

SCHEDULE A
Description of Benefits and Copayments
 Alpha Dental of Utah, Inc. Individual & Family
 DeltaCare® USA
 Preferred Plan for Families

The Benefits shown below are performed as needed and deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the DeltaCare® USA Plan ("Plan"). 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 Plan and is not to be interpreted as Current Dental Terminology ("CDT") CDT-2022 Procedure Codes, descriptors or nomenclature which is under copyright by the American Dental Association® ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

Out-of-Pocket Maximum ("OOPM") for Pediatric Enrollees (Through Age 18)

Pediatric Enrollee	\$375.00 each Calendar Year
Multiple Pediatric Enrollees	\$750.00 each Calendar Year

OOPM applies only to Essential Health Benefits ("EHB") for Pediatric Enrollee(s). OOPM means the maximum amount of money that a Pediatric Enrollee must pay for Benefits under this plan during a Calendar Year. Payment for Premiums and payment for services that are Optional, that are upgraded treatments, or that are not covered under the Policy, will not count toward the OOPM, and payment for such services will continue to apply even after the OOPM is met.

If more than one Pediatric Enrollee is covered under this Policy, the financial obligation for Benefits is not more than the OOPM for multiple Pediatric Enrollees. After a Pediatric Enrollee meets their Pediatric Enrollee OOPM, they will have no further payment for the remainder of the Calendar Year for Benefits. Once the amount paid by all Pediatric Enrollee(s) equals the OOPM for multiple Pediatric Enrollees, no further payment will be required by any of the Pediatric Enrollee(s) for the remainder of the Calendar Year for Benefits.

Alpha recommends that the Pediatric Enrollee or other party responsible for the Pediatric Enrollee keep a record of payment for Benefits. If you have any questions regarding your OOPM, please contact the Customer Service department at 888-857-0337.

Code	Description	Pediatric Enrollee Pays	Adult Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees	Clarification/ Limitations for Adult Enrollees
<i>D0100–D0999 I. DIAGNOSTIC</i>					
D0999	Unspecified diagnostic procedure, by report	No cost	\$5	<i>Includes office visit, per visit (in addition to other services)</i>	<i>Includes office visit, per visit (in addition to other services)</i>
D0120	Periodic oral evaluation - established patient	\$5	\$5	<i>2 of (D0120, D0150, D0180) per 12 months</i>	
D0140	Limited oral evaluation - problem focused	\$5	\$5		
D0150	Comprehensive oral evaluation - new or established patient	\$5	\$5	<i>2 of (D0120, D0150, D0180) per 12 months</i>	
D0160	Detailed and extensive oral evaluation - problem focused, by report	Not a benefit	No cost		

Code	Description	Pediatric Enrollee Pays	Adult Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees	Clarification/ Limitations for Adult Enrollees
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	Not a benefit	No cost		
D0171	Re-evaluation - post-operative office visit	No cost	\$5		
D0180	Comprehensive periodontal evaluation - new or established patient	\$5	\$5	2 of (D0120, D0150, D0180) per 12 months	
D0190	Screening of a patient	No cost	No cost	1 of (D0190, D0191) per 12 months	1 of (D0190, D0191) per 12 months
D0191	Assessment of a patient	No cost	No cost	1 of (D0190, D0191) per 12 months	1 of (D0190, D0191) per 12 months
D0210	Intraoral - complete series of radiographic images	\$5	\$5	1 of (D0210, D0330) per 36 months	1 of (D0210, D0330) per 24 months
D0220	Intraoral - periapical first radiographic image	\$5	\$5		
D0230	Intraoral - periapical each additional radiographic image	\$5	\$5		
D0240	Intraoral - occlusal radiographic image	\$5	\$5		
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	\$5	\$5		
D0270	Bitewing - single radiographic image	\$5	\$5		
D0272	Bitewings - two radiographic images	\$5	\$5		
D0273	Bitewings - three radiographic images	\$5	\$5		
D0274	Bitewings - four radiographic images	\$5	\$5	2 series per 12 months	1 series per 6 months
D0277	Vertical bitewings - 7 to 8 radiographic images	\$5	\$5		
D0330	Panoramic radiographic image	\$5	\$5	1 of (D0210, D0330) per 36 months	1 of (D0210, D0330) per 24 months
D0415	Collection of microorganisms for culture and sensitivity	Not a benefit	No cost		
D0419	Assessment of salivary flow by measurement	No cost	No cost	1 per 12 months	1 per 12 months
D0425	Caries susceptibility tests	Not a benefit	No cost		
D0460	Pulp vitality tests	Not a benefit	No cost		
D0470	Diagnostic casts	Not a benefit	No cost		
D0472	Accession of tissue, gross examination, preparation and transmission of written report	Not a benefit	No cost		Available only when performed in conjunction with a covered biopsy
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	Not a benefit	No cost		Available only when performed in conjunction with a covered biopsy
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	Not a benefit	No cost		Available only when performed in conjunction with a covered biopsy
D0601	Caries risk assessment and documentation, with a finding of low risk	No cost	No cost	1 of (D0601, D0602, D0603) per 12 months when performed by the same Contract Dentist or office	1 of (D0601, D0602, D0603) per 12 months when performed by the same Contract Dentist or office

Code	Description	Pediatric Enrollee Pays	Adult Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees	Clarification/ Limitations for Adult Enrollees
D0602	Caries risk assessment and documentation, with a finding of moderate risk	No cost	No cost	1 of (D0601, D0602, D0603) per 12 months when performed by the same Contract Dentist or office	1 of (D0601, D0602, D0603) per 12 months when performed by the same Contract Dentist or office
D0603	Caries risk assessment and documentation, with a finding of high risk	No cost	No cost	1 of (D0601, D0602, D0603) per 12 months when performed by the same Contract Dentist or office	1 of (D0601, D0602, D0603) per 12 months when performed by the same Contract Dentist or office
D0701	Panoramic radiographic image - image capture only	No cost	No cost		
D0706	Intraoral - occlusal radiographic image - image capture only	No cost	No cost		
D0707	Intraoral - periapical radiographic image - image capture only	No cost	No cost		
D0708	Intraoral - bitewing radiographic image - image capture only	No cost	No cost		
D0709	Intraoral - complete series of radiographic images - image capture only	No cost	No cost		
D1000-D1999 II. PREVENTIVE					
D1110	Prophylaxis - adult	\$5	\$5	Cleaning; 2 of (D1110, D1120, D4346) per 12 months; age 14 through 18	Cleaning; 2 of (D1110, D4346) per 12 months
D1110	Prophylaxis - adult	Not a benefit	\$45		Up to 2 additional cleanings per 12 months
D1120	Prophylaxis - child	\$5	Not a benefit	Cleaning; 2 of (D1110, D1120, D4346) per 12 months; age 0 to 13	
D1206	Topical application of fluoride varnish	\$5	Not a benefit	2 of (D1206, D1208) per 12 months	
D1208	Topical application of fluoride - excluding varnish	\$5	Not a benefit	2 of (D1206, D1208) per 12 months	
D1310	Nutritional counseling for control of dental disease	Not a benefit	No cost		
D1320	Tobacco counseling for the control and prevention of oral disease	Not a benefit	No cost		
D1330	Oral hygiene instructions	Not a benefit	No cost		
D1351	Sealant - per tooth	\$5	Not a benefit	Permanent molars without restorations or decay through age 18; 1 per tooth per 60 months	
D1353	Sealant repair - per tooth	\$5	Not a benefit	Permanent molars without restorations or decay through age 18; 1 per tooth per 60 months	
D1354	Application of caries arresting medicament - per tooth	\$5	Not a benefit	2 per 12 months	
D2000-D2999 III. RESTORATIVE					
- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.					
- Replacement of crowns, inlays and onlays requires the existing restoration to be 60+ months old.					

Code	Description	Pediatric Enrollee Pays	Adult Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees	Clarification/ Limitations for Adult Enrollees
D2140	Amalgam - one surface, primary or permanent	Not a benefit	\$14		
D2150	Amalgam - two surfaces, primary or permanent	Not a benefit	\$25		
D2160	Amalgam - three surfaces, primary or permanent	Not a benefit	\$30		
D2161	Amalgam - four or more surfaces, primary or permanent	Not a benefit	\$45		
D2330	Resin-based composite - one surface, anterior	Not a benefit	\$35		
D2331	Resin-based composite - two surfaces, anterior	Not a benefit	\$40		
D2332	Resin-based composite - three surfaces, anterior	Not a benefit	\$45		
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	Not a benefit	\$55		
D2390	Resin-based composite crown, anterior	Not a benefit	\$90		
D2391	Resin-based composite - one surface, posterior	Not a benefit	\$40		
D2392	Resin-based composite - two surfaces, posterior	Not a benefit	\$55		
D2393	Resin-based composite - three surfaces, posterior	Not a benefit	\$65		
D2394	Resin-based composite - four or more surfaces, posterior	Not a benefit	\$70		
D2510	Inlay - metallic - one surface	Not a benefit	\$210		<i>Base metal is the benefit; 1 per 60 months</i>
D2520	Inlay - metallic - two surfaces	Not a benefit	\$220		<i>Base metal is the benefit; 1 per 60 months</i>
D2530	Inlay - metallic - three or more surfaces	Not a benefit	\$230		<i>Base metal is the benefit; 1 per 60 months</i>
D2542	Onlay - metallic - two surfaces	Not a benefit	\$310		<i>Base metal is the benefit; 1 per 60 months</i>
D2543	Onlay - metallic - three surfaces	Not a benefit	\$325		<i>Base metal is the benefit; 1 per 60 months</i>
D2544	Onlay - metallic - four or more surfaces	Not a benefit	\$335		<i>Base metal is the benefit; 1 per 60 months</i>
D2610	Inlay - porcelain/ceramic - one surface	Not a benefit	\$325		<i>1 per 60 months</i>
D2620	Inlay - porcelain/ceramic - two surfaces	Not a benefit	\$335		<i>1 per 60 months</i>
D2630	Inlay - porcelain/ceramic - three or more surfaces	Not a benefit	\$360		<i>1 per 60 months</i>
D2642	Onlay - porcelain/ceramic - two surfaces	Not a benefit	\$395		<i>1 per 60 months</i>
D2643	Onlay - porcelain/ceramic - three surfaces	Not a benefit	\$425		<i>1 per 60 months</i>
D2644	Onlay - porcelain/ceramic - four or more surfaces	Not a benefit	\$485		<i>1 per 60 months</i>

Code	Description	Pediatric Enrollee Pays	Adult Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees	Clarification/ Limitations for Adult Enrollees
D2650	Inlay - resin-based composite - one surface	Not a benefit	\$325		<i>1 per 60 months</i>
D2651	Inlay - resin-based composite - two surfaces	Not a benefit	\$335		<i>1 per 60 months</i>
D2652	Inlay - resin-based composite - three or more surfaces	Not a benefit	\$360		<i>1 per 60 months</i>
D2662	Onlay - resin-based composite - two surfaces	Not a benefit	\$395		<i>1 per 60 months</i>
D2663	Onlay - resin-based composite - three surfaces	Not a benefit	\$425		<i>1 per 60 months</i>
D2664	Onlay - resin-based composite - four or more surfaces	Not a benefit	\$485		<i>1 per 60 months</i>
D2710	Crown - resin-based composite (indirect)	Not a benefit	\$145		<i>1 per 60 months</i>
D2712	Crown - 3/4 resin-based composite (indirect)	Not a benefit	\$145		<i>1 per 60 months</i>
D2720	Crown - resin with high noble metal	Not a benefit	\$354		<i>1 per 60 months</i>
D2721	Crown - resin with predominantly base metal	Not a benefit	\$295		<i>1 per 60 months</i>
D2722	Crown - resin with noble metal	Not a benefit	\$306		<i>1 per 60 months</i>
D2740	Crown - porcelain/ceramic	Not a benefit	\$485		<i>1 per 60 months</i>
D2750	Crown - porcelain fused to high noble metal	Not a benefit	\$354		<i>1 per 60 months</i>
D2751	Crown - porcelain fused to predominantly base metal	Not a benefit	\$295		<i>1 per 60 months</i>
D2752	Crown - porcelain fused to noble metal	Not a benefit	\$354		<i>1 per 60 months</i>
D2753	Crown - porcelain fused to titanium and titanium alloys	Not a benefit	\$354		<i>1 per 60 months</i>
D2780	Crown - 3/4 cast high noble metal	Not a benefit	\$354		<i>1 per 60 months</i>
D2781	Crown - 3/4 cast predominantly base metal	Not a benefit	\$295		<i>1 per 60 months</i>
D2782	Crown - 3/4 cast noble metal	Not a benefit	\$306		<i>1 per 60 months</i>
D2783	Crown - 3/4 porcelain/ceramic	Not a benefit	\$485		<i>1 per 60 months</i>
D2790	Crown - full cast high noble metal	Not a benefit	\$354		<i>1 per 60 months</i>
D2791	Crown - full cast predominantly base metal	Not a benefit	\$295		<i>1 per 60 months</i>
D2792	Crown - full cast noble metal	Not a benefit	\$425		<i>1 per 60 months</i>
D2794	Crown - titanium and titanium alloys	Not a benefit	\$485		<i>1 per 60 months</i>
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	Not a benefit	\$6		
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	Not a benefit	\$6		
D2920	Re-cement or re-bond crown	Not a benefit	\$6		
D2921	Reattachment of tooth fragment, incisal edge or cusp	Not a benefit	\$75		<i>Anterior tooth</i>

Code	Description	Pediatric Enrollee Pays	Adult Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees	Clarification/ Limitations for Adult Enrollees
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	Not a benefit	\$45		
D2931	Prefabricated stainless steel crown - permanent tooth	Not a benefit	\$45		
D2932	Prefabricated resin crown	Not a benefit	\$85		<i>Anterior tooth</i>
D2933	Prefabricated stainless steel crown with resin window	Not a benefit	\$125		
D2940	Protective restoration	Not a benefit	\$6		
D2949	Restorative foundation for an indirect restoration	Not a benefit	\$65		
D2950	Core buildup, including any pins when required	Not a benefit	\$65		
D2951	Pin retention - per tooth, in addition to restoration	Not a benefit	\$10		
D2952	Post and core in addition to crown, indirectly fabricated	Not a benefit	\$85		<i>Base metal post; includes canal preparation</i>
D2953	Each additional indirectly fabricated post - same tooth	Not a benefit	\$70		<i>Includes canal preparation</i>
D2954	Prefabricated post and core in addition to crown	Not a benefit	\$65		<i>Includes canal preparation</i>
D2955	Post removal	Not a benefit	\$35		
D2957	Each additional prefabricated post - same tooth	Not a benefit	\$30		<i>Includes canal preparation</i>
D2960	Labial veneer (resin laminate) - direct	Not a benefit	\$300		<i>Limited to replacement of significant tooth structure loss due to caries or fracture</i>
D2961	Labial veneer (resin laminate) - indirect	Not a benefit	\$340		<i>Limited to replacement of significant tooth structure loss due to caries or fracture</i>
D2962	Labial veneer (porcelain laminate) - indirect	Not a benefit	\$400		<i>Limited to replacement of significant tooth structure loss due to caries or fracture</i>
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework	Not a benefit	\$65		
D2980	Crown repair necessitated by restorative material failure	Not a benefit	\$50		
D2981	Inlay repair necessitated by restorative material failure	Not a benefit	\$50		
D2982	Onlay repair necessitated by restorative material failure	Not a benefit	\$50		
D2983	Veneer repair necessitated by restorative material failure	Not a benefit	\$50		
<i>D3000-D3999 IV. ENDODONTICS</i>					
D3110	Pulp cap - direct (excluding final restoration)	Not a benefit	\$18		

Code	Description	Pediatric Enrollee Pays	Adult Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees	Clarification/ Limitations for Adult Enrollees
D3120	Pulp cap - indirect (excluding final restoration)	Not a benefit	\$18		
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	Not a benefit	\$25		
D3221	Pulpal debridement, primary and permanent teeth	Not a benefit	\$80		
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	Not a benefit	\$229		<i>Root canal</i>
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	Not a benefit	\$272		<i>Root canal</i>
D3330	Endodontic therapy, molar tooth (excluding final restoration)	Not a benefit	\$371		<i>Root canal</i>
D3331	Treatment of root canal obstruction; non-surgical access	Not a benefit	\$75		
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	Not a benefit	\$65		
D3333	Internal root repair of perforation defects	Not a benefit	\$115		
D3346	Retreatment of previous root canal therapy - anterior	Not a benefit	\$285		<i>Per canal</i>
D3347	Retreatment of previous root canal therapy - premolar	Not a benefit	\$335		<i>Per canal</i>
D3348	Retreatment of previous root canal therapy - molar	Not a benefit	\$425		<i>Per canal</i>
D3410	Apicoectomy - anterior	Not a benefit	\$85		
D3421	Apicoectomy - premolar (first root)	Not a benefit	\$290		
D3425	Apicoectomy - molar (first root)	Not a benefit	\$315		
D3426	Apicoectomy (each additional root)	Not a benefit	\$85		
D3430	Retrograde filling - per root	Not a benefit	\$60		
D3450	Root amputation - per root	Not a benefit	\$95		
D3471	Surgical repair of root resorption - anterior	Not a benefit	\$85		
D3472	Surgical repair of root resorption - premolar	Not a benefit	\$85		
D3473	Surgical repair of root resorption - molar	Not a benefit	\$85		
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	Not a benefit	\$85		
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	Not a benefit	\$85		
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	Not a benefit	\$85		

Code	Description	Pediatric Enrollee Pays	Adult Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees	Clarification/ Limitations for Adult Enrollees
D3911	Intraorifice barrier	Not a benefit	No cost		<i>Included in case by dentist/dental office who performed Root Canal; a separate charge applies for service provided by a dentist other than the original treating dentist/dental office</i>
D3920	Hemisection (including any root removal), not including root canal therapy	Not a benefit	\$80		
D3921	Decoronation or submergence of an erupted tooth	Not a benefit	\$35		
D4000-D4999 V. PERIODONTICS					
<i>- Includes pre-operative and post-operative evaluations and treatment under a local anesthetic.</i>					
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	Not a benefit	\$165		
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	Not a benefit	\$50		
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	Not a benefit	\$50		
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	Not a benefit	\$185		
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	Not a benefit	\$110		
D4245	Apically positioned flap	Not a benefit	\$135		
D4249	Clinical crown lengthening - hard tissue	Not a benefit	\$215		
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	Not a benefit	\$360		
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	Not a benefit	\$285		
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	Not a benefit	\$190		
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	Not a benefit	\$105		
D4266	Guided tissue regeneration - resorbable barrier, per site	Not a benefit	\$210		
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	Not a benefit	\$240		
D4270	Pedicle soft tissue graft procedure	Not a benefit	\$250		
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	Not a benefit	\$300		

Code	Description	Pediatric Enrollee Pays	Adult Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees	Clarification/ Limitations for Adult Enrollees
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	Not a benefit	\$105		
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	Not a benefit	\$350		
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	Not a benefit	\$245		
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	Not a benefit	\$245		
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	Not a benefit	\$180		
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	Not a benefit	\$210		
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	Not a benefit	\$50		1 per quadrant per 24 consecutive months
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	Not a benefit	\$40		1 per quadrant per 24 consecutive months
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	\$5	\$5	Cleaning; 2 of (D1110, D1120, D4346) per 12 months; age 14 through 18	Cleaning; 2 of (D1110, D4346) per 12 months
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	Not a benefit	\$50		1 treatment per 12 consecutive months
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	Not a benefit	\$60		For each of the first 2 teeth treated within a quadrant following root planing or periodontal maintenance
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	Not a benefit	No cost		For an additional tooth treated in the same quadrant following root planing or periodontal maintenance
D4910	Periodontal maintenance	Not a benefit	\$50		2 per 12 months
D4910	Periodontal maintenance	Not a benefit	\$70		Up to 2 additional periodontal maintenances per 12 months
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	Not a benefit	\$15		

Code	Description	Pediatric Enrollee Pays	Adult Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees	Clarification/ Limitations for Adult Enrollees
D4921	Gingival irrigation - per quadrant	Not a benefit	No cost		
<i>D5000-D5899 VI. PROSTHODONTICS (removable)</i>					
<i>- For all listed dentures and partial dentures, Copayment includes after delivery adjustments, temporary relining and tissue conditioning, if needed, for the first six months after placement. For all listed immediate dentures and immediate removable partial dentures, Copayment includes after delivery adjustments, temporary relining and tissue conditioning, if needed, for the first three 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.</i>					
<i>- Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.</i>					
<i>- Replacement of a denture or a partial denture requires the existing denture to be 60+ months old.</i>					
D5110	Complete denture - maxillary	Not a benefit	\$510		1 per 60 months
D5120	Complete denture - mandibular	Not a benefit	\$510		1 per 60 months
D5130	Immediate denture - maxillary	Not a benefit	\$535		1 per 60 months
D5140	Immediate denture - mandibular	Not a benefit	\$535		1 per 60 months
D5211	Maxillary partial denture - resin base (including, retentive/clasping materials, rests, and teeth)	Not a benefit	\$535		1 per 60 months
D5212	Mandibular partial denture - resin base (including, retentive/clasping materials, rests, and teeth)	Not a benefit	\$535		1 per 60 months
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	Not a benefit	\$610		1 per 60 months
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	Not a benefit	\$610		1 per 60 months
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	Not a benefit	\$535		1 per 60 months
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	Not a benefit	\$535		1 per 60 months
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	Not a benefit	\$610		1 per 60 months
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	Not a benefit	\$610		1 per 60 months
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	Not a benefit	\$660		1 per 60 months
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	Not a benefit	\$660		1 per 60 months
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	Not a benefit	\$660		1 per 60 months
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	Not a benefit	\$660		1 per 60 months

Code	Description	Pediatric Enrollee Pays	Adult Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees	Clarification/ Limitations for Adult Enrollees
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	Not a benefit	\$400		1 per 60 months
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	Not a benefit	\$400		1 per 60 months
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests, and teeth) - per quadrant	Not a benefit	\$360		1 per 60 months
D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests, and teeth) - per quadrant	Not a benefit	\$360		1 per 60 months
D5410	Adjust complete denture - maxillary	Not a benefit	\$12		
D5411	Adjust complete denture - mandibular	Not a benefit	\$12		
D5421	Adjust partial denture - maxillary	Not a benefit	\$12		
D5422	Adjust partial denture - mandibular	Not a benefit	\$12		
D5511	Repair broken complete denture base, mandibular	Not a benefit	\$60		
D5512	Repair broken complete denture base, maxillary	Not a benefit	\$60		
D5520	Replace missing or broken teeth - complete denture (each tooth)	Not a benefit	\$60		
D5611	Repair resin partial denture base, mandibular	Not a benefit	\$60		
D5612	Repair resin partial denture base, maxillary	Not a benefit	\$60		
D5621	Repair cast partial framework, mandibular	Not a benefit	\$60		
D5622	Repair cast partial framework, maxillary	Not a benefit	\$60		
D5630	Repair or replace broken retentive clasping materials - per tooth	Not a benefit	\$68		
D5640	Replace broken teeth - per tooth	Not a benefit	\$68		
D5650	Add tooth to existing partial denture	Not a benefit	\$68		
D5660	Add clasp to existing partial denture - per tooth	Not a benefit	\$68		
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	Not a benefit	\$275		
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	Not a benefit	\$275		
D5710	Rebase complete maxillary denture	Not a benefit	\$175		1 per 12 months
D5711	Rebase complete mandibular denture	Not a benefit	\$175		1 per 12 months
D5720	Rebase maxillary partial denture	Not a benefit	\$175		1 per 12 months
D5721	Rebase mandibular partial denture	Not a benefit	\$175		1 per 12 months

Code	Description	Pediatric Enrollee Pays	Adult Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees	Clarification/ Limitations for Adult Enrollees
D5725	Rebase hybrid prosthesis	Not a benefit	\$175		1 per 12 months
D5730	Reline complete maxillary denture (direct)	Not a benefit	\$95		1 per 12 months
D5731	Reline complete mandibular denture (direct)	Not a benefit	\$95		1 per 12 months
D5740	Reline maxillary partial denture (direct)	Not a benefit	\$95		1 per 12 months
D5741	Reline mandibular partial denture (direct)	Not a benefit	\$95		1 per 12 months
D5750	Reline complete maxillary denture (indirect)	Not a benefit	\$125		1 per 12 months
D5751	Reline complete mandibular denture (indirect)	Not a benefit	\$125		1 per 12 months
D5760	Reline maxillary partial denture (indirect)	Not a benefit	\$125		1 per 12 months
D5761	Reline mandibular partial denture (indirect)	Not a benefit	\$125		1 per 12 months
D5765	Soft liner for complete or partial removable denture – indirect	Not a benefit	\$125		1 per 12 months
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	Not a benefit	\$210		1 per 12 months
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	Not a benefit	\$210		1 per 12 months
D5850	Tissue conditioning, maxillary	Not a benefit	\$16		1 per 12 months
D5851	Tissue conditioning, mandibular	Not a benefit	\$16		1 per 12 months
<i>D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered</i>					
<i>D6000-D6199 VIII. IMPLANT SERVICES - Not Covered</i>					
<i>D6200-D6999 IX. PROSTHODONTICS, fixed</i>					
<i>- Each retainer and each pontic constitutes a unit in a fixed partial denture (bridge)</i>					
<i>- Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 60+ months old.</i>					
D6205	Pontic - indirect resin based composite	Not a benefit	\$145		1 per 60 months
D6210	Pontic - cast high noble metal	Not a benefit	\$354		1 per 60 months
D6211	Pontic - cast predominantly base metal	Not a benefit	\$295		1 per 60 months
D6212	Pontic - cast noble metal	Not a benefit	\$425		1 per 60 months
D6214	Pontic - titanium and titanium alloys	Not a benefit	\$485		1 per 60 months
D6240	Pontic - porcelain fused to high noble metal	Not a benefit	\$354		1 per 60 months
D6241	Pontic - porcelain fused to predominantly base metal	Not a benefit	\$295		1 per 60 months
D6242	Pontic - porcelain fused to noble metal	Not a benefit	\$354		1 per 60 months
D6243	Pontic - porcelain fused to titanium and titanium alloys	Not a benefit	\$354		1 per 60 months
D6245	Pontic - porcelain/ceramic	Not a benefit	\$485		1 per 60 months

Code	Description	Pediatric Enrollee Pays	Adult Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees	Clarification/ Limitations for Adult Enrollees
D6250	Pontic - resin with high noble metal	Not a benefit	\$354		1 per 60 months
D6251	Pontic - resin with predominantly base metal	Not a benefit	\$295		1 per 60 months
D6252	Pontic - resin with noble metal	Not a benefit	\$306		1 per 60 months
D6600	Retainer inlay - porcelain/ceramic, two surfaces	Not a benefit	\$335		1 per 60 months
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	Not a benefit	\$360		1 per 60 months
D6602	Retainer inlay - cast high noble metal, two surfaces	Not a benefit	\$270		1 per 60 months
D6603	Retainer inlay - cast high noble metal, three or more surfaces	Not a benefit	\$280		1 per 60 months
D6604	Retainer inlay - cast predominantly base metal, two surfaces	Not a benefit	\$220		1 per 60 months
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	Not a benefit	\$230		1 per 60 months
D6606	Retainer inlay - cast noble metal, two surfaces	Not a benefit	\$250		1 per 60 months
D6607	Retainer inlay - cast noble metal, three or more surfaces	Not a benefit	\$260		1 per 60 months
D6608	Retainer onlay - porcelain/ceramic, two surfaces	Not a benefit	\$395		1 per 60 months
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	Not a benefit	\$425		1 per 60 months
D6610	Retainer onlay - cast high noble metal, two surfaces	Not a benefit	\$360		1 per 60 months
D6611	Retainer onlay - cast high noble metal, three or more surfaces	Not a benefit	\$380		1 per 60 months
D6612	Retainer onlay - cast predominantly base metal, two surfaces	Not a benefit	\$310		1 per 60 months
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	Not a benefit	\$330		1 per 60 months
D6614	Retainer onlay - cast noble metal, two surfaces	Not a benefit	\$340		1 per 60 months
D6615	Retainer onlay - cast noble metal, three or more surfaces	Not a benefit	\$360		1 per 60 months
D6710	Retainer crown - indirect resin based composite	Not a benefit	\$145		1 per 60 months
D6720	Retainer crown - resin with high noble metal	Not a benefit	\$354		1 per 60 months
D6721	Retainer crown - resin with predominantly base metal	Not a benefit	\$295		1 per 60 months
D6722	Retainer crown - resin with noble metal	Not a benefit	\$306		1 per 60 months
D6740	Retainer crown - porcelain/ceramic	Not a benefit	\$485		1 per 60 months
D6750	Retainer crown - porcelain fused to high noble metal	Not a benefit	\$354		1 per 60 months
D6751	Retainer crown - porcelain fused to predominantly base metal	Not a benefit	\$295		1 per 60 months
D6752	Retainer crown - porcelain fused to noble metal	Not a benefit	\$354		1 per 60 months
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	Not a benefit	\$354		1 per 60 months

Code	Description	Pediatric Enrollee Pays	Adult Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees	Clarification/ Limitations for Adult Enrollees
D6780	Retainer crown - 3/4 cast high noble metal	Not a benefit	\$354		1 per 60 months
D6781	Retainer crown - 3/4 cast predominantly base metal	Not a benefit	\$295		1 per 60 months
D6782	Retainer crown - 3/4 cast noble metal	Not a benefit	\$306		1 per 60 months
D6783	Retainer crown - 3/4 porcelain/ceramic	Not a benefit	\$485		1 per 60 months
D6784	Retainer crown - 3/4 titanium and titanium alloys	Not a benefit	\$354		1 per 60 months
D6790	Retainer crown - full cast high noble metal	Not a benefit	\$354		1 per 60 months
D6791	Retainer crown - full cast predominantly base metal	Not a benefit	\$295		1 per 60 months
D6792	Retainer crown - full cast noble metal	Not a benefit	\$425		1 per 60 months
D6794	Retainer crown - titanium and titanium alloys	Not a benefit	\$485		1 per 60 months
D6930	Re-cement or re-bond fixed partial denture	Not a benefit	\$12		
D6940	Stress breaker	Not a benefit	\$100		
D6980	Fixed partial denture repair necessitated by restorative material failure	Not a benefit	\$85		
D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY					
<i>- Includes pre-operative and post-operative evaluations and treatment under a local anesthetic.</i>					
D7111	Extraction, coronal remnants - primary tooth	Not a benefit	\$35		
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Not a benefit	\$35		
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	Not a benefit	\$35		
D7220	Removal of impacted tooth - soft tissue	Not a benefit	\$65		
D7230	Removal of impacted tooth - partially bony	Not a benefit	\$65		
D7240	Removal of impacted tooth - completely bony	Not a benefit	\$125		
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	Not a benefit	\$135		
D7250	Removal of residual tooth roots (cutting procedure)	Not a benefit	\$35		
D7251	Coronectomy - intentional partial tooth removal	Not a benefit	\$135		
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	Not a benefit	\$45		
D7280	Exposure of an unerupted tooth	Not a benefit	\$115		
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	Not a benefit	\$110		
D7283	Placement of device to facilitate eruption of impacted tooth	Not a benefit	No cost		
D7286	Incisional biopsy of oral tissue-soft	Not a benefit	\$70		

Code	Description	Pediatric Enrollee Pays	Adult Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees	Clarification/ Limitations for Adult Enrollees
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	Not a benefit	\$35		
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	Not a benefit	\$35		
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	Not a benefit	\$55		
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	Not a benefit	\$55		
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	Not a benefit	\$60		
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	Not a benefit	\$90		
D7471	Removal of lateral exostosis (maxilla or mandible)	Not a benefit	\$65		
D7472	Removal of torus palatinus	Not a benefit	\$65		
D7473	Removal of torus mandibularis	Not a benefit	\$65		
D7510	Incision and drainage of abscess - intraoral soft tissue	Not a benefit	\$18		
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	Not a benefit	No cost		
D7961	Buccal/labial frenectomy (frenulectomy)	Not a benefit	\$90		
D7962	Lingual frenectomy (frenulectomy)	Not a benefit	\$90		
D7970	Excision of hyperplastic tissue - per arch	Not a benefit	\$115		
D7971	Excision of pericoronal gingiva	Not a benefit	\$115		

D8000-D8999 XI. ORTHODONTICS - Adult Enrollee Benefits

- Including covered dependent adult children. The Enrollee must continue to be eligible during active treatment.

- The listed Copayment for each phase of orthodontic treatment (limited 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:		Not a benefit	\$250		
D0210	Intraoral - complete series of radiographic images	Not a benefit	Included		
D0322	Tomographic survey	Not a benefit	Included		
D0330	Panoramic radiographic image	Not a benefit	Included		
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	Not a benefit	Included		
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	Not a benefit	Included		
D0351	3D photographic image	Not a benefit	Included		

Code	Description	Pediatric Enrollee Pays	Adult Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees	Clarification/ Limitations for Adult Enrollees
D0470	Diagnostic casts	Not a benefit	Included		
D0701	Panoramic radiographic image - image capture only	Not a benefit	Included		
D0702	2D cephalometric radiographic image - image capture only	Not a benefit	Included		
D0703	2D oral/facial photographic image obtained intra-orally or extra-orally - image capture only	Not a benefit	Included		
D0704	3D photographic image - image capture only	Not a benefit	Included		
D0709	Intraoral - complete series of radiographic images - image capture only	Not a benefit	Included		
The benefit for post-treatment records includes:		Not a benefit	\$70		
D0210	Intraoral - complete series of radiographic images	Not a benefit	Included		
D0470	Diagnostic casts	Not a benefit	Included		
D0709	Intraoral - complete series of radiographic images - image capture only	Not a benefit	Included		
D8040	Limited orthodontic treatment of the adult dentition	Not a benefit	\$1,950		
D8080	Comprehensive orthodontic treatment of the adolescent dentition	Not a benefit	\$3,250		
D8090	Comprehensive orthodontic treatment of the adult dentition	Not a benefit	\$3,250		
D8660	Pre-orthodontic treatment examination to monitor growth and development	Not a benefit	\$25		<i>1 per 6 months when performed by the same Contract Dentist or dental office</i>
D8670	Periodic orthodontic treatment visit	Not a benefit	No cost		<i>Included in comprehensive case fee</i>
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	Not a benefit	\$450		<i>Placement of removable retainers</i>
D8681	Removable orthodontic retainer adjustment	Not a benefit	No cost		
D8698	Re-cement or re-bond fixed retainer - maxillary	Not a benefit	No cost		<i>2 per 6 months</i>
D8699	Re-cement or re-bond fixed retainer - mandibular	Not a benefit	No cost		<i>2 per 6 months</i>
D8701	Repair of fixed retainer, includes reattachment - maxillary	Not a benefit	No cost		<i>2 per 6 months</i>
D8702	Repair of fixed retainer, includes reattachment - mandibular	Not a benefit	No cost		<i>2 per 6 months</i>
D8999	Unspecified orthodontic procedure, by report	Not a benefit	\$250		<i>Includes treatment planning session</i>
D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES					
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$30	\$35		
D9211	Regional block anesthesia	Not a benefit	No cost		
D9212	Trigeminal division block anesthesia	Not a benefit	No cost		

Code	Description	Pediatric Enrollee Pays	Adult Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees	Clarification/ Limitations for Adult Enrollees
D9215	Local anesthesia in conjunction with operative or surgical procedures	Not a benefit	No cost		
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	Not a benefit	\$5		
D9222	Deep sedation/general anesthesia - first 15 minutes	Not a benefit	\$55		<i>Covered only when given by a Contract Dentist for covered oral surgery; 4 of (D9222, D9223) per date of service</i>
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	Not a benefit	\$55		<i>Covered only when given by a Contract Dentist for covered oral surgery; 4 of (D9222, D9223) per date of service</i>
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	Not a benefit	\$55		<i>Covered only when given by a Contract Dentist for covered oral surgery; 4 of (D9239, D9243) per date of service</i>
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	Not a benefit	\$55		<i>Covered only when given by a Contract Dentist for covered oral surgery; 4 of (D9239, D9243) per date of service</i>
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	Not a benefit	\$5		
D9311	Consultation with a medical health care professional	No cost	No cost		
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	Not a benefit	\$5		
D9440	Office visit - after regularly scheduled hours	Not a benefit	\$35		
D9450	Case presentation, detailed and extensive treatment planning	Not a benefit	No cost		
D9912	Pre-visit patient screening	No cost	No cost		
D9932	Cleaning and inspection of removable complete denture, maxillary	Not a benefit	\$5		
D9933	Cleaning and inspection of removable complete denture, mandibular	Not a benefit	\$5		
D9934	Cleaning and inspection of removable partial denture, maxillary	Not a benefit	\$5		
D9935	Cleaning and inspection of removable partial denture, mandibular	Not a benefit	\$5		
D9943	Occlusal guard adjustment	Not a benefit	\$12		<i>1 per 12 months (6 months after initial placement)</i>
D9944	Occlusal guard - hard appliance, full arch	Not a benefit	\$175		<i>1 of (D9944, D9945, D9946) per 36 months</i>
D9945	Occlusal guard - soft appliance, full arch	Not a benefit	\$45		<i>1 of (D9944, D9945, D9946) per 36 months</i>

Code	Description	Pediatric Enrollee Pays	Adult Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees	Clarification/ Limitations for Adult Enrollees
D9946	Occlusal guard - hard appliance, partial arch	Not a benefit	\$90		1 of (D9944, D9945, D9946) per 36 months
D9951	Occlusal adjustment - limited	Not a benefit	\$25		
D9952	Occlusal adjustment - complete	Not a benefit	\$95		1 per 36 months
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	Not a benefit	\$125		Limited to 1 bleaching tray and gel for 2 weeks of self-treatment
D9986	Missed appointment	Not a benefit	\$50		Without 24 hour notice
D9987	Cancelled appointment	Not a benefit	\$50		Without 24 hour notice
D9991	Dental case management - addressing appointment compliance barriers	No cost	No cost		
D9992	Dental case management - care coordination	No cost	No cost		
D9995	Teledentistry - synchronous; real-time encounter	No cost	No cost		
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	No cost	No cost		
D9997	Dental case management - patients with special health care needs	Not a benefit	No cost		

Endnotes:

Unless clarified elsewhere in the Schedule A, base metal is the Benefit. If noble or high noble metal (precious) is used for an implant/abutment supported crown, fixed bridge retainer, indirectly fabricated post and core, inlay or onlay, the Enrollee will be charged the additional laboratory cost of the noble or high noble metal. If covered, an additional laboratory charge also applies to a titanium crown.

Porcelain/ceramic crown, pontic and fixed bridge retainer on molars is considered a material upgrade with a maximum additional charge to the Enrollee of \$150 per unit.

When there are more than six crowns, retainers and/or pontics in the same treatment plan, an Enrollee may be charged an additional \$125 per unit, beyond the 6th unit.

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 in addition to the listed Copayment. Refer to *Schedule B for Limitations and Exclusions* for additional information.

If services for a listed procedure are performed by the Contract Dentist, the Enrollee pays the specified Copayment(s). Listed procedures which require a Dentist to provide Specialist Services, and are referred by the Contract Dentist, must be authorized by this Plan. The Enrollee pays the Copayment(s) specified for such services.

Optional or upgraded procedure(s) are defined as any alternative procedure(s) presented by the Contract Dentist and formally agreed upon by financial consent that satisfies the same dental need as a covered procedure. Enrollee may elect an optional or upgraded procedure, subject to the limitations and exclusions of this Plan. The applicable charge to the Enrollee is the difference between the Contract Dentist's regularly charged fee (or contracted fee, when applicable) for the Optional or upgraded procedure and the covered procedure, plus any applicable copayment for the covered procedure.

SCHEDULE B
Limitations and Exclusions of Benefits
Alpha Dental of Utah, Inc. Individual & Family
DeltaCare® USA
Preferred Plan for Families / Basic Plan for Families

Limitations and Exclusions of Benefits for Adults (Age 19 and Older)

Limitations of Benefits for Adult Enrollees

1. The frequency of certain Benefits is limited. 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. Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. 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 888-857-0337 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 prior Authorization by the plan, less applicable Copayments. The plan 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. Benefits for a soft tissue management program are limited to those parts which are listed covered services listed on *Schedule A, Description of Benefits and Copayments*. If an Enrollee declines non-covered services within a soft tissue management program, it does not eliminate or alter other covered Benefits.
7. 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 submitted 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.

Exception to extend covered orthodontics Benefits to a cancelled or terminated Contract is as follows:

- a. For 60 days after the date coverage terminates if the Contract Orthodontist has agreed to or is receiving monthly payments; or

- b. Until the later of 60 days after the date coverage terminates or the end of the quarter in progress, if the Contract Orthodontist has agreed to accept or is receiving payments on a quarterly basis.

Exclusions of Benefits for Adult Enrollees

1. Any procedure that is not specifically listed as a covered Benefit 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.
4. Porcelain crowns, porcelain fused to metal or resin with metal type crowns and fixed partial dentures (bridges).
5. Lost, stolen or broken appliances including, but not limited to, full or partial dentures, space maintainers, crowns, fixed partial dentures (bridges), orthodontic and other 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 as shown on *Schedule A, Description of Benefits and Copayments*.
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 the Policy.
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. Dental expenses incurred in connection with any dental procedure started before the Enrollee's eligibility with the DeltaCare USA plan. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision
14. Changes in orthodontic treatment necessitated by accident of any kind.
15. Myofunctional and parafunctional appliances and/or therapies, with the exception of procedures as shown on *Schedule A, Description of Benefits and Copayments*.
16. Composite or ceramic brackets, or lingual adaptation of orthodontic bands.

17. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.
18. Orthodontics, including oral evaluations and all treatment, must be performed by a licensed dentist or his or her supervised staff, acting within the scope of applicable law. The dentist of record must perform an in-person clinical evaluation of the patient (or the telehealth equivalent where required under applicable law to be reimbursed as an alternative to an in-person clinical evaluation) to establish the need for orthodontics and have adequate diagnostic information, including appropriate radiographic imaging, to develop a proper treatment plan. Self-administered (or any type of "do it yourself") orthodontics is not covered.
19. The removal of fixed orthodontic appliances for reasons other than completion of treatment is not a covered Benefit.

Limitations and Exclusions of Essential Health Benefits for Pediatric Enrollees (Through Age 18)

Limitations of Benefits for Pediatric Enrollees

1. Diagnostic Benefits are limited as follows:
 - a) Two oral evaluations (D0120, D0150 and D0180) are covered in a 12 consecutive month period. A re-evaluation is considered included in the primary procedure and is not payable separately.
 - b) Complete mouth x-rays (posterior bitewing films and 14 periapical films plus bitewings) in conjunction with periodic examinations are limited once every thirty-six (36) consecutive months; in lieu of panoramic x-ray.
 - c) Bitewing x-rays in conjunction with periodic examinations are limited to two (2) series of four (4) films in any twelve (12) consecutive month period.
 - d) Panoramic film (D0330) is limited to once every thirty-six (36) consecutive months; in lieu of complete mouth x-rays.
 - e) Vertical bitewings (D0277) are limited up to eight films.
2. Preventive Benefits are limited as follows:
 - a) Two routine prophylaxes (cleanings) (D1110, D1120) are covered in a 12 consecutive month period.
 - b) A child prophylaxis (D1120) will be covered through age 13.
 - c) An adult prophylaxis (D1110) will be covered for age 14 through 18.
 - d) Two fluoride applications (D1206, D1208) are covered in a 12 consecutive month period.
 - e) Sealants (D1351) are only covered on permanent molars without restorations or decay. One sealant per tooth is limited to once every sixty (60) consecutive month period.
 - f) Sealants are not covered if there is an existing restoration (filling) that involves the biting surface of the tooth or if such a restoration is placed at the same time as the sealant.

Exclusions of Benefits for Pediatric Enrollees

The following dental services are excluded under the plan:

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. Consultations or other diagnostic services for non-covered Benefits.
4. Dental services received from any dental facility other than the assigned Contract Dentist or a preauthorized dental specialist except for *Emergency Services* as described in the Policy.
5. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
6. Prescription and over-the-counter drugs.
7. Dental conditions arising out of and due to an Enrollee's employment for which Worker's Compensation or an Employer's Liability Law is payable. The participating dental plan shall provide the services at the time of need and the Enrollee shall cooperate to ensure that the participating dental plan is reimbursed for such Benefits.
8. Services which were provided without cost to the Enrollee by the State government or an agency thereof, or any municipality, county or other subdivisions.
9. Dental expenses incurred in connection with any dental procedures started after termination of coverage or prior to the date the Enrollee became eligible with the DeltaCare USA plan for such services.

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