
D6615	Retainer onlay - cast noble metal, three or more surfaces	\$300.00
D6710	Retainer crown - indirect resin based composite	\$130.00
D6720	Retainer crown - resin with high noble metal	\$280.00
D6721	Retainer crown - resin with predominantly base metal	\$115.00
D6722	Retainer crown - resin with noble metal	\$270.00
D6740	Retainer crown - porcelain/ceramic*	\$305.00
D6750	Retainer crown - porcelain fused to high noble metal*	\$305.00
D6751	Retainer crown - porcelain fused to predominantly base metal	\$150.00
D6752	Retainer crown - porcelain fused to noble metal	\$300.00
D6780	Retainer crown - $\frac{3}{4}$ cast high noble metal	\$305.00
D6781	Retainer crown - $\frac{3}{4}$ cast predominantly base metal	\$150.00

D6782	Retainer crown - ¾ cast noble metal .....	\$300.00
D6783	Retainer crown - ¾ porcelain/ceramic* .....	\$305.00
D6790	Retainer crown - full cast high noble metal .....	\$305.00
D6791	Retainer crown - full cast predominantly base metal .....	\$150.00
D6792	Retainer crown - full cast noble metal .....	\$300.00
D6794	Retainer crown - titanium .....	\$305.00
D6930	Re-cement or re-bond fixed partial denture .....	No Cost
D6940	Stress breaker .....	\$95.00
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 .....	No Cost
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) .....	\$5.00
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated .....	\$30.00
D7220	Removal of impacted tooth - soft tissue .....	\$45.00
D7230	Removal of impacted tooth - partially bony .....	\$60.00
D7240	Removal of impacted tooth - completely bony .....	\$85.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications .....	\$100.00
D7250	Surgical removal of residual tooth roots (cutting procedure) .....	\$30.00
D7251	Coronectomy - intentional partial tooth removal .....	\$100.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth .....	\$95.00
D7280	Surgical access of an unerupted tooth .....	\$70.00
D7282	Mobilization of erupted or malpositioned tooth to aid eruption .....	\$70.00
D7283	Placement of device to facilitate eruption of impacted tooth .....	\$50.00
D7286	Incisional biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i> .....	No Cost
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant .....	\$35.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant .....	\$20.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant .....	\$40.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant .....	\$25.00
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm .....	\$50.00
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm .....	\$75.00
D7471	Removal of lateral exostosis (maxilla or mandible) .....	\$60.00
D7472	Removal of torus palatinus .....	\$45.00
D7473	Removal of torus mandibularis .....	\$45.00
D7510	Incision and drainage of abscess - intraoral soft tissue .....	\$10.00
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	No Cost
D7970	Excision of hyperplastic tissue - per arch .....	\$50.00
D7971	Excision of pericoronal gingiva .....	\$30.00

**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:**

The benefit for pre-treatment records and diagnostic services includes: .....

D0210	Intraoral - complete series of radiographic images	\$200.00
D0322	Tomographic survey	
D0330	Panoramic radiographic image	
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	
D0350	2D oral/facial photographic images obtained intraorally or extraorally	
D0351	3D photographic image	
D0470	Diagnostic casts	

The benefit for post-treatment records includes: .....

D0210	Intraoral - complete series of radiographic images	\$70.00
D0470	Diagnostic casts	

D8010	Limited orthodontic treatment of the primary dentition .....	\$725.00
D8020	Limited orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i> .....	\$725.00
D8030	Limited orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i> .....	\$725.00
D8040	Limited orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i> .....	\$925.00
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
D8670	Periodic orthodontic treatment visit - <i>included in comprehensive case fee</i> .....	No Cost
D8680	Orthodontic retention (removal of appliances, construction and placement of <i>removable</i> retainers) .....	\$250.00
D8681	Removable orthodontic retainer adjustment .....	No Cost
D8693	Re-bond or re-cement fixed retainer - <i>limited to 2 per 6 month period</i> .....	No Cost
D8694	Repair of fixed retainers, includes reattachment - <i>limited to 2 per 6 month period</i> .....	No Cost
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
D9223	Deep sedation/general anesthesia - each 15 minute increment .....	\$80.00
D9243	Intravenous moderate (conscious) sedation/analgesia - each 15 minute increment .....	\$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 .....	\$15.00
D9450	Case presentation, detailed and extensive treatment planning .....	No Cost
D9932	Cleaning and inspection of removable complete denture, maxillary .....	No Cost
D9933	Cleaning and inspection of removable complete denture, mandibular .....	No Cost
D9934	Cleaning and inspection of removable partial denture, maxillary .....	No Cost
D9935	Cleaning and inspection of removable partial denture, mandibular .....	No Cost
D9940	Occlusal guard, by report - <i>limited to 1 in 3 years</i> .....	\$85.00
D9943	Occlusal guard adjustment .....	\$10.00
D9951	Occlusal adjustment, limited .....	\$15.00
D9952	Occlusal adjustment, complete .....	\$50.00
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 Specialist Services, and are referred by the assigned Contract Dentist, must be authorized by Alpha. 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" mean the Contract Dentist's fees on file with Alpha. Questions regarding these fees should be directed to the Customer Service department at 800-422-4234.

**FOOTNOTES**

- <sup>1</sup> Frequency limitations do not apply when services are needed more frequently due to medical necessity as determined by the Contract Dentist.

## SCHEDULE B

### Limitations of Benefits

1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments*;
2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional \$125.00 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. Contract Dentists may offer services that utilize brand or trade names at an additional fee. The Enrollee must be offered the plan benefits of a high quality laboratory processed crown/pontic that may include: porcelain/ceramic; porcelain with base, noble or high-noble metal. If the Enrollee chooses the alternative of a material upgrade (name brand laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials, including but not limited to: Captek, Procera, Lava, Empress and Cerec) the Contract Dentist may charge an additional fee not to exceed \$325.00 in addition to the listed Copayment. Contact the Customer Service department at 800-422-4234 if you have questions regarding the additional fee or name brand services;
5. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by Alpha, less applicable Copayments. Alpha will consider exceptions on an individual basis if a child has a physical or mental impairment, limitation or condition which substantially interferes with that child's ability to have Benefits provided by a Contract Dentist;
6. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged;
7. Benefits for dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with this Program are limited as follows:

Upon request of a newly covered Enrollee, Alpha will provide Benefits for the completion of covered services begun prior to the time his or her coverage became effective. Alpha will not provide coverage for incomplete services that are not otherwise Benefits under the terms and conditions of the Contract. Enrollees may request completion of treatment in progress by calling the Customer Service department at 800 422-4234 during normal business hours, or by sending a written request to Alpha.

Whenever possible, an Enrollee should complete treatment in progress with the Dentist who initiated the service. If such Dentist is an out-of-network Dentist, that Dentist must agree to the same terms and conditions that apply to an in-network Dentist in order for Alpha to provide Benefits. Copayments and other cost sharing components will apply. Benefits may be adjusted so that the total paid by the Enrollee and/or coverage provided by all plans is not more than 100% of total Allowable Expenses (as defined in the Coordination of Benefits section of the Contract).

Should the Enrollee be unable to complete treatment with the Dentist who initiated the service, Alpha will make reasonable and appropriate arrangements for completion of such treatment by a Contract Dentist.

8. Orthodontic treatment in progress is limited to new 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 this Program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Alpha is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

### Exclusions of Benefits

1. Any procedure that is not specifically listed under *Schedule A, Description of Benefits and Copayments*;
2. Any procedure that has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or 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 or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age;

5. Lost, stolen or broken appliances including, but not limited to, full or partial dentures, space maintainers, crowns, fixed partial dentures (bridges) and orthodontic appliances;
6. Procedures, appliances or restoration if the purpose is to change vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth, periodontal splinting, gnathologic recordings or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ), with the exception of procedures D9951 and D9952 as shown on *Schedule A*;
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 or other diagnostic services for non-covered benefits;
10. Dental services received from any dental facility other than the assigned Contract Dentist or an authorized dental specialist (oral surgeon, endodontist, periodontist, pediatric dentist or Contract Orthodontist) except for *Emergency Dental Services* as described in *Schedule A*;
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 and over-the-counter drugs;
13. Changes in orthodontic treatment necessitated by accident of any kind;
14. Myofunctional and parafunctional appliances and/or therapies, with the exception of procedure D9940 (occlusal guard, by report).
15. Composite or ceramic brackets, lingual adaptation of orthodontic bands, Invisalign and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
16. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services;

The following dental terms have the meanings indicated:

**Abrasion** - The abnormal wearing away of the tooth by chewing, incorrect brushing methods, grinding or similar causes.

**Alveoloplasty** - A surgical procedure to reshape the jaw bones to achieve normal bone contour in preparation for tooth replacement via denture, partials or bridges.

**Amalgam** - A metal alloy used in filling teeth.

**Apicoectomy** - The surgical removal of the root tip.

**Appliance** - A device used to provide function or therapeutic effect.

**Attrition** - The normal loss of tooth substance resulting from friction during chewing.

**Banding** - Application of preformed stainless steel rings that are fitted around the teeth and cemented in place.

**Banding dentition** - Treatment of a tooth which involves banding (for orthodontic purposes).

**Cephalometric x-rays** - X-rays used in studying the measurements of the head in relation to specific soft tissue and bony reference points.

**Cleft palate** - A birth defect resulting in an incomplete closure or formation of the palate.

**Debridement** - The removal of plaque and tartar, above and below the gumline, which makes the ability to evaluate the gum condition difficult.

**Equilibration** - Changing the occlusal forms of the teeth by selective grinding, with the interest of balancing occlusal stresses more evenly on the teeth.

**Erosion** - Chemical or mechanical destruction of tooth substance, the mechanism of which is incompletely known, that leads to the creation of a depression in the tooth surface at the gumline.

**Exostosis** - An excessive growth of bone.

**Expansion appliance** - An appliance used to widen a dental arch to increase the room available for permanent teeth and/or to correct the bite.

**Frenum** - The fibers that attach the cheek, lips or tongue to the tissue lining the mouth.

**Frenectomy** - Surgical removal or loosening of the frenum.

**Functional appliance** - An appliance used to achieve minor tooth movement, to strengthen the muscles of the oral cavity or to maintain space created by the loss or delayed eruption of the teeth.

**Gingiva** - The soft tissue which covers a tooth or the gum surrounding a tooth.

**Gingivectomy** - The surgical removal of the unsupported gingiva to the level where it is attached.

**Gingivoplasty** - Surgical contouring of the gingiva to facilitate maintenance of tissue health and integrity.

**Headgear** - An apparatus encircling the head or neck that provides attachment for an intraoral appliance in use of extraoral anchorage.

**Implant** - A device specially designed to be placed surgically within or on the mandibular or maxillary bone as a means of providing for dental replacement of a missing tooth.

**Lingual** - Pertaining to the tongue.

- Macrognothia** - A definite overgrowth of the mandible and maxilla.
- Mandible** - The lower jaw.
- Mandibular** - Pertaining to the lower jaw.
- Maxilla** - The upper jaw.
- Maxillary** - Pertaining to the upper jaw.
- Micrognathia** - An abnormal smallness of the jaws, especially the mandible.
- Myofunctional therapy** - Training to curb or eliminate abnormal muscle function of the oral cavity.
- Occlusal** - The chewing surfaces of the posterior teeth.
- Occlusion** - The contact between the upper and lower teeth when in a closed position.
- Orthodontic appliance** - Any appliance used to apply forces for tooth movement during orthodontic treatment.
- Palate** - The roof of the mouth.
- Palatal** - Pertaining to the roof of the mouth.
- Palliative** - Action that relieves pain but does not cure the cause of the pain.
- Panoramic film** - An x-ray that offers a full view of the entire length of the jaws in a single x-ray.
- Pediatric or Pedodontic** - Pertaining to children.
- Periapical** - The area surrounding or enclosing the root tip of a tooth.
- Periodontitis** - Gingival changes that occur due to infection and loss of attachment between the tooth and gums. Periodontitis is a long-term progressive disease.
- Periradicular** - Around the root.
- Pontic** - The term used for the artificial tooth on a bridge.
- Prophylaxis** - The removal of plaque, tartar and stains on the crown portion of the teeth, including polishing.
- Pulp cap** - The covering of an exposed dental nerve with material that protects it from foreign irritants.
- Quadrant** - One of the four equal sections into which the dental arches can be divided; begins at the middle of the arch and goes to the last tooth on either side.
- Rebase** - Process of refitting a denture by replacing the acrylic base material.
- Resin** - Broad term used to indicate an organic substance that is usually tooth colored. Composite resin used in filling teeth, most often in the front of the mouth.
- Retainer** - An appliance used to maintain the positions of the teeth and jaws gained by orthodontic procedures.
- Retrograde filling** - A method of sealing the root canal by preparing and filling it from the root tip.
- Root planing** - A procedure designed to remove bacteria, tartar and diseased root tissue from the root surfaces. Often referred to as "deep cleaning."
- Sealant** - Application of a resin material to the biting surfaces of the permanent molars to seal the surface crevices to prevent the formation of decay.
- Study model** - A positive likeness of dental structures (teeth and adjoining tissues) for the purpose of study and treatment planning.

**Supernumerary** - Any tooth in excess of the 32 normal permanent teeth.

**Temporomandibular joint** - The joint formed by the connection of the lower jaw to the skull.

**Tracing** - As it relates to orthodontic treatment, a tracing is a line drawing of pertinent features of a cephalometric x-ray made on a piece of transparent paper placed over an x-ray. The tracing provides measurements of soft tissue and bony reference points that aid in predicting growth patterns and orthodontic diagnosis and treatment planning.

**Trigeminal nerve** - The main nerve that provides feeling to the muscles and tissues of the face, jaws and teeth.

**Vertical demension** - The vertical height of the face with teeth in occlusion.



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## 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. **If you wish to review an Evidence of Coverage prior to enrollment, you may request a copy by calling Customer Service at 800-422-4234.**

*In Texas, DeltaCare USA is underwritten by Alpha Dental Programs, Inc. and administered by Delta Dental Insurance Company. These companies are financially responsible for their own products.*

#### **Customer Service**

800-422-4234  
Monday through Friday  
7 a.m. to 8 p.m., Central time

*Provided by:*

**Alpha Dental Programs, Inc.**  
1701 Shoal Creek, Suite 240  
Highland Village, TX 75077

*Administered by:*

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



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