

# DeltaCare<sup>®</sup> USA

Dental Health Care Program for  
Eligible Employees and Dependents

## **Combined Evidence of Coverage and Disclosure Form**

**TX13B**

*Provided by:*

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

*Administered by:*

Delta Dental Insurance Company  
P.O. Box 1803  
Alpharetta, GA 30023  
800-422-4234

deltadentalins.com



## **EVIDENCE OF COVERAGE**

### **DISCLOSURE FORM**

This booklet is a Combined Evidence of Coverage and Disclosure Form (“EOC”) for your Dental HMO Program (“Program”) provided by:

Alpha Dental Programs, Inc. (“ALPHA”) dba DeltaCare USA  
A Single Service Health Maintenance Organization (“HMO”)  
1701 Shoal Creek, Suite 240  
Highland Village, TX 75077  
800-422-4234

The Program has been established and is administered in accordance with the provisions of a Group Dental Service Contract (“Contract”) issued by ALPHA.

Administrative functions described throughout this booklet may be performed by Delta Dental Insurance Company (“Delta Dental”), a Third Party Administrator, as designated by ALPHA.

This EOC describes the provisions of the Contract between your Group and ALPHA. THE EOC CONSTITUTES ONLY A SUMMARY OF THE PROGRAM. THE CONTRACT MUST BE CONSULTED TO DETERMINE THE EXACT TERMS AND CONDITIONS OF COVERAGE. A COPY OF THE CONTRACT WILL BE FURNISHED UPON REQUEST. ANY DIRECT CONFLICT BETWEEN THE CONTRACT AND THE EOC WILL BE RESOLVED ACCORDING TO THE TERMS WHICH ARE MOST FAVORABLE TO YOU. PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW HOW TO OBTAIN DENTAL BENEFITS.

The telephone number where you may obtain information about benefits is 800-422-4234. These calls will be answered by ALPHA’s Administrator, Delta Dental.

**ALPHA DENTAL PROGRAMS, INC.  
ADDENDUM TO CERTIFICATE  
TEXAS IMPORTANT NOTICES**

**Have a complaint or need help?**

If you have a problem with a claim or your premium, call your insurance company or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.

**Alpha Dental Programs**

To get information or file a complaint with your insurance company or HMO:

**Call: Quality Management  
1-800-422-4234**

**Toll Free: 1-800-422-4234**

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

Mail: P.O. Box 1803

Alpharetta, GA 30023

The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call with a question:

1-800-252-3439

File a complaint:

[www.tdi.texas.gov](http://www.tdi.texas.gov)

Email:

[ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

Mail:

MC 111-1A,

P.O. Box 149091

Austin, TX 78714-9091

**¿Tiene una queja o necesita ayuda?**

Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros o HMO. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros o HMO. Si no lo hace, podría perder su derecho para apelar.

**Alpha Dental Programs**

Para obtener información o para presentar una queja ante su compañía de seguros o HMO:

**Llame a: Quality Management  
1-800-422-4234**

**Teléfono gratuito: 1-800-422-4234**

En línea: [deltadentalins.com](http://deltadentalins.com)

Dirección postal: P.O. Box 1803

Alpharetta, GA 30023

El Departamento de Seguros de Texas

Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al:

1-800-252-3439

Presente una queja en:

[www.tdi.texas.gov](http://www.tdi.texas.gov)

Correo electrónico:

[ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

Dirección postal:

MC 111-1 A,

P.O. Box 149091

Austin, TX 78714-9091

## Notice of Rights Under HMO Plan

- A health maintenance organization (HMO) plan provides no benefits for services You receive from Out-of-Network Dentists, with specific exceptions as described in the Contract and this notice.
- You have the right to an adequate network of in-network Dentists (also known as network Dentists).
- If You believe that Our network is inadequate, You may file a complaint with the Texas Department of Insurance at: [www.tdi.texas.gov/consumer/complfrm.html](http://www.tdi.texas.gov/consumer/complfrm.html).
- If We approve a referral for Out-of-Network services because no in-network Dentist is available, or if You have received Out-of-Network Emergency Dental Services, We must, in most cases, resolve the Out-of-Network Dentist's bill so that You only have to pay any applicable in-network Copayment, Coinsurance, and Deductible amounts.
- You may obtain a current directory of in-network Dentists by visiting Our website at [deltadentalins.com](http://deltadentalins.com) or calling Our Customer Service department at 800-422-4234 for assistance in finding available in-network Dentists. If You relied on materially inaccurate directory information, You may be entitled to have a claim by an Out-of-Network Dentist paid as if it were from a network Dentist, if You present a copy of the inaccurate directory information to Us, dated not more than 30 days before You received the service.

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## Definitions

As used in this booklet:

**Administrator** means Delta Dental Insurance Company ("Delta Dental"), licensed as a Third Party Administrator in the State of Texas. Administrative functions described in the Contract and in this booklet may be performed by Delta Dental, as designated by Alpha. The mailing address for Delta Dental is P.O. Box 1803, Alpharetta, GA 30023. Delta Dental will answer calls directed to 800-422-4234.

**Benefits** mean those dental services available under the terms of the Group Dental Service Contract and described in this booklet.

**Client** means the applicant (employer or other organization) contracting to obtain Benefits for Eligible Employees.

**Contract Dentist** means a Dentist who provides services in general dentistry, and who has agreed to provide Benefits to Enrollees under this Program.

**Contract Orthodontist** means a Dentist who specializes in orthodontics, and who has agreed to provide Benefits to Enrollees under this Program.

**Contract Specialty Care Dentist** means a Dentist who provides Specialized Services, and has agreed to provide Benefits to Enrollees under this Program.

**Copayment** means the amount charged to an Enrollee by a Dentist for the Benefits provided under this Program.

**Dentist** means a duly licensed Dentist legally entitled to practice dentistry at the time and in the state or jurisdiction in which services are performed.

**Eligible Dependent** means any dependent of an Eligible Employee who is eligible for Benefits as described in this booklet.

**Eligible Employee** means any employee or group member who is eligible for Benefits as described in this booklet.

**Emergency Dental Services** means procedures administered in a Dentist's facility, emergency dental clinic, or other comparable facility, to evaluate and stabilize dental conditions of a recent onset and severity accompanied by excessive bleeding, severe pain, or acute infection that would lead a prudent layperson possessing an



average knowledge of dentistry to believe that immediate care is needed.

**Enrollee** means an Eligible Employee ("Primary Enrollee") or an Eligible Dependent ("Dependent Enrollee") enrolled to receive Benefits.

**Open Enrollment Period** means the period preceding the date of commencement of the contract term or the 30-day period immediately preceding the annual anniversary of the commencement of the contract term or a period as otherwise requested by the Client and agreed to by Alpha.

**Optional** means 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 Contract.

**Preauthorization** means the process by which Alpha determines if a procedure or treatment is a referable Benefit under the Enrollee's plan.

**Service Area** means the State of Texas, except for the following counties:

Collingsworth, Culberson, Dallam, Edwards, Hansford, Hemphill, Lipscomb, Motley, Ochiltree, Reeves, Roberts, Sherman, Terrell, Val Verde, and Wheeler.

**Specialized Services** mean services performed by a Dentist who specializes in the practice of oral surgery, endodontics, periodontics or pediatric dentistry and which must be preauthorized by us.

**We, Us or Our** means Alpha or the Administrator, as appropriate.

## **Eligibility for Benefits**

Eligible Employees and Eligible Dependents receive Benefits as soon as they are enrolled in the Program. Subject to cancellation as provided under this Program, enrollment of Eligible Employees and Eligible Dependents is for a minimum period of one year.

You are eligible to enroll as an Eligible Employee if you meet the eligibility requirements defined by the Client.

Eligible Dependents become eligible on:

- 1) the date you are eligible for coverage;
- 2) as soon as an Eligible Dependent becomes your dependent, or at any time subject to a change in legal custody or lawful order to provide Benefits.

Eligible Dependents include:

- 1) spouse (unless legally separated or divorced);
- 2) unmarried children from birth up to age 25;

Children include natural children, stepchildren, adopted children, foster children, and grandchildren provided all such children are dependent on you for support. Grandchildren must reside with you to be eligible. Newborn children (including newborn adopted children) are covered from and after the moment of birth. Notice of birth must be received within 31 days after the date of birth for coverage to continue beyond 31 days. Foster children are eligible from and after the moment the child is placed in your physical custody. Legally adopted children (other than newborns) are eligible from and after the moment you file suit for adoption.

An unmarried dependent child may continue eligibility if:

- 1) he or she is incapable of self-support because of a physical disability or mental incapacity that began before age 25;
- 2) he or she is chiefly dependent on you for support; and
- 3) proof of dependent's disability is provided within 31 days of request. Such requests will not be made more than once a year after this dependent reaches the limiting age. Eligibility will continue as long as the dependent relies on you for support because of a mental or physical disability that began before he or she reached the limiting age.

Dependents in active military service are not eligible. No Eligible Dependent may be enrolled under more than one Eligible Employee. Medicare eligibility shall not affect the eligibility of an Eligible Employee or an Eligible Dependent.

You must live or work in Alpha's Service Area. The permanent legal residence of any enrolled dependent must be the same as yours, or you must live or work in the Service Area and the residence of any enrolled dependent must be:

- 1) in Alpha's Service Area with the person having temporary or permanent conservatorship or guardianship of such dependents, where you have legal responsibility for the health care of such dependents; or
- 2) in Alpha's Service Area under other circumstances where you are legally responsible for the health care of such dependents; or

- 3) in Alpha's Service Area with your spouse; or
- 4) anywhere in the United States for a child whose coverage under the Program is required by a medical support order.

## **Premiums**

This Program requires premiums to be paid to us. If you are required to pay all or any portion of the premiums, you will be advised of the amount prior to enrollment and it will be deducted from your earnings by payroll deduction, or you will be requested to pay it directly. The Client will be responsible for sending all payments of premiums to us except payments you are requested to pay directly. Should you voluntarily cancel enrollment and subsequently desire to re-enroll, all premiums retroactive to the date of cancellation (but not to exceed 12 months) must be paid before you can re-enroll.

## **How to use the Program - Choice of Contract Dentist**

To enroll in this Program, you must select a Contract Dentist for both yourself and any Dependent Enrollee from the list of Contract Dentists furnished during the enrollment process. If you fail to select a Contract Dentist or the Contract Dentist selected becomes unavailable, we will request the selection of another Contract Dentist or assign you to a Contract Dentist. You may change your assigned Contract Dentist by directing a request to the Customer Service department at 800-422-4234. In order to ensure that your Contract Dentist is notified and our eligibility lists are correct, changes in Contract Dentists must be requested prior to the 21st of the month for changes to be effective the first day of the following month.

EACH ENROLLEE MUST GO TO HIS OR HER ASSIGNED CONTRACT DENTIST TO OBTAIN COVERED SERVICES, EXCEPT FOR SERVICES PROVIDED BY A SPECIALTY CARE DENTIST PREAUTHORIZED BY US, OR FOR EMERGENCY DENTAL SERVICES (REFER TO SCHEDULE A). SPECIALIZED SERVICES THAT ARE NOT AUTHORIZED BY US MAY NOT BE COVERED. ANY OTHER TREATMENT PROVIDED BY AN OUT-OF-NETWORK DENTIST IS NOT COVERED UNDER THIS PROGRAM.

If your assigned Contract Dentist's agreement with Alpha terminates, that Contract Dentist will complete (a) a partial or full denture for which final impressions have been taken, and (b) all work on every tooth upon which work has started (such as completion of root canals in progress and delivery of crowns when teeth have been prepared).

## **Benefits, Limitations and Exclusions**

This Program provides the Benefits described in the *Description of Benefits and Copayments* subject to the limitations and exclusions. The services are performed as deemed appropriate by your attending Contract Dentist. A Contract Dentist may provide services either personally or through associated Dentists, technicians or hygienists who may lawfully perform the services.

## **Copayments and Other Charges**

You are required to pay any Copayments listed in the *Description of Benefits and Copayments* directly to the Dentist who provides treatment.

## **Emergency Dental Services**

You should contact your Contract Dentist for Emergency Dental Services for covered dental procedures whenever possible. If you require Emergency Dental Services and are unable to reach your Contract Dentist, you should call Customer Service at 800-422-4234 for assistance in obtaining urgent care; or during non-business hours, you may seek immediate treatment from another Dentist and we will reimburse you for the cost of Emergency Dental Services which exceeds your Copayment(s). Emergency Dental Services are limited to listed procedures and as described in code D9110 "Palliative (emergency) treatment of dental pain." Further treatment must be obtained from the assigned Contract Dentist. (Refer to *Schedule A*).

## **Specialized Services**

Specialized Services for oral surgery, endodontics, periodontics or pediatric dentistry must be referred by the assigned Contract Dentist and preauthorized by us. All preauthorized Specialized Services will be paid by us less any applicable Copayments. (Refer to *Schedule A*).

IF YOU REQUIRE SPECIALIZED SERVICES AND THERE IS NO CONTRACT SPECIALTY CARE DENTIST TO PROVIDE THESE SERVICES WITHIN 35 MILES OF YOUR HOME ADDRESS, YOUR ASSIGNED CONTRACT DENTIST MUST RECEIVE PREAUTHORIZATION FROM US TO REFER YOU TO AN OUT-OF-NETWORK DENTIST TO PROVIDE THE SPECIALIZED SERVICES. SPECIALIZED SERVICES PERFORMED BY AN OUT-OF-NETWORK DENTIST THAT ARE NOT PREAUTHORIZED MAY NOT BE COVERED.

If the services of a Contract Orthodontist are needed, please refer to Orthodontics in the *Description of Benefits and Copayments*, and the limitations and exclusions to determine which procedures are covered under this Program.

## **Claims for Reimbursement**

Claims for covered Emergency Dental Services or preauthorized Specialized Services must be submitted to us within 90 days of the end of treatment. Valid claims received after the 90 day period will be reviewed if you can show that it was not reasonably possible to submit the claim within that time. All claims must be received within one year of the treatment date.

We will acknowledge receipt of Enrollee claims in writing and initiate investigation of claims within 15 days. The Enrollee will be requested to provide additional information, if required.

Claims submitted with all necessary information will be accepted or rejected within 15 business days of receipt. Notice of rejected claims will state the reason for the rejection. In the event additional information is required and a determination cannot be made, you will receive written notification within this 15-day period stating the reason for the delay.

All claims will be accepted or rejected within 45 days of that notice. Accepted claims will be paid not later than the fifth business day following notice of acceptance. If payment is subject to performance of an act by the Enrollee, the claim will be paid not later than the fifth business day after the date the act is performed.

In the event that we fail to pay a Contract Dentist, you will not be liable to that Dentist for any sums owed by us. Except for the provisions in *Emergency Dental Services*, if you have not received Preauthorization for treatment from an out-of-network Dentist, and we fail to pay that out-of-network Dentist, you may be liable to that Dentist for the cost of services. For further clarification, refer to the provisions for Emergency Dental Services and Specialized Services.

## **Coordination of Benefits**

This Program provides Benefits without regard to coverage by any other group insurance policy or any other group health benefits program if the other policy or program covers services or expenses in addition to dental care. Otherwise, Benefits provided under this Program for Specialized Services or by out-of-network Dentists are coordinated with such other group dental insurance policy or any

group dental benefits program. The determination of which policy or program is primary shall be governed by the rules stated in the Contract.

When this plan is secondary, it may reduce its Benefits so that the total Benefits paid or provided by all plans during a claim determination period are not more than 100 percent of total Allowable Expenses. "Allowable Expense" is defined as a service or expense, including deductibles and Copayments, that is covered at least in part by any of the plans covering the person.

An Enrollee shall provide to us and we may release to or obtain from any insurance company or other organization, any information about the Enrollee that is needed to administer coordination of benefits. We will, in our sole discretion, determine whether any reimbursement to an insurance company or other organization is warranted under these coordination of benefits provisions, and any such reimbursement will be deemed to be Benefits under this Program. We will have the right to recover from a Dentist, Enrollee, insurance company or other organization, as we choose, the amount of any Benefits paid by us which exceeds our obligations under these coordination of benefit provisions.

## Enrollee Complaint Procedure

A complaint means any dissatisfaction expressed by an Enrollee orally or in writing about any aspect of our operation, including but not limited to dissatisfaction with administration; procedures; denial, reduction or termination of services for reasons **not related to medical necessity**; disenrollment decisions or the quality of dental services performed by a Contract Dentist. You may call the Customer Service department at 800-422-4234 or write to: Quality Management Department, P.O. Box 1860, Alpharetta, GA 30023-1860.

Written communication must include 1) the name of the patient, 2) the name, address, telephone number and identification number of the Primary Enrollee, 3) the name of the Client and 4) the Dentist's name and facility location.

A complaint does **not** include a misunderstanding or problem of misinformation which can be promptly resolved by supplying correct information to the Enrollee's satisfaction.

We do not make determinations about the medical necessity of dental services and only determine if services are covered Benefits under the Contract. We will provide notification if any dental

services are not covered Benefits, stating the specific Contract provision(s).

Within five business days after receipt of an oral or written complaint, the quality management coordinator will send a letter acknowledging the date of receipt of the complaint, and a description of our complaint procedures, estimated time frames for resolution of complaints, and a request for any necessary information. If the complaint was received orally, the acknowledgement will include a one-page complaint form with instructions to return for prompt resolution of the complaint.

**Processing of a complaint will generally not begin until we receive the information shown above, except as noted below for complaints involving Emergency Dental Services.**

The complainant may call the Customer Service department at 800-422-4234 at any time between 7:00 a.m. and 8:00 p.m., Central Time, to discuss the complaint. Those complaints requiring professional expertise shall be referred to a licensed dental consultant or, if necessary, the dental director for response. Certain complaints may also require a second opinion for a clinical evaluation of the dental services provided. Second opinions will be provided at another Contract Dentist's facility, unless otherwise authorized by Alpha's dental consultant. We will only pay for a second opinion that we have authorized.

We will resolve a complaint involving Emergency Dental Services within 24 hours after our receipt. Complaints that do not involve Emergency Dental Services will be resolved within 30 calendar days after receipt. We will send to the complainant a written report which describes the complaint and our resolution. The report will contain a statement of the specific clinical and/or contractual reasons for the resolution and will advise the complainant of:

- 1) the specialization of any Dentist or other provider consulted;
- 2) a description of our appeal procedure; and
- 3) the time frames for our appeal process and final decision.

In the event a complainant is not satisfied with our resolution of a complaint, he/she will have the right to appeal the decision before a complaint appeal panel. Within five business days after receipt of a request for an appeal, we will send a letter acknowledging the date of receipt of the request and include a statement of the complainant's rights to:

- 1) appear before an appeal panel in person (or through a representative if a minor or disabled) in the area where the Enrollee received the care or at an agreed upon location; or
- 2) write to an appeal panel;
- 3) to present alternative expert testimony;
- 4) to present oral or written information; and
- 5) to question those responsible for the prior resolution.

Our appeal panel is composed of Enrollee representatives, Contract Dentist representatives and Alpha representatives in equal numbers. Contract Dentists cannot review a case in which they rendered care or a case they reviewed during our complaint or appeal process. The panel will include a Contract Specialty Care Dentist if the quality of specialty care is at issue. Our employees cannot serve as Enrollee members.

No later than five business days before the scheduled meeting of the appeal panel, unless the complainant agrees otherwise, we shall provide to the complainant or the complainant's designated representative:

- 1) any documentation to be presented to the panel by us;
- 2) the specialization of any providers consulted during the investigation of the appeal; and
- 3) the name and affiliation of each Alpha representative on the panel.

We will send a written resolution of the appeal within 30 calendar days after receipt of an appeal. Investigation and resolution of appeals involving ongoing Emergency Dental Services will be concluded in accordance with the dental immediacy of the case, but no later than 24 hours after receipt of request for appeal. At the request of the Enrollee, we will provide, instead of an appeal panel, a provider who has not previously reviewed the case and who is of the same or similar specialty as ordinarily manages the procedure or treatment under appeal. The provider reviewing the appeal may interview the Enrollee or the Enrollee's designated representative and will make a decision on the appeal. Initial notice of decision of the appeal may be delivered orally, but will be followed by a written notice of the determination within three days.

Notice of our final decision will include a statement of the specific clinical and/or contract provision(s) on which the decision was based, and the toll-free telephone number and address of the Texas Department of Insurance.



Any Enrollee, including an Enrollee who has attempted to resolve a complaint through the complaint process described above, may file a complaint with the Texas Department of Insurance at P.O. Box 149091, Austin, Texas 78714-9091. The Department's toll-free telephone number is 800-252-3439.

The commissioner will investigate a complaint against us to determine our compliance with the insurance laws within 60 days after the Department receives the complaint and all information necessary for the Department to determine compliance. The commissioner may extend the time necessary to complete an investigation in the event any of the following circumstances occur:

- 1) additional information is needed;
- 2) an on-site review is necessary;
- 3) we, the provider, or the complainant do not provide all documentation necessary to complete the investigation; or
- 4) other circumstances beyond the control of the Department occur.

We will not engage in any retaliatory action (including termination or refusal to renew a Contract) against a Client, an Enrollee, or a Dentist (on behalf of an Enrollee) for filing a complaint or appealing a decision.

For group health plans subject to the Employee Retirement Income Security Act of 1974 (ERISA):

Enrollees with complaints involving a denial, modification or termination of a requested benefit or claim must file a request for review with us within 180 days after receipt. Our review will take into account all information, regardless of whether such information was submitted or considered initially. The review shall be conducted by a person who is neither the individual who reviewed the original claim, nor the subordinate of such individual. Upon request and free of charge, we will provide the Enrollee with copies of any pertinent documents that are relevant to the claim and a copy of any internal rule, guideline or protocol relied upon in making the decision. If any consulting Dentist is involved in the review, the identity of such consulting Dentist will be available upon request.

The Enrollee may also contact the U.S. Department of Labor, Employee Benefits Security Administration (EBSA) for further review of the claim; to ask questions about the rights under ERISA; or bring a civil action under section 502(a) of ERISA. The address of the U.S. Department of Labor is: U.S. Department of Labor, Employee

Benefits Security Administration, 200 Constitution Avenue, N.W.  
Washington, D.C. 20210.

## **Renewal and Termination of Benefits**

This Program renews on the anniversary of the contract term unless we provide 60 days notice of a change in premiums or Benefits and the Client does not accept the change. All Benefits terminate for any Enrollee as of the date that this Program is terminated, such person ceases to be eligible under the terms of this Program, or such person's enrollment is cancelled under the terms of this Program. We are not obligated to continue to provide Benefits to any such person in such event, except for completion of single procedures commenced while this Program was in effect.

## **Cancellation of Enrollment**

Subject to the *Enrollee Complaint Procedure*, or the *Optional Continuation of Coverage* provision, an Eligible Employee's or Eligible Dependent's enrollment under this Program may be cancelled, or renewal of enrollment refused, in the following events:

- 1) Immediately:
  - a) upon loss of eligibility as described in this Evidence of Coverage;  
or
  - b) if an Enrollee engages in conduct detrimental to safe operations and the delivery of services while in a Contract Dentist's facility;
- 2) Upon 15 days written notice if the Enrollee knowingly commits or permits another person to commit fraud or deception in obtaining Benefits under the Program;
- 3) Upon 30 days written notice if:
  - a) the premiums are not paid by or on behalf of the Enrollee on the date due or within the 30-day premium grace period. However, the Enrollee may continue to receive Benefits during the 30-day period and may be reinstated during the term of the Contract upon payment of any unpaid premium. If coverage is not reinstated, the Enrollee will be responsible for the cost of services rendered during the 30-day grace period; or
  - b) the Enrollee fails to pay Copayments. However, the Enrollee may be reinstated during the term of the Contract upon payment of all delinquent charges; or

- c) a satisfactory dentist-patient relationship fails to be established with multiple contract facilities. We must show that we have, in good faith, provided the Enrollee with the opportunity to select an alternative Contract Dentist. If the Enrollee establishes a history of unsatisfactory relationships, we will notify the Enrollee in writing, at least 30 days in advance, that we consider the dentist-patient relationships to be unsatisfactory. We will also specify the changes that are necessary in order to avoid cancellation, and show that the Enrollee failed to make these changes; or
  - d) the Primary Enrollee or the Dependent Enrollee neither resides, lives or works in Alpha's Service Area. However, coverage for a child who is the subject of a medical support order cannot be cancelled solely because the child does not reside, live or work in Alpha's Service Area;
- 4) Upon 60 days written notice if the Contract is terminated or not renewed.

Cancellation of a Primary Enrollee's enrollment shall automatically cancel the enrollment of any of his or her Dependent Enrollees.

## Optional Continuation of Coverage

### COBRA Continuation Option

The federal Consolidated Omnibus Budget Reconciliation Act (or COBRA, pertaining to certain employers having 20 or more employees) requires that continued health care coverage be made available to "Qualified Beneficiaries" who lose health care coverage under the group plan as a result of a "Qualifying Event." You may be entitled to continue coverage under this plan, *at your expense*, if certain conditions are met. The period of continued coverage depends on the Qualifying Event.

### DEFINITIONS

The meaning of key terms used in this section is shown below.

**Qualified Beneficiary** means:

- 1) you and/or your dependents who are enrolled in the Alpha plan on the day before the Qualifying Event, or
- 2) a child who is born to or placed for adoption with you during the period of continued coverage, provided such child is enrolled within 30 days of birth or placement for adoption.

**Qualifying Event** means any of the following events which, except for the election of this continued coverage, would result in a loss of coverage under the dental plan:

- Event 1.           the termination of employment (other than termination for gross misconduct) or the reduction in work hours, by your employer;
- Event 2.           your death;
- Event 3.           your divorce or legal separation from your spouse;
- Event 4.           your dependent's loss of dependent status under the plan; and
- Event 5.           as to your dependents only, your entitlement to Medicare.

**You** or **your** means the Primary Enrollee.

## PERIODS OF CONTINUED COVERAGE

Qualified Beneficiaries may continue coverage for 18 months following the month in which Qualifying Event 1 occurs.

This 18-month period can be extended for a total of 29 months, provided:

- 1) a determination is made under Title II or Title XVI of the Social Security Act that an individual is disabled on the date of the Qualifying Event or becomes disabled at any time during the first 60 days of continued coverage; and
- 2) notice of the determination is given to the employer during the initial 18 months of continued coverage and within 60 days of the date of the determination.

This period of coverage will end on the first day of the month that begins more than 30 days after the date of the final determination that the disabled individual is no longer disabled. You must notify your employer or Delta Dental within 30 days of any such determination.

If, during the 18 months continuation period resulting from Qualifying Event 1, your dependents, who are Qualified Beneficiaries, experience Qualifying Events 2, 3, 4 or 5, they may choose to extend coverage for up to a total of 36 months (inclusive of the period continued under Qualifying Event 1).

Your dependents, who are Qualified Beneficiaries, may continue coverage for 36 months following the occurrence of Qualifying Events 2, 3, 4 or 5.

When an employer has filed for bankruptcy under Title 11, United States Code, benefits may be substantially reduced or eliminated for retired employees and their dependents, or the surviving spouse of a deceased retired employee. If this benefit reduction or elimination occurs within one year before or one year after filing, it is considered a Qualifying Event. If the Primary Enrollee is a retiree, and has lost coverage because of this Qualifying Event, he or she may choose to continue coverage until his or her death. The Primary Enrollee's dependents who have lost coverage because of this Qualifying Event may choose to continue coverage for up to 36 months following the Primary Enrollee's death.

## ELECTION OF CONTINUED COVERAGE

Your employer shall notify Alpha within 30 days of Qualifying Event 1. A Qualified Beneficiary must notify his or her employer in writing within 60 days of Qualifying Events 2, 3, 4 or 5, or within 60 days of receiving the election notice from the employer. Otherwise, the option of continued coverage will be lost.

Within 14 days of receiving notice of a Qualifying Event, the employer will provide a Qualified Beneficiary with the necessary benefits information, monthly premium charge, enrollment forms, and instructions to allow election of continued coverage.

A Qualified Beneficiary will then have 60 days to give his or her employer written notice of the election to continue coverage. Failure to provide this written notice of election to the employer within 60 days will result in loss of the right to continue coverage.

A Qualified Beneficiary has 45 days from the written election of continued coverage to pay the initial premium to his or her employer, which includes the premium for each month since the loss of coverage. Failure to pay the required premium within the 45 days will result in loss of the right to continue coverage and any premium received after that will be returned to the Qualified Beneficiary.

## CONTINUED COVERAGE BENEFITS

The Benefits under the continued coverage will be the same as those provided to active employees and their dependents who are still enrolled in the dental plan. If the employer changes the coverage

for active employees, the continued coverage will change as well. Premiums will be adjusted to reflect the changes made.

## TERMINATION OF CONTINUED COVERAGE

A Qualified Beneficiary's coverage will terminate at the end of the month in which any of the following events first occur:

- 1) the allowable number of consecutive months of continued coverage is reached;
- 2) failure to pay the required premiums in a timely manner;
- 3) the employer ceases to provide any group dental plan to its employees;
- 4) the individual moves out of Alpha's Service Area;
- 5) the individual first obtains coverage for dental Benefits, after the date of the election of continued coverage, under another group health plan (as an employee or dependent) which does not contain or apply any exclusion or limitation with respect to any pre-existing condition of such a person, if that pre-existing condition is covered under this plan; or
- 6) entitlement to Medicare.

The employer shall notify Alpha within 30 days of the occurrence of any of the above events. Once continued coverage ends, it cannot be reinstated.

## TERMINATION OF THE EMPLOYER'S DENTAL CONTRACT

If the dental contract between the employer and Alpha terminates prior to the time that the continuation coverage would otherwise terminate, the employer shall notify a Qualified Beneficiary either 30 days prior to the termination or when all Enrollees are notified, whichever is later, of the ability to elect continuation of coverage under the employer's subsequent dental plan, if any. The continuation coverage will be provided only for the balance of the period that a Qualified Beneficiary would have remained covered under the Alpha plan had such plan with the former employer not terminated. The employer shall notify the successor plan in writing of the Qualified Beneficiaries receiving continuation coverage so they may be notified of how to continue coverage. The continuation coverage will terminate if a Qualified Beneficiary fails to comply with the requirements pertaining to enrollment in and payment of premiums to the new group benefit plan.

## OPEN ENROLLMENT CHANGE OF COVERAGE

A Qualified Beneficiary may elect to change continuation coverage during any subsequent open enrollment period, if the employer has contracted with another plan to provide coverage to its active employees. The continuation coverage under the other plan will be provided only for the balance of the period that a Qualified Beneficiary would have remained under the Alpha plan.

### Group Continuation Option

An Enrollee whose coverage under the Contract ceases for any reason other than involuntary termination for cause, and who has been continuously covered under the Contract for at least three consecutive months immediately prior to such termination, may request continuation of coverage for himself or herself and any covered Dependent Enrollees, subject to the following requirements:

- 1) Continuation must be requested in writing, and received by the Client together with the first contribution, within 31 days after the later of (a) the date coverage would otherwise terminate, or (b) the date the Enrollee is given notice of the right to elect continuation.
- 2) The Enrollee must remit to the Client, monthly in advance, the amount of contribution required for continuation plus 2% of the amount of the group rate for coverage under the Contract.
- 3) Coverage so continued will terminate on the first of the following dates:
  - a. The date coverage has been in force for six months;
  - b. The date the Enrollee fails to remit required contributions in a timely manner;
  - c. With respect to any person whose coverage is being continued, the date that person becomes covered for similar benefits under any program arranged by any other group; or
  - d. The date on which the Contract is terminated in its entirety.

### **Entire Contract**

This EOC, the Group Contract, the Contract Application, and any attached schedules, appendices, endorsements and riders to the Contract, constitute the entire agreement governing the Program. No amendment is valid unless approved by an executive officer of Alpha and attached to this EOC. No agent has authority to amend this EOC or waive any of its provisions.

## **Incontestability**

In the absence of fraud or intentional misrepresentation made by you in the enrollment application, all statements made in that application are representations and not warranties. The statements are considered to be truthful and are made to the best of your knowledge and belief. A statement may not be used to void, cancel or non-renew your coverage or reduce Benefits unless (i) it is in a written enrollment application signed by you, and (ii) a signed copy of the enrollment application is or has been furnished to you or your personal representative.

## **Conformity with State Law**

If this EOC is not in conformity with Texas laws or other applicable laws, it will not be rendered invalid but will be construed and applied as if it were in full compliance with Texas law and other applicable laws.



SCHEDULE A

Description of Benefits and Copayments

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to *Schedule B* for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in *italics* below is specifically intended to clarify the delivery of Benefits under this Program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2020 procedure codes, descriptors or nomenclature that are 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.

<u>CODE</u>		<u>DESCRIPTION</u>	<u>ENROLLEE</u> <u>PAYS</u>
<b>D0100-D0999</b>		<b>I. DIAGNOSTIC</b>	
D0120	Periodic oral evaluation - established patient .....	No Cost	
D0140	Limited oral evaluation - problem focused .....	No Cost	
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver .....	No Cost	
D0150	Comprehensive oral evaluation - new or established patient .....	No Cost	
D0160	Detailed and extensive oral evaluation - problem focused, by report .....	No Cost	
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit) .....	No Cost	
D0171	Re-evaluation - post-operative office visit .....	\$5.00	
D0180	Comprehensive periodontal evaluation - new or established patient .....	No Cost	
D0190	Screening of a patient .....	No Cost	
D0191	Assessment of a patient .....	No Cost	
D0210	Intraoral - complete series of radiographic images - <i>limited to 1 series every 24 months</i> <sup>1</sup> .....	No Cost	
D0220	Intraoral - periapical first radiographic image .....	No Cost	

D0230	Intraoral - periapical each additional radiographic image .....	No Cost
D0240	Intraoral - occlusal radiographic image .....	No Cost
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector .....	No Cost
D0251	Extraoral posterior dental radiographic image .....	No Cost
D0270	Bitewing - single radiographic image .....	No Cost
D0272	Bitewings - two radiographic images .....	No Cost
D0273	Bitewings three radiographic images .....	No Cost
D0274	Bitewings - four radiographic images - <i>limited to 1 series every 6 months</i> <sup>1</sup> .....	No Cost
D0277	Vertical bitewings - 7 to 8 radiographic images .....	No Cost
D0330	Panoramic radiographic image .....	No Cost
D0415	Collection of microorganisms for culture and sensitivity .....	No Cost
D0419	Assessment of salivary flow by measurement - <i>1 every 12 months</i> .....	No Cost
D0425	Caries susceptibility tests .....	No Cost
D0460	Pulp vitality tests .....	No Cost
D0470	Diagnostic casts .....	No Cost
D0472	Accession of tissue, gross examination, preparation and transmission of written report .....	No Cost
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report .....	No Cost
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report .....	No Cost
D0601	Caries risk assessment and documentation, with a finding of low risk - <i>1 every 3 years</i> .....	No Cost
D0602	Caries risk assessment and documentation, with a finding of moderate risk - <i>1 every 3 years</i> .....	No Cost
D0603	Caries risk assessment and documentation, with a finding of high risk - <i>1 every 3 years</i> .....	No Cost
D0999	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit (in addition to other services)</i> .....	\$5.00

**D1000-D1999****II. PREVENTIVE**

D1110	Prophylaxis <i>cleaning</i> - adult - 1 D1110, D1120 or D4346 per 6 month period <sup>1</sup> .....	No Cost
D1110	Additional prophylaxis <i>cleaning</i> - adult (within the 6 month period) <sup>1</sup> .....	\$45.00
D1120	Prophylaxis <i>cleaning</i> - child - 1 D1110, D1120 or D4346 per 6 month period <sup>1</sup> .....	No Cost
D1120	Additional prophylaxis <i>cleaning</i> - child (within the 6 month period) <sup>1</sup> .....	\$35.00
D1206	Topical application of fluoride varnish - <i>child to age 19; 1 D1206 or D1208 per 6 month period</i> <sup>1</sup> .....	No Cost
D1208	Topical application of fluoride - excluding varnish - <i>child to age 19; 1 D1206 or D1208 per 6 month period</i> .....	No Cost
D1310	Nutritional counseling for control of dental disease	No Cost
D1330	Oral hygiene instructions .....	No Cost
D1351	Sealant - per tooth - <i>limited to permanent molars through age 15</i> .....	\$10.00
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - <i>limited to permanent molars through age 15</i> .....	\$10.00
D1353	Sealant repair - per tooth - <i>limited to permanent molars through age 15</i> .....	\$10.00
D1354	Interim caries arresting medicament application - per tooth - <i>child to age 19; 1 per 6 month period</i> ....	No Cost
D1510	Space maintainer - fixed - unilateral - per quadrant	\$40.00
D1516	Space maintainer - fixed - bilateral, maxillary .....	\$40.00
D1517	Space maintainer - fixed - bilateral, mandibular .....	\$40.00
D1520	Space maintainer - removable - unilateral - per quadrant .....	\$50.00
D1526	Space maintainer - removable - bilateral, maxillary .	\$50.00
D1527	Space maintainer - removable - bilateral, mandibular .....	\$50.00
D1551	Re-cement or re-bond bilateral space maintainer - maxillary .....	\$10.00
D1552	Re-cement or re-bond bilateral space maintainer - mandibular .....	\$10.00
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant .....	\$10.00

D1556	Removal of fixed unilateral space maintainer - per quadrant .....	\$10.00
D1557	Removal of fixed bilateral space maintainer - maxillary .....	\$10.00
D1558	Removal of fixed bilateral space maintainer - mandibular .....	\$10.00
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant - <i>child to age 9</i> .....	\$40.00

## **D2000-D2999 III. RESTORATIVE**

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

- When there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100.00 per crown, beyond the 6th unit.

- Replacement of crowns, inlays and onlays requires 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) .....	\$45.00
D2390	Resin-based composite crown, anterior .....	\$55.00
D2391	Resin-based composite - one surface, posterior ....	\$45.00
D2392	Resin-based composite - two surfaces, posterior ...	\$55.00
D2393	Resin-based composite - three surfaces, posterior .	\$65.00
D2394	Resin-based composite - four or more surfaces, posterior .....	\$75.00
D2510	Inlay - metallic - one surface .....	\$145.00
D2520	Inlay - metallic - two surfaces .....	\$155.00
D2530	Inlay - metallic - three or more surfaces .....	\$165.00
D2542	Onlay - metallic - two surfaces .....	\$160.00
D2543	Onlay - metallic - three surfaces .....	\$170.00
D2544	Onlay - metallic - four or more surfaces .....	\$190.00
D2610	Inlay - porcelain/ceramic - one surface .....	\$270.00

D2620	Inlay - porcelain/ceramic - two surfaces .....	\$305.00
D2630	Inlay - porcelain/ceramic - three or more surfaces ..	\$325.00
D2642	Onlay - porcelain/ceramic - two surfaces .....	\$300.00
D2643	Onlay - porcelain/ceramic - three surfaces .....	\$335.00
D2644	Onlay - porcelain/ceramic - four or more surfaces ..	\$355.00
D2650	Inlay - resin-based composite - one surface .....	\$170.00
D2651	Inlay - resin-based composite - two surfaces .....	\$195.00
D2652	Inlay - resin-based composite - three or more surfaces .....	\$230.00
D2662	Onlay - resin-based composite - two surfaces .....	\$225.00
D2663	Onlay - resin-based composite - three surfaces .....	\$250.00
D2664	Onlay - resin-based composite - four or more surfaces .....	\$295.00
D2710	Crown - resin-based composite (indirect) .....	\$145.00
D2712	Crown - 3/4 resin-based composite (indirect) .....	\$145.00
D2720	Crown - resin with high noble metal .....	\$295.00
D2721	Crown - resin with predominantly base metal .....	\$195.00
D2722	Crown - resin with noble metal .....	\$235.00
D2740	Crown - porcelain/ceramic .....	\$355.00
D2750	Crown - porcelain fused to high noble metal .....	\$355.00
D2751	Crown - porcelain fused to predominantly base metal .....	\$255.00
D2752	Crown - porcelain fused to noble metal .....	\$295.00
D2753	Crown - porcelain fused to titanium and titanium alloys .....	\$355.00
D2780	Crown - 3/4 cast high noble metal .....	\$355.00
D2781	Crown - 3/4 cast predominantly base metal .....	\$255.00
D2782	Crown - 3/4 cast noble metal .....	\$295.00
D2783	Crown - 3/4 porcelain/ceramic .....	\$355.00
D2790	Crown - full cast high noble metal .....	\$355.00
D2791	Crown - full cast predominantly base metal .....	\$255.00
D2792	Crown - full cast noble metal .....	\$295.00
D2794	Crown - titanium and titanium alloys .....	\$355.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration .....	\$10.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core .....	\$10.00
D2920	Re-cement or re-bond crown .....	\$10.00

D2921	Reattachment of tooth fragment, incisal edge or cusp ( <i>anterior</i> ) .....	\$45.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth - <i>anterior</i> .....	\$75.00
D2930	Prefabricated stainless steel crown - primary tooth .....	\$50.00
D2931	Prefabricated stainless steel crown - permanent tooth .....	\$50.00
D2932	Prefabricated resin crown - <i>anterior primary tooth</i> .	\$65.00
D2933	Prefabricated stainless steel crown with resin window - <i>anterior primary tooth</i> .....	\$75.00
D2940	Protective restoration .....	No Cost
D2941	Interim therapeutic restoration - primary dentition .	No Cost
D2949	Restorative foundation for an indirect restoration ..	\$50.00
D2950	Core buildup, including any pins when required .....	\$50.00
D2951	Pin retention - per tooth, in addition to restoration .	No Cost
D2952	Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i> .....	\$95.00
D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i> .....	\$70.00
D2954	Prefabricated post and core in addition to crown - <i>base metal post; includes canal preparation</i> .....	\$80.00
D2957	Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i> .....	\$60.00
D2971	Additional procedures to construct new crown under existing partial denture framework .....	\$50.00
D2980	Crown repair necessitated by restorative material failure .....	\$20.00
D2981	Inlay repair necessitated by restorative material failure .....	\$20.00
D2982	Onlay repair necessitated by restorative material failure .....	\$20.00
D2983	Veneer repair necessitated by restorative material failure .....	\$20.00
D2990	Resin infiltration of incipient smooth surface lesions - <i>limited to permanent molars through age 15</i> .....	\$10.00

#### **D3000-D3999                      IV. ENDODONTICS**

D3110	Pulp cap - direct (excluding final restoration) .....	No Cost
D3120	Pulp cap - indirect (excluding final restoration) .....	No Cost

D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament .....	\$25.00
D3221	Pulpal debridement, primary and permanent teeth	\$30.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development .....	\$25.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) .....	\$40.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) .....	\$40.00
D3310	<i>Root canal</i> - endodontic therapy, anterior tooth (excluding final restoration) .....	\$95.00
D3320	<i>Root canal</i> - endodontic therapy, premolar tooth (excluding final restoration) .....	\$185.00
D3330	<i>Root canal</i> - endodontic therapy, molar tooth (excluding final restoration) .....	\$335.00
D3331	Treatment of root canal obstruction; non-surgical access .....	\$70.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth .....	\$70.00
D3333	Internal root repair of perforation defects .....	\$70.00
D3346	Retreatment of previous root canal therapy - anterior .....	\$125.00
D3347	Retreatment of previous root canal therapy - premolar .....	\$215.00
D3348	Retreatment of previous root canal therapy - molar .....	\$365.00
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.) .....	\$70.00
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.) .....	\$45.00
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$45.00
D3410	Apicoectomy - anterior .....	\$115.00
D3421	Apicoectomy - premolar (first root) .....	\$125.00
D3425	Apicoectomy - molar (first root) .....	\$135.00
D3426	Apicoectomy (each additional root) .....	\$80.00

D3427	Periradicular surgery without apicoectomy .....	\$115.00
D3430	Retrograde filling - per root .....	\$60.00
D3450	Root amputation - per root .....	\$70.00
D3920	Hemisection (including any root removal), not including root canal therapy .....	\$60.00

#### **D4000-D4999            V. PERIODONTICS**

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

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant .....	\$130.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant .....	\$80.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth .....	\$80.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant .....	\$135.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant .....	\$80.00
D4245	Apically positioned flap .....	\$135.00
D4249	Clinical crown lengthening - hard tissue .....	\$125.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant .....	\$300.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant .....	\$240.00
D4263	Bone replacement graft - retained natural tooth - first site in quadrant .....	\$215.00
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant .....	\$65.00
D4270	Pedicle soft tissue graft procedure .....	\$215.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) .....	\$70.00



D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft .....	\$215.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site .....	\$215.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i> .....	\$50.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i> .....	\$40.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - <i>1 D1110, D1120 or D4346 per 6 month period</i> .....	No Cost
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit - <i>limited to 1 treatment in any 12 consecutive months</i> .....	\$50.00
D4910	Periodontal maintenance - <i>limited to 1 treatment each 6 month period</i> .....	\$35.00
D4910	<i>Additional periodontal maintenance (within the 6 month period)</i> .....	\$55.00
D4921	Gingival irrigation - per quadrant .....	No Cost

D5000-D5899

VI. PROSTHODONTICS (removable)

- For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.

- Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.

- Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.

D5110	Complete denture - maxillary .....	\$285.00
D5120	Complete denture - mandibular .....	\$285.00
D5130	Immediate denture - maxillary .....	\$305.00
D5140	Immediate denture - mandibular .....	\$305.00
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) .....	\$245.00

D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) .....	\$245.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth) .....	\$315.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth) .....	\$315.00
D5221	Immediate maxillary partial denture - resin base (including any retentive/clasping materials, rests and teeth) .....	\$245.00
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials, rests and teeth) .....	\$245.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth) .....	\$315.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth) .....	\$315.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth) .....	\$365.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth) .....	\$365.00
D5410	Adjust complete denture - maxillary .....	\$10.00
D5411	Adjust complete denture - mandibular .....	\$10.00
D5421	Adjust partial denture - maxillary .....	\$10.00
D5422	Adjust partial denture - mandibular .....	\$10.00
D5511	Repair broken complete denture base, mandibular .	\$40.00
D5512	Repair broken complete denture base, maxillary ....	\$40.00
D5520	Replace missing or broken teeth - complete denture (each tooth) .....	\$20.00
D5611	Repair resin partial denture base, mandibular .....	\$40.00
D5612	Repair resin partial denture base, maxillary .....	\$40.00
D5621	Repair cast partial framework, mandibular .....	\$40.00
D5622	Repair cast partial framework, maxillary .....	\$40.00
D5630	Repair or replace broken retentive/clasping materials - per tooth .....	\$40.00
D5640	Replace broken teeth - per tooth .....	\$30.00
D5650	Add tooth to existing partial denture .....	\$30.00
D5660	Add clasp to existing partial denture - per tooth ....	\$40.00

D5670	Replace all teeth and acrylic on cast metal framework (maxillary) .....	\$165.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular) .....	\$165.00
D5710	Rebase complete maxillary denture .....	\$95.00
D5711	Rebase complete mandibular denture .....	\$95.00
D5720	Rebase maxillary partial denture .....	\$95.00
D5721	Rebase mandibular partial denture .....	\$95.00
D5730	Reline complete maxillary denture (chairside) .....	\$50.00
D5731	Reline complete mandibular denture (chairside) ....	\$50.00
D5740	Reline maxillary partial denture (chairside) .....	\$50.00
D5741	Reline mandibular partial denture (chairside) .....	\$50.00
D5750	Reline complete maxillary denture (laboratory) ....	\$85.00
D5751	Reline complete mandibular denture (laboratory) ..	\$85.00
D5760	Reline maxillary partial denture (laboratory) .....	\$85.00
D5761	Reline mandibular partial denture (laboratory) .....	\$85.00
D5820	Interim partial denture (maxillary) - <i>limited to 1 in any 12 consecutive months</i> .....	\$105.00
D5821	Interim partial denture (mandibular) - <i>limited to 1 in any 12 consecutive months</i> .....	\$105.00
D5850	Tissue conditioning, maxillary .....	\$25.00
D5851	Tissue conditioning, mandibular .....	\$25.00

**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])**

- *When a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional \$100.00 per unit, beyond the 6th unit.*

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

D6210	Pontic - cast high noble metal .....	\$355.00
D6211	Pontic - cast predominantly base metal .....	\$225.00
D6212	Pontic - cast noble metal .....	\$295.00
D6240	Pontic - porcelain fused to high noble metal .....	\$355.00

D6241	Pontic - porcelain fused to predominantly base metal .....	\$255.00
D6242	Pontic - porcelain fused to noble metal .....	\$295.00
D6243	Pontic - porcelain fused to titanium and titanium alloys .....	\$295.00
D6245	Pontic - porcelain/ceramic .....	\$355.00
D6250	Pontic - resin with high noble metal .....	\$295.00
D6251	Pontic - resin with predominantly base metal .....	\$195.00
D6252	Pontic - resin with noble metal .....	\$235.00
D6600	Retainer inlay - porcelain/ceramic, two surfaces ....	\$305.00
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces .....	\$325.00
D6602	Retainer inlay - cast high noble metal, two surfaces .....	\$255.00
D6603	Retainer inlay - cast high noble metal, three or more surfaces .....	\$265.00
D6604	Retainer inlay - cast predominantly base metal, two surfaces .....	\$155.00
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces .....	\$165.00
D6606	Retainer inlay - cast noble metal, two surfaces .....	\$185.00
D6607	Retainer inlay - cast noble metal, three or more surfaces .....	\$195.00
D6608	Retainer onlay - porcelain/ceramic, two surfaces ....	\$300.00
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces .....	\$335.00
D6610	Retainer onlay - cast high noble metal, two surfaces .....	\$260.00
D6611	Retainer onlay - cast high noble metal, three or more surfaces .....	\$270.00
D6612	Retainer onlay - cast predominantly base metal, two surfaces .....	\$160.00
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces .....	\$170.00
D6614	Retainer onlay - cast noble metal, two surfaces ....	\$190.00
D6615	Retainer onlay - cast noble metal, three or more surfaces .....	\$200.00
D6720	Retainer crown - resin with high noble metal .....	\$295.00
D6721	Retainer crown - resin with predominantly base metal .....	\$195.00

D6722	Retainer crown - resin with noble metal .....	\$235.00
D6740	Retainer crown - porcelain/ceramic .....	\$355.00
D6750	Retainer crown - porcelain fused to high noble metal .....	\$355.00
D6751	Retainer crown - porcelain fused to predominantly base metal .....	\$255.00
D6752	Retainer crown - porcelain fused to noble metal ....	\$295.00
D6753	Retainer crown - porcelain fused to titanium and titanium alloys .....	\$355.00
D6780	Retainer crown - 3/4 cast high noble metal .....	\$355.00
D6781	Retainer crown - 3/4 cast predominantly base metal .....	\$255.00
D6782	Retainer crown - 3/4 cast noble metal .....	\$295.00
D6783	Retainer crown - 3/4 porcelain/ceramic .....	\$355.00
D6784	Retainer crown 3/4 - titanium and titanium alloys ..	\$355.00
D6790	Retainer crown - full cast high noble metal .....	\$355.00
D6791	Retainer crown - full cast predominantly base metal .....	\$255.00
D6792	Retainer crown - full cast noble metal .....	\$295.00
D6930	Re-cement or re-bond fixed partial denture .....	\$15.00
D6940	Stress breaker .....	\$25.00
D6980	Fixed partial denture repair necessitated by restorative material failure .....	\$55.00

## **D7000-D7999**

## **X. ORAL AND MAXILLOFACIAL SURGERY**

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

D7111	Extraction, coronal remnants - primary tooth .....	No Cost
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) .....	\$5.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated .....	\$45.00
D7220	Removal of impacted tooth - soft tissue .....	\$55.00
D7230	Removal of impacted tooth - partially bony .....	\$75.00
D7240	Removal of impacted tooth - completely bony .....	\$95.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications .....	\$115.00
D7250	Removal of residual tooth roots (cutting procedure) .....	\$35.00

D7251	Coronectomy - intentional partial tooth removal ....	\$115.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth .....	\$110.00
D7280	Exposure of an unerupted tooth .....	\$85.00
D7282	Mobilization of erupted or malpositioned tooth to aid eruption .....	\$85.00
D7283	Placement of device to facilitate eruption of impacted tooth .....	No Cost
D7286	Incisional biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i> .....	\$25.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant .....	\$50.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant .....	\$50.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant ...	\$70.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant ...	\$70.00
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm .....	No Cost
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm .....	No Cost
D7471	Removal of lateral exostosis (maxilla or mandible) .	\$50.00
D7472	Removal of torus palatinus .....	\$50.00
D7473	Removal of torus mandibularis .....	\$50.00
D7510	Incision and drainage of abscess - intraoral soft tissue .....	No Cost
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site .....	No Cost
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure .....	No Cost
D7970	Excision of hyperplastic tissue - per arch .....	\$70.00
D7971	Excision of pericoronal gingiva .....	\$70.00

## **D8000-D8999**

## **XI. ORTHODONTICS**

- *The listed Copayment for each phase of orthodontic treatment  
(limited, interceptive or comprehensive) covers up to 24 months of*

active treatment. Beyond 24 months, an additional monthly fee, not to exceed \$125.00, may apply.  
- The Retention Copayment includes adjustments and/or office visits up to 24 months.

**Pre and post orthodontic records include:**

<i>The benefit for pre-treatment records and diagnostic services includes:</i> .....		\$200.00
D0210	Intraoral - complete series of radiographic images	
D0322	Tomographic survey	
D0330	Panoramic radiographic image	
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	
D0350	2D oral/facial photographic images obtained intraorally or extraorally	
D0351	3D photographic image	
D0470	Diagnostic casts	

<i>The benefit for post-treatment records includes:</i> ....		\$70.00
D0210	Intraoral - complete series of radiographic images	
D0470	Diagnostic casts	

D8010	Limited orthodontic treatment of the primary dentition .....	\$1,150.00
D8020	Limited orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i> .....	\$1,150.00
D8030	Limited orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i> .....	\$1,150.00
D8040	Limited orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i> .....	\$1,350.00
D8050	Interceptive orthodontic treatment of the primary dentition .....	\$1,150.00
D8060	Interceptive orthodontic treatment of the transitional dentition .....	\$1,150.00
D8070	Comprehensive orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i> .....	\$1,900.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i> .....	\$1,900.00

D8090	Comprehensive orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i> .....	\$2,100.00
D8660	Pre-orthodontic treatment examination to monitor growth and development .....	\$25.00
D8680	Orthodontic retention (removal of appliances, construction and placement of <i>removable</i> retainers) .....	\$275.00
D8681	Removable orthodontic retainer adjustment .....	No Cost
D8999	Unspecified orthodontic procedure, by report - <i>includes treatment planning session</i> .....	\$100.00

## **D9000-D9999                      XII. ADJUNCTIVE GENERAL SERVICES**

D9110	Palliative (emergency) treatment of dental pain - minor procedure .....	\$10.00
D9211	Regional block anesthesia .....	No Cost
D9212	Trigeminal division block anesthesia .....	No Cost
D9215	Local anesthesia in conjunction with operative or surgical procedures .....	No Cost
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia .....	No Cost
D9222	Deep sedation/general anesthesia - first 15 minutes .....	\$80.00
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment .....	\$80.00
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes .....	\$80.00
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment ..	\$80.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician .....	\$10.00
D9311	Consultation with medical health care professional .....	No Cost
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
D9932	Cleaning and inspection of removable complete denture, maxillary .....	No Cost
D9933	Cleaning and inspection of removable complete denture, mandibular .....	No Cost



D9934	Cleaning and inspection of removable partial denture, maxillary .....	No Cost
D9935	Cleaning and inspection of removable partial denture, mandibular .....	No Cost
D9943	Occlusal guard adjustment .....	\$10.00
D9944	Occlusal guard - hard appliance, full arch - <i>limited to 1 D9944, D9945 or D9946 in 3 years</i> .....	\$95.00
D9945	Occlusal guard - soft appliance, full arch - <i>limited to 1 D9944, D9945 or D9946 in 3 years</i> .....	\$95.00
D9946	Occlusal guard - hard appliance, partial arch - <i>limited to 1 D9944, D9945 or D9946 in 3 years</i> .....	\$95.00
D9951	Occlusal adjustment, limited .....	\$45.00
D9952	Occlusal adjustment, complete .....	\$95.00
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays - <i>limited to one bleaching tray and gel for two weeks of self-treatment</i> .....	\$125.00
D9986	Missed appointment - <i>without 24 hour notice - per 15 minutes of appointment time</i> .....	\$10.00
D9987	Canceled appointment - <i>without 24 hour notice - per 15 minutes of appointment time</i> .....	\$10.00
D9990	Certified translation or sign-language services - per visit .....	No Cost
D9991	Dental case management - addressing appointment compliance barriers .....	No Cost
D9992	Dental case management - care coordination .....	No Cost
D9995	Teledentistry - synchronous; real-time encounter ...	No Cost
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review ....	No Cost
D9997	Dental case management - Patients with special Health Care Needs	No Cost

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

## FOOTNOTES

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

## SCHEDULE B

### Limitations of Benefits

1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments*.
2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional \$100.00 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. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by Alpha, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
5. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.
6. Benefits for dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with this Program are limited as follows:

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

during normal business hours, or by sending a written request to Alpha.

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

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

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

## Exclusions of Benefits

1. Any procedure that is not specifically listed under *Schedule A, Description of Benefits and Copayments*.
2. Any procedure that in the professional opinion of the Contract Dentist:
  - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**
  - b. is inconsistent with generally accepted standards for dentistry.
3. Services solely for cosmetic purposes, with the exception of procedure D9975 (External bleaching for home application, per arch), or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).
6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
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 for non-covered benefits.
10. Dental services received from any dental facility other than the assigned Contract Dentist, an authorized dental specialist, or a Contract Orthodontist except for *Emergency Dental Services* as described in *Schedule A*.

11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
12. Prescription drugs.
13. Lost, stolen or broken orthodontic appliances.
14. Changes in orthodontic treatment necessitated by accident of any kind.
15. Myofunctional and parafunctional appliances and/or therapies, with the exception of procedures D9944, D9945, D9946 (occlusal guard).
16. Composite or ceramic brackets, lingual adaption of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
17. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.
18. Orthodontic treatment must be provided by a licensed dentist. Self-administered orthodontics are not covered.
19. The removal of fixed orthodontic appliances for reasons other than completion of treatment is not a covered benefit.

## Glossary

The following dental terms have the meanings indicated:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Lingual** - Pertaining to the tongue.

**Macrognathia** - A definite overgrowth of the mandible and maxilla.

**Mandible** - The lower jaw.

**Mandibular** - Pertaining to the lower jaw.

**Maxilla** - The upper jaw.

**Maxillary** - Pertaining to the upper jaw.

**Micrognathia** - An abnormal smallness of the jaws, especially the mandible.

**Myofunctional therapy** - Training to curb or eliminate abnormal muscle function of the oral cavity.



**Occlusal** - The chewing surfaces of the posterior teeth.

**Occlusion** - The contact between the upper and lower teeth when in a closed position.

**Orthodontic appliance** - Any appliance used to apply forces for tooth movement during orthodontic treatment.

**Palate** - The roof of the mouth.

**Palatal** - Pertaining to the roof of the mouth.

**Palliative** - Action that relieves pain but does not cure the cause of the pain.

**Panoramic film** - An x-ray that offers a full view of the entire length of the jaws in a single x-ray.

**Pediatric** or **Pedodontic** - Pertaining to children.

**Periapical** - The area surrounding or enclosing the root tip of a tooth.

**Periodontitis** - Gingival changes that occur due to infection and loss of attachment between the tooth and gums. Periodontitis is a long-term progressive disease.

**Periradicular** - Around the root.

**Pontic** - The term used for the artificial tooth on a bridge.

**Prophylaxis** - The removal of plaque, tartar and stains on the crown portion of the teeth, including polishing.

**Pulp cap** - The covering of an exposed dental nerve with material that protects it from foreign irritants.

**Quadrant** - One of the four equal sections into which the dental arches can be divided; begins at the middle of the arch and goes to the last tooth on either side.

**Rebase** - Process of refitting a denture by replacing the acrylic base material.

**Resin** - Broad term used to indicate an organic substance that is usually tooth colored. Composite resin used in filling teeth, most often in the front of the mouth.

**Retainer** - An appliance used to maintain the positions of the teeth and jaws gained by orthodontic procedures.

**Retrograde filling** - A method of sealing the root canal by preparing and filling it from the root tip.

**Root planing** - A procedure designed to remove bacteria, tartar and diseased root tissue from the root surfaces. Often referred to as "deep cleaning."

**Sealant** - Application of a resin material to the biting surfaces of the permanent molars to seal the surface crevices to prevent the formation of decay.

**Study model** - A positive likeness of dental structures (teeth and adjoining tissues) for the purpose of study and treatment planning.

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

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

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

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

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

## Non-Discrimination Disclosure

### Discrimination Is Against the Law

We comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. We do not exclude people or treat them differently because of their race, color, national origin, age, disability, or sex.

Coverage for medically necessary health services are available on the same terms for all individuals, regardless of sex assigned at birth, gender identity, or recorded gender. We will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. We will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance electronically online, over the phone with a customer service representative, or by mail.

DeltaCare USA  
PO Box 1803 Alpharetta, GA 30023-1803  
1-800-422-4234  
deltadentalins.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint

Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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- qualified sign language interpreters
- written information in other formats (large print, audio, accessible electronic formats, other formats)

We also provide free language services to people whose primary language is not English, such as:

- qualified interpreters
- information written in other languages

If you need these services, contact our Customer Service department.

**Protect your oral health.** Prevention is the key to avoiding tooth and gum problems. Brush and floss regularly, and visit the dentist for cleanings and exams. To learn more about prevention and avoiding dental problems, visit **[mysmileway.com](http://mysmileway.com)**. You'll find oral health articles, videos and other tools and tips for caring for your teeth. Don't forget to sign up for *Grin!*, our free dental health e-magazine.

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ਕੀ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਨੂੰ ਪੜ੍ਹ ਸਕਦੇ ਹੋ? ਜੇਕਰ ਨਹੀਂ, ਤਾਂ ਅਸੀਂ ਇਸ ਨੂੰ ਪੜ੍ਹਨ ਵਿੱਚ ਤੁਹਾਡੀ ਮਦਦ ਕਰਨ ਲਈ ਕਿਸੇ ਵਿਅਕਤੀ ਨੂੰ ਲਿਆ ਸਕਦੇ ਹਾਂ। ਤੁਹਾਨੂੰ ਇਹ ਦਸਤਾਵੇਜ਼ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਲਿਖਿਆ ਹੋਇਆ ਵੀ ਪ੍ਰਾਪਤ ਹੋ ਸਕਦਾ ਹੈ। ਮੁਫਤ ਵਿੱਚ ਮਦਦ ਲਈ, ਕਿਰਪਾ ਕਰਕੇ 1-800-422-4234 (TTY: 711) ਨੂੰ ਕਾਲ ਕਰੋ। (Punjabi)

Դուք կարող եք կարդալ այս փաստաթուղթը: Եթե ոչ, մենք որևէ մեկին կգտնենք, ով կօգնի ձեզ կարդալ: Դուք կարող եք նաև այս փաստաթուղթը ստանալ գրված ձևով լեզվով: Անվճար օգնություն համար խնդրում ենք զանգահարել 1-800-422-4234 (TTY՝ 711): (Armenian)

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