

SCHEDULE A

DESCRIPTION OF BENEFITS AND COPAYMENTS

PLAN NYA30

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.**

**Codes and/or text that appear in italics below are specifically intended to clarify the delivery of benefits under the DeltaCare program and are not to be interpreted as CDT-4 procedure codes, descriptors or nomenclature which are under copyright by the American Dental Association.**

Code	Description	<u>ENROLLEE PAYS</u>
<b>D0100-D0999 I. Diagnostic</b>		
D0120	Periodic oral evaluation .....	No Cost
D0140	Limited oral evaluation - problem focused.....	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
D0180	Comprehensive periodontal evaluation - new or established patient.....	No Cost
D0210	Intraoral <i>radiographs</i> - complete series (including bitewings) - <i>limited to 1 series every 24 months</i> .....	No Cost
D0220	Intraoral - periapical first film.....	No Cost
D0230	Intraoral - periapical, each additional film .....	No Cost
D0240	Intraoral - occlusal film.....	No Cost
D0270	Bitewing <i>radiograph</i> - single film .....	No Cost
D0272	Bitewings <i>radiographs</i> - two films.....	No Cost
D0274	Bitewings <i>radiographs</i> - four films - <i>limited to 1 series every 6 months</i> .....	No Cost
D0330	Panoramic film.....	No Cost
D0460	Pulp vitality tests .....	No Cost
D0470	Diagnostic casts .....	No Cost
D0472	Accession of tissue, gross examination, preparation and transmission of written report .....	No Cost
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report .....	No Cost
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report.....	No Cost
D0999	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit (in addition to other services)</i> .....	No Cost
<b>D1000-D1999 II. Preventive</b>		
D1110	Prophylaxis <i>cleaning</i> - adult - <i>1 per 6 month period</i> .....	No Cost
D1120	Prophylaxis <i>cleaning</i> - child - <i>1 per 6 month period</i> .....	No Cost
D1201	Topical application of fluoride (including prophylaxis) - child - <i>to age 19; 1 per 6 month period</i> .....	No Cost

Code	Description	ENROLLEE PAYS
D1203	Topical application of fluoride (prophylaxis not included) - child - to age 19; 1 per 6 month period.....	No Cost
D1330	Oral hygiene instructions.....	No Cost
D1351	Sealant - per tooth - limited to permanent molars through age 15.....	\$ 10.00
D1510	Space maintainer - fixed - unilateral.....	\$ 40.00
D1515	Space maintainer - fixed - bilateral.....	\$ 40.00
D1520	Space maintainer - removable - unilateral.....	\$ 40.00
D1525	Space maintainer - removable - bilateral.....	\$ 40.00
D1550	Recementation of space maintainer.....	\$ 10.00

**D2000-D2999 III. Restorative**

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

<sup>1</sup> *Base or noble metal is the benefit. High noble metal (precious), if used, will be charged to the Enrollee at the additional maximum cost to the Enrollee of \$100.00 per tooth. If a cast post and core is made of high noble metal, an additional fee up to \$100.00 per tooth will be charged for the upgraded post and core.*

<sup>2</sup> *Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150.00.*

<sup>3</sup> *Replacement is subject to a limitation requiring the existing restoration to be 5+ years old.*

D2140	Amalgam - one surface, primary or permanent.....	No Cost
D2150	Amalgam - two surfaces, primary or permanent.....	No Cost
D2160	Amalgam - three surfaces, primary or permanent.....	No Cost
D2161	Amalgam - four or more surfaces, primary or permanent.....	No Cost
D2330	Resin-based composite - one surface, anterior.....	No Cost
D2331	Resin-based composite - two surfaces, anterior.....	No Cost
D2332	Resin-based composite - three surfaces, anterior.....	No Cost
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior).....	No Cost
D2390	Resin-based composite crown, anterior.....	No Cost
D2391	Resin-based composite - one surface, posterior.....	\$ 15.00
D2392	Resin-based composite - two surfaces, posterior.....	\$ 20.00
D2393	Resin-based composite - three surfaces, posterior.....	\$ 25.00
D2394	Resin-based composite - four or more surfaces, posterior.....	\$ 35.00
D2510	Inlay - metallic - one surface <sup>1,3</sup> .....	\$130.00
D2520	Inlay - metallic - two surfaces <sup>1,3</sup> .....	\$140.00
D2530	Inlay - metallic - three or more surfaces <sup>1,3</sup> .....	\$150.00
D2542	Onlay - metallic - two surfaces <sup>1,3</sup> .....	\$146.00
D2543	Onlay - metallic - three surfaces <sup>1,3</sup> .....	\$156.00
D2544	Onlay - metallic - four or more surfaces <sup>1,3</sup> .....	\$162.00
D2610	Inlay - porcelain/ceramic - one surface <sup>2,3</sup> .....	\$215.00
D2620	Inlay - porcelain/ceramic - two surfaces <sup>2,3</sup> .....	\$235.00
D2630	Inlay - porcelain/ceramic - three or more surfaces <sup>2,3</sup> .....	\$250.00
D2642	Onlay - porcelain/ceramic - two surfaces <sup>2,3</sup> .....	\$250.00
D2643	Onlay - porcelain/ceramic - three surfaces <sup>2,3</sup> .....	\$270.00
D2644	Onlay - porcelain/ceramic - four or more surfaces <sup>2,3</sup> .....	\$295.00
D2650	Inlay - resin-based composite - one surface <sup>2,3</sup> .....	\$100.00
D2651	Inlay - resin-based composite - two surfaces <sup>2,3</sup> .....	\$140.00
D2652	Inlay - resin-based composite - three or more surfaces <sup>2,3</sup> .....	\$170.00
D2662	Onlay - resin-based composite - two surfaces <sup>2,3</sup> .....	\$180.00
D2663	Onlay - resin-based composite - three surfaces <sup>2,3</sup> .....	\$195.00
D2664	Onlay - resin-based composite - four or more surfaces <sup>2,3</sup> .....	\$225.00
D2710	Crown - resin (indirect) <sup>2,3</sup> .....	\$110.00

Code	Description	ENROLLEE PAYS
D2720	Crown - resin with high noble metal <sup>2,3</sup> .....	\$295.00
D2721	Crown - resin with predominantly base metal <sup>2,3</sup> .....	\$195.00
D2722	Crown - resin with noble metal <sup>2,3</sup> .....	\$195.00
D2740	Crown - porcelain/ceramic substrate <sup>2,3</sup> .....	\$195.00
D2750	Crown - porcelain fused to high noble metal <sup>2,3</sup> .....	\$295.00
D2751	Crown - porcelain fused to predominantly base metal <sup>2,3</sup> .....	\$195.00
D2752	Crown - porcelain fused to noble metal <sup>2,3</sup> .....	\$195.00
D2780	Crown - ¾ cast high noble metal <sup>3</sup> .....	\$295.00
D2781	Crown - ¾ cast predominantly base metal <sup>3</sup> .....	\$195.00
D2782	Crown - ¾ cast noble metal <sup>3</sup> .....	\$195.00
D2790	Crown - full cast high noble metal <sup>3</sup> .....	\$295.00
D2791	Crown - full cast predominantly base metal <sup>3</sup> .....	\$195.00
D2792	Crown - full cast noble metal <sup>3</sup> .....	\$195.00
D2910	Recement inlay .....	\$ 10.00
D2920	Recement crown .....	\$ 10.00
D2930	Prefabricated stainless steel crown - primary tooth.....	\$ 35.00
D2931	Prefabricated stainless steel crown - permanent tooth .....	\$ 35.00
D2932	Prefabricated resin crown - <i>anterior primary tooth</i> .....	\$ 45.00
D2933	Prefabricated stainless steel crown with resin window - <i>anterior primary tooth</i> .....	\$ 35.00
D2940	Sedative filling .....	No Cost
D2950	Core buildup, including any pins.....	\$ 15.00
D2951	Pin retention - per tooth, in addition to restoration.....	\$ 15.00
D2952	Cast post and core in addition to crown - <i>includes canal preparation</i> <sup>1</sup> .....	\$ 15.00
D2953	Each additional cast post - same tooth - <i>includes canal preparation</i> <sup>1</sup> .....	\$ 15.00
D2954	Prefabricated post and core in addition to crown - <i>base metal post; includes canal preparation</i> .....	\$ 15.00
D2957	Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i> .....	\$ 15.00
D2970	Temporary crown (fractured tooth) - <i>palliative treatment only</i> .....	No Cost
D2980	Crown repair, by report.....	\$ 15.00

**D3000-D3999 IV. Endodontics**

<sup>4</sup> *A benefit for permanent teeth only.*

D3110	Pulp cap - direct (excluding final restoration) .....	No Cost
D3120	Pulp cap - indirect (excluding final restoration).....	No Cost
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament.....	\$ 5.00
D3221	Pulpal debridement, primary and permanent teeth .....	\$ 5.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) .....	\$ 5.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) .....	\$ 5.00
D3310	Root canal - anterior (excluding final restoration) <sup>4</sup> .....	\$ 75.00
D3320	Root canal - bicuspid (excluding final restoration) <sup>4</sup> .....	\$120.00
D3330	Root canal - molar (excluding final restoration) <sup>4</sup> .....	\$180.00
D3346	Retreatment of previous root canal therapy - anterior <sup>4</sup> .....	\$ 95.00
D3347	Retreatment of previous root canal therapy - bicuspid <sup>4</sup> .....	\$140.00
D3348	Retreatment of previous root canal therapy - molar <sup>4</sup> .....	\$200.00
D3410	Apicoectomy/periradicular surgery - anterior <sup>4</sup> .....	\$ 85.00

Code	Description	ENROLLEE PAYS
D3421	Apicoectomy/periradicular surgery - bicuspid (first root) <sup>4</sup> .....	\$ 85.00
D3425	Apicoectomy/periradicular surgery - molar (first root) <sup>4</sup> .....	\$ 85.00
D3426	Apicoectomy/periradicular surgery (each additional root) <sup>4</sup> .....	\$ 50.00
D3430	Retrograde filling - per root <sup>4</sup> .....	\$ 50.00
D3450	Root amputation, per root - <i>not covered in conjunction with procedure D3920</i> <sup>4</sup> .....	\$ 60.00

#### D4000-D4999 V. Periodontics

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

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant .....	\$125.00
D4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant .....	\$ 25.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant .....	\$135.00
D4241	Gingival flap procedure, including root planing - one to three teeth, per quadrant.....	\$135.00
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant .....	\$250.00
D4261	Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant.....	\$250.00
D4341	Periodontal scaling and root planing - four or more contiguous teeth or bounded teeth spaces per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i> .....	\$ 45.00
D4342	Periodontal scaling and root planing, one to three teeth, per quadrant <i>- limited to 4 quadrants during any 12 consecutive months</i> .....	\$ 45.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis - <i>limited to 1 treatment in any 12 consecutive months</i> .....	\$ 45.00
D4910	Periodontal maintenance - <i>limited to 1 treatment each 6 month period</i> .....	\$ 36.00

#### D5000-D5899 VI. Prosthodontics (removable)

<sup>5</sup> *Includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement, if the Enrollee continues to be eligible and the service is provided at the Contract Dentist's facility where the denture was originally delivered.*

<sup>6</sup> *Limited to 1 per denture during any 12 consecutive months.*

<sup>7</sup> *Replacement is subject to a limitation requiring the existing denture to be 5+ years old.*

D5110	Complete denture - maxillary <sup>5,7</sup> .....	\$225.00
D5120	Complete denture - mandibular <sup>5,7</sup> .....	\$225.00
D5130	Immediate denture - maxillary <sup>5,7</sup> .....	\$300.00
D5140	Immediate denture - mandibular <sup>5,7</sup> .....	\$300.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) <sup>5,7</sup> .....	\$245.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) <sup>5,7</sup> .....	\$245.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) <sup>5,7</sup> .....	\$275.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) <sup>5,7</sup> .....	\$275.00
D5410	Adjust complete denture - maxillary <sup>5</sup> .....	\$ 10.00
D5411	Adjust complete denture - mandibular <sup>5</sup> .....	\$ 10.00
D5421	Adjust partial denture - maxillary <sup>5</sup> .....	\$ 10.00
D5422	Adjust partial denture - mandibular <sup>5</sup> .....	\$ 10.00
D5510	Repair broken complete denture base.....	\$ 24.00

Code	Description	ENROLLEE PAYS
D5520	Replace missing or broken teeth - complete denture (each tooth) .....	\$ 10.00
D5610	Repair resin denture base .....	\$ 24.00
D5620	Repair cast framework .....	\$ 24.00
D5630	Repair or replace broken clasp .....	\$ 24.00
D5640	Replace broken teeth - per tooth .....	\$ 10.00
D5650	Add tooth to existing partial denture .....	\$ 10.00
D5660	Add clasp to existing partial denture .....	\$ 10.00
D5710	Rebase complete maxillary denture <sup>6</sup> .....	\$ 50.00
D5711	Rebase complete mandibular denture <sup>6</sup> .....	\$ 50.00
D5720	Rebase maxillary partial denture <sup>6</sup> .....	\$ 50.00
D5721	Rebase mandibular partial denture <sup>6</sup> .....	\$ 50.00
D5730	Reline complete maxillary denture (chairside) <sup>6</sup> .....	\$ 30.00
D5731	Reline complete mandibular denture (chairside) <sup>6</sup> .....	\$ 30.00
D5740	Reline maxillary partial denture (chairside) <sup>6</sup> .....	\$ 30.00
D5741	Reline mandibular partial denture (chairside) <sup>6</sup> .....	\$ 30.00
D5750	Reline complete maxillary denture (laboratory) <sup>6</sup> .....	\$ 50.00
D5751	Reline complete mandibular denture (laboratory) <sup>6</sup> .....	\$ 50.00
D5760	Reline maxillary partial denture (laboratory) <sup>6</sup> .....	\$ 50.00
D5761	Reline mandibular partial denture (laboratory) <sup>6</sup> .....	\$ 50.00
D5820	Interim partial denture (maxillary) - <i>limited to initial placement of interim partial denture / stayplate to replace extracted anterior teeth during healing</i> <sup>5</sup> .....	No Cost
D5821	Interim partial denture (mandibular) - <i>limited to initial placement of interim partial denture / stayplate to replace extracted anterior teeth during healing</i> <sup>5</sup> .....	No Cost
D5850	Tissue conditioning, maxillary <sup>5,6</sup> .....	\$ 10.00
D5851	Tissue conditioning, mandibular <sup>5,6</sup> .....	\$ 10.00

**D5900-D5999 VII. Maxillofacial Prosthetics - Not Covered**

**D6000-D6199 VIII. Implant Services - Not Covered**

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

<sup>1</sup> Base or noble metal is the benefit. High noble metal (precious), if used, will be charged to the Enrollee at the additional maximum cost to the Enrollee of \$100.00 per tooth. If a cast post and core is made of high noble metal, an additional fee up to \$100.00 per tooth will be charged for the upgraded post and core.

<sup>2</sup> Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$150.00.

<sup>8</sup> Replacement is subject to a limitation requiring the existing bridge to be 5+ years old.

D6210	Pontic - cast high noble metal <sup>8</sup> .....	\$295.00
D6211	Pontic - cast predominantly base metal <sup>8</sup> .....	\$195.00
D6212	Pontic - cast noble metal <sup>8</sup> .....	\$195.00
D6240	Pontic - porcelain fused to high noble metal <sup>2,8</sup> .....	\$295.00
D6241	Pontic - porcelain fused to predominantly base metal <sup>2,8</sup> .....	\$195.00
D6242	Pontic - porcelain fused to noble metal <sup>2,8</sup> .....	\$195.00
D6245	Pontic - porcelain/ceramic <sup>2,8</sup> .....	\$295.00
D6250	Pontic - resin with high noble metal <sup>2,8</sup> .....	\$295.00
D6251	Pontic - resin with predominantly base metal <sup>2,8</sup> .....	\$195.00
D6252	Pontic - resin with noble metal <sup>2,8</sup> .....	\$195.00
D6600	Inlay - porcelain/ceramic, two surfaces <sup>2,8</sup> .....	\$295.00
D6601	Inlay - porcelain/ceramic, three or more surfaces <sup>2,8</sup> .....	\$305.00
D6602	Inlay - cast high noble metal, two surfaces <sup>1,8</sup> .....	\$140.00

Code	Description	ENROLLEE PAYS
D6603	Inlay - cast high noble metal, three or more surfaces <sup>1,8</sup> .....	\$150.00
D6604	Inlay - cast predominantly base metal, two surfaces <sup>8</sup> .....	\$140.00
D6605	Inlay - cast predominantly base metal, three or more surfaces <sup>8</sup> .....	\$150.00
D6606	Inlay - cast noble metal, two surfaces <sup>8</sup> .....	\$140.00
D6607	Inlay - cast noble metal, three or more surfaces <sup>8</sup> .....	\$150.00
D6608	Onlay - porcelain/ceramic, two surfaces <sup>2,8</sup> .....	\$295.00
D6609	Onlay - porcelain/ceramic, three or more surfaces <sup>2,8</sup> .....	\$305.00
D6610	Onlay - cast high noble metal, two surfaces <sup>1,8</sup> .....	\$156.00
D6611	Onlay - cast high noble metal, three or more surfaces <sup>1,8</sup> .....	\$156.00
D6612	Onlay - cast predominantly base metal, two surfaces <sup>8</sup> .....	\$156.00
D6613	Onlay - cast predominantly base metal, three or more surfaces <sup>8</sup> .....	\$156.00
D6614	Onlay - cast noble metal, two surfaces <sup>8</sup> .....	\$156.00
D6615	Onlay - cast noble metal, three or more surfaces <sup>8</sup> .....	\$156.00
D6720	Crown - resin with high noble metal <sup>2,8</sup> .....	\$295.00
D6721	Crown - resin with predominantly base metal <sup>2,8</sup> .....	\$195.00
D6722	Crown - resin with noble metal <sup>2,8</sup> .....	\$195.00
D6740	Crown - porcelain/ceramic <sup>2,8</sup> .....	\$295.00
D6750	Crown - porcelain fused to high noble metal <sup>2,8</sup> .....	\$295.00
D6751	Crown - porcelain fused to predominantly base metal <sup>2,8</sup> .....	\$195.00
D6752	Crown - porcelain fused to noble metal <sup>2,8</sup> .....	\$195.00
D6780	Crown - 3/4 cast high noble metal <sup>8</sup> .....	\$295.00
D6781	Crown - 3/4 cast predominantly base metal <sup>8</sup> .....	\$195.00
D6782	Crown - 3/4 cast noble metal <sup>8</sup> .....	\$195.00
D6790	Crown - full cast high noble metal <sup>8</sup> .....	\$295.00
D6791	Crown - full cast predominantly base metal <sup>8</sup> .....	\$195.00
D6792	Crown - full cast noble metal <sup>8</sup> .....	\$195.00
D6930	Recement fixed partial denture.....	\$ 15.00
D6940	Stress breaker <sup>8</sup> .....	\$ 25.00
D6970	Cast post and core in addition to fixed partial denture retainer - includes canal preparation <sup>1</sup> .....	\$ 15.00
D6971	Cast post as part of fixed partial denture retainer - includes canal preparation <sup>1</sup> .....	\$ 15.00
D6972	Prefabricated post and core in addition to fixed partial denture retainer - base metal post; includes canal preparation.....	\$ 15.00
D6973	Core buildup for retainer, including any pins.....	\$ 15.00
D6976	Each additional cast post - same tooth - includes canal preparation <sup>1</sup> .....	\$ 15.00
D6977	Each additional prefabricated post - same tooth - base metal post; includes canal preparation.....	\$ 15.00
D6980	Fixed partial denture repair, by report.....	\$ 20.00

**D7000-D7999 X. Oral and Maxillofacial Surgery**

*Includes preoperative and postoperative evaluations and treatment under local anesthetic.*

D7111	Coronal remnants - deciduous teeth (extraction).....	\$ 6.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) .....	\$ 6.00
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth .....	\$ 15.00
D7220	Removal of impacted tooth - soft tissue.....	\$ 40.00
D7230	Removal of impacted tooth - partially bony.....	\$ 60.00
D7240	Removal of impacted tooth - completely bony .....	\$ 80.00

Code	Description	ENROLLEE PAYS
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications .....	\$ 80.00
D7250	Surgical removal of residual tooth roots (cutting procedure) .....	No Cost
D7286	Biopsy of oral tissue - soft (all others) - <i>does not include pathology laboratory procedures</i> .....	\$ 20.00
D7310	Alveoloplasty in conjunction with extractions - per quadrant.....	\$ 40.00
D7320	Alveoloplasty not in conjunction with extractions - per quadrant.....	\$ 60.00
D7471	Removal of lateral exostosis - (maxilla or mandible) .....	\$ 50.00
D7510	Incision and drainage of abscess - intraoral soft tissue.....	No Cost
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure.....	No Cost

**D8000-D8999 XI. Orthodontics**

<sup>9</sup> Listed Copayment covers up to 24 months of active orthodontic treatment excluding the services listed for D8999 “Start-up fee.” Beyond 24 months of active treatment, an additional monthly fee of \$75.00 applies.

<sup>10</sup> The Enrollee is responsible for any incurred orthodontic diagnostic record fees.

<sup>11</sup> Includes adjustments and/or office visits up to 24 months. After 24 months, a monthly fee of \$75.00 applies.

D8070	Comprehensive orthodontic treatment of the transitional dentition - child or adolescent to age 19 <sup>9</sup> .....	\$1800.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - adolescent to age 19 <sup>9</sup> .....	\$1800.00
D8090	Comprehensive orthodontic treatment of the adult dentition - adults, including dependent adults covered as full-time students <sup>9</sup> .....	\$2000.00
D8660	Pre-orthodontic treatment visit - not to be charged with any other consultation procedure(s) <sup>10</sup> .....	No Cost
D8680	Orthodontic retention (removal of appliances, construction and placement of retainers) <sup>11</sup> .....	No Cost
D8999	Unspecified orthodontic procedure, by report - includes START-UP FEES (including initial examination, diagnosis, consultation and initial banding) .....	\$350.00

**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 .....	No Cost
D9310	Consultation (diagnostic services provided by a dentist or physician other than practitioner providing treatment) .....	\$ 20.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed.....	\$ 5.00
D9440	Office visit - after regularly scheduled hours .....	\$ 20.00
D9450	Case presentation, detailed and extensive treatment planning .....	No Cost
D9999	Unspecified adjunctive procedure, by report - includes failed appointment without 24 hour notice - per 15 minutes of appointment time .....	\$ 10.00

Procedures not listed above are not covered however may be available at the Contract Dentist’s “filed fees”.

“Filed fees” means the Contract Dentist’s fees on file with Delta. Questions regarding these fees should be directed to the Customer Relations department at (800) 422-4234.

## SCHEDULE B

### LIMITATIONS OF BENEFITS

1. Full mouth x-rays are limited to one set every 24 consecutive months and include any combination of periapicals, bitewings and/or panoramic film;
2. Bitewing x-rays are limited to not more than one series of four films in any six month period;
3. Diagnostic casts are limited to aid in diagnosis by the Contract Dentist for covered benefits;
4. If a biopsy is prior approved by Delta to an oral surgeon, then examination of the resulting biopsy specimen is covered under codes D0472, D0473 or D0474 and available at no additional cost;
5. Prophylaxis or periodontal maintenance is limited to one procedure each six month period;
6. Benefits for sealants include the application of sealants only to permanent first and second molars with no decay, with no restorations and with the occlusal surface intact, for first molars through age nine and second molars through age 15. Benefits for sealants do not include the repair or replacement of a sealant on any tooth within three years of its application;
7. A filling is a benefit for the removal of decay, for minor repairs of tooth structure or to replace a lost filling;
8. A crown is a benefit when there is insufficient tooth structure to support a filling or to replace an existing crown that is non-functional or non-restorable and meets the five+ year limitation (Limitation #12);
9. A covered metallic inlay, onlay, crown or fixed partial denture (bridge) using base or noble metal is available for listed Copayment(s). If the Enrollee elects to have high noble metal used instead, the maximum additional cost of this material upgrade is \$100.00 per tooth or pontic. For a cast post and core, the benefit is for base or noble metal. If the Enrollee elects to have a high noble metal cast post and core instead, the maximum additional cost of this material upgrade is \$100.00 per tooth;
10. For molars, a covered inlay, onlay, crown, or unit of a fixed partial denture (bridge) is metallic without porcelain or other tooth-colored material. If the Enrollee elects to have porcelain, porcelain-fused-to-metal, resin or resin-with-metal used instead, the maximum additional cost for this tooth-colored material upgrade is \$150.00 per molar;
11. If a porcelain margin is also chosen by the Enrollee for a covered porcelain-fused-to-metal crown, the maximum additional cost for this laboratory upgrade is \$75.00;

12. The replacement of an existing inlay, onlay, crown, fixed partial denture (bridge) or a removable full or partial denture is covered when:
  - a. The existing restoration/bridge/denture is no longer functional and cannot be made functional by repair or adjustment, **and**
  - b. Either of the following:
    - The existing non-functional restoration/bridge/denture was placed five+ or more years prior to its replacement, **or**
    - If an existing partial denture is less than five+ years old, but must be replaced by a new partial denture due to the loss of a natural tooth, which cannot be replaced by adding another tooth to the existing partial denture;
13. A direct or indirect pulp cap is a benefit only on a vital permanent tooth with an open apex or a vital primary tooth;
14. With the exception of pulp caps and pulpotomies, endodontic procedures (e.g. root canal therapy, apicoectomy, retrofill, etc.) are only a benefit on a permanent tooth;
15. A therapeutic pulpotomy on a permanent tooth is limited to palliative treatment when the Contract Dentist is not performing root canal therapy;
16. Periodontal scaling and root planing are limited to four quadrants during any 12 month period;
17. Full mouth debridement (gross scale) is limited to one treatment in any 12 month period;
18. Coverage for the placement of a fixed partial denture (bridge) or removable partial denture:
  - a. Fixed partial denture (bridge):
    - The sole tooth to be replaced in the arch is an anterior tooth, and the abutment teeth are not periodontally involved; **or**
    - The new bridge would replace an existing, non-functional bridge utilizing identical abutments and pontics (see Limitation #12); **or**
    - Each abutment tooth to be crowned meets Limitation #8;
  - b. Removable partial denture
    - Cast metal (D5213, D5214), one or more teeth are missing in an arch;
    - Resin based (D5211, D5212), one or more teeth are missing in an arch and abutment teeth have extensive periodontal disease (see Limitation #12);
19. Relines, tissue conditioning and rebases are limited to one per denture during any 12 consecutive months;
20. Interim partial dentures (stayplates), in conjunction with fixed or removable appliances, are limited to:
  - The replacement of extracted anterior teeth for adults during a healing period when the teeth cannot be added to an existing partial denture; **or**
  - The replacement of permanent tooth/teeth for children under 16 years of age;
21. Retained primary teeth shall be covered as primary teeth;

22. Excision of the frenum is a benefit only when it results in limited mobility of the tongue, it causes a large diastema between teeth or it interferes with a prosthetic appliance;
23. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon prior authorization by Delta, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis;
24. Soft tissue management programs are limited to periodontal pocket charting, root planing, scaling, curettage, oral hygiene instruction, periodontal maintenance and/or prophylaxis. If an Enrollee declines non-covered services within a soft tissue management program, it does not eliminate or alter the benefit for other covered services;
25. A new removable partial, complete or immediate denture includes after delivery adjustments and tissue conditioning at no additional cost for the first six months after placement if the Enrollee continues to be eligible and the service is provided at the Contract Dentist's facility where the denture was originally delivered;
26. An Optional procedure is defined as any alternative procedure presented by the Contract Dentist that satisfies the same dental need as a covered procedure, is chosen by the Enrollee, and is subject to the limitations and exclusions of the program. The applicable charge to the Enrollee is the difference between the Contract Dentist's "filed fee" for the Optional procedure and the "filed fees" for the covered procedure, plus any applicable Copayment for the covered procedure.

"Filed fee" means the Contract Dentist's fees on file with Delta. Questions regarding these fees should be directed to the Customer Relations department at (800) 422-4234.

## EXCLUSIONS OF BENEFITS

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

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

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

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

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

## ORTHODONTIC LIMITATIONS

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

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

## ORTHODONTIC EXCLUSIONS

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

<sup>12</sup> *Phase I orthodontics is defined as early treatment including interceptive orthodontia prior to the development of late mixed dentition.*