

## Family supplemental dental plan Deltacare HMO

### DELTACARE 10A

| SERVICES   | Member Pays |
|--|-------------|
| <b>PREVENTIVE CARE</b> - Twice a year<br>Periodic and comprehensive - oral evaluation  | No cost     |
| Bitewing X-rays - Twice a year<br>For children through age 18, or once a year for adults ages 19 and over  | No cost     |
| Prophylaxis - Twice a year   | No cost     |
| Fluoride treatments<br>Only for children up to age 19, twice a year  | No cost     |
| Space maintainers<br>Removable - unilateral  | \$10        |
| <b>PERIODONTICS</b> - Twice a year<br>Maintenance  | No cost     |
| Scaling and root planing<br>Limited to four quadrants per year   | No cost     |
| Surgery - osseous (includes flap entry and closure)<br>Four or more teeth per quadrant   | \$175       |
| <b>RESTORATIVE</b> - Four or more surfaces<br>Fillings - primary or permanent amalgam  | No cost     |
| Composite crowns - resin-based<br>Anterior   | No cost     |
| Crown - porcelain  | \$195       |
| Inlay - metallic<br>1 surface  | No cost     |
| <b>ENDODONTICS</b><br>Therapeutic pulpotomy<br>Excludes final restoration  | No cost     |
| Root amputation - Per root   | No cost     |
| Root canal - anterior<br>Excludes final restoration  | \$45        |
| Root canal - molar<br>Excludes final restoration   | \$205       |
| <b>PROSTHODONTICS</b> - Complete denture<br>The enrollee must continue to be eligible, and the service must be provided at the contract dentist facility where the denture was originally delivered. | \$100       |
| Reline maxillary or mandibular denture - chairside<br>Complete or partial  | No cost     |
| Reline maxillary or mandibular denture - laboratory<br>Complete or partial   | \$35        |
| <b>ORAL AND MAXILLOFACIAL SURGERY</b><br>Extraction - erupted tooth or exposed root<br>Elevation and/or forceps removal  | No cost     |
| Surgical removal of erupted tooth<br>Complete or partial   | \$15        |
| <b>ORTHODONTICS</b><br>Comprehensive orthodontic<br>Child or adolescent to age 19  | \$1,700     |
| Comprehensive orthodontic<br>Adults, including covered dependent adult children  | \$1,900     |

Benefits listed above are only a sample of provided services and associated costs. Costs will vary. Please see the *Evidence of Coverage* for a comprehensive list of all services and costs. DeltaCare benefits are only covered when performed by an in-network California DeltaCare HMO provider. In California, DeltaCare USA is underwritten and administered by Delta Dental of California.

## Exclusions of benefits for the DeltaCare HMO dental plans

The DeltaCare HMO plans aren't intended to satisfy the ACA child dental benefits.

- The DeltaCare HMO dental plan isn't available for employees enrolled in a PPO medical plan and living outside of California.
- Any procedure that in the professional opinion of the contract dentist:
  - 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.
- Services solely for cosmetic purposes, with the exception of procedure D9972 (external bleaching, 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.
- Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns, and fixed partial dentures (bridges) for children under 16 years of age.
- Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns, and fixed partial dentures (bridges).
- Procedures, appliances, or restoration, if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
- 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.
- Implant-supported dental appliances and attachments; implant placement, maintenance, or removal; and all other services associated with a dental implant.
- Consultations for noncovered benefits.
- Dental services received from any dental facility other than the assigned contract dentist, a preauthorized dental specialist, or a contract orthodontist except for Emergency Services as described in the contract and/or *Evidence of Coverage*.
- All related fees for admission, use, or stays in a hospital, outpatient surgery center, extended care facility, or other similar care facility.
- Prescription drugs.
- Dental expenses incurred in connection with any dental or orthodontic procedure started before the enrollee's eligibility with the DeltaCare USA program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken, and orthodontics unless qualified for the orthodontic treatment in progress provision.
- Lost, stolen, or broken orthodontic appliances.
- Changes in orthodontic treatment necessitated by accident of any kind.
- Myofunctional and parafunctional appliances and/or therapies.
- Composite or ceramic brackets, lingual adaptation of orthodontic bands, and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
- Treatment or appliances that are provided by a dentist whose practice specializes in prosthodontic services.

For additional benefit information or a directory of Delta dentists, please call Delta Dental at **800-422-4234** or visit [deltadentalins.com](http://deltadentalins.com).