DELTA DENTAL®

PSEA RETIREES & ASSOCIATES

TABLE OF ALLOWANCES

PREMIER B

Combined Evidence of Coverage and Disclosure Form

deltadentalins.com

Group Number: 07655-00001

Effective Date: January 1, 2027

Can you read this document? If not, we can have somebody help you read it. You may also be able to get this document written in your language. For free help, please call 1-800-765-6003 (TTY: 711).

¿Puede leer este documento? Si no, podemos hacer que alguien lo lea por usted. También puede obtener este documento escrito en su idioma. Para obtener ayuda gratuita, llame al 1-800-765-6003 (TTY: 711). (Spanish)

您能自行閱讀本文件嗎？如果不能，我們可請人幫助您閱讀。您還可以請人以您的語言撰寫本文件。如需免費幫助，請致電 1-800-765-6003 (TTY: 711)。(Chinese)

Bạn có đọc được tài liệu này không? Nếu không, chúng tôi sẽ cử một ai đó giúp bạn đọc. Bạn cũng có thể nhận được tài liệu này viết bằng ngôn ngữ của bạn. Để nhận được trợ giúp miễn phí, vui lòng gọi 1-800-765-6003 (TTY: 711). (Vietnamese)

이 문서를 읽으실 수 있습니까? 그렇지 않다면, 다른 사람이 대신 읽어드리도록 도와드릴 수 있습니다. 또한 이 문서를 귀하의 모국어로 번역해드릴 수 있습니다. 무료 지원을 요청하시려면, 1-800-765-6003 (TTY: 711)번으로 연락하십시오. (Korean)

Mababasa mo ba ang dokumentong ito? Kung hindi, mayroong makatutulong sa iyo na basahin ito. Maaaring makuha mo rin ang dokumentong ito nang nakasulat sa iyong wika. Para sa libreng tulong, pakitawagan ang 1-800-765-6003 (TTY: 711). (Tagalog)

Вы можете прочитать этот документ? Если нет, то вы можете попросить кого-нибудь в нашей компании помочь вам прочитать этот документ. Вы также можете получить этот документ на своем языке. Для получения бесплатной помощи, просьба звонить по номеру 1-800-765-6003 (TTY: 711). (Russian)

هل تستطيع قراءة هذا المستند؟ إذا كنت لا تستطيع, يمكننا أن نُوفّر لك من يساعدك في قراءتها. ربما يمكنك أيضًا الحصول على هذا المستند مكتوبًا بلغتك. للمساعدة المجانية اتصل بـ 1-800-765-6003 (TTY: 711). (Arabic)

Èske w ka li dokiman sa a? Si w pa kapab, nou ka fè yon moun ede w li l. Ou ka gen posiblite pou jwenn dokiman sa a tou ki ekri nan lang ou. Pou jwenn èd gratis, tanpri rele 1-800-765-6003 (TTY: 711). (Haitian Creole)

Pouvez-vous lire ce document ? Si ce n’est pas le cas, nous pouvons faire en sorte que quelqu’un vous aide à le lire. Vous pouvez également obtenir ce document écrit dans votre langue. Pour obtenir de l’assistance gratuitement, veuillez appeler le 1-800-765-6003 (TTY : 711). (French)

Możesz przeczytać ten dokument? Jeśli nie, możemy Ci w tym pomóc. Możesz także otrzymać ten dokument w swoim języku ojczystym. Po bezpłatną pomoc zadzwoń pod numer 1-800-765-6003 (TTY: 711). (Polish)

Você consegue ler este documento? Se não, podemos pedir para alguém ajudá-lo a ler. Você também pode receber este documento escrito em seu idioma. Para obter ajuda gratuita, ligue 1-800-765-6003 (TTS: 711). (Portuguese)

Non riesci a leggere questo documento? In tal caso, possiamo chiedere a qualcuno di aiutarti a farlo. Potresti anche essere in grado di ricevere questo documento scritto nella tua lingua. Per assistenza gratuita, chiama il numero 1-800-765-6003 (TTY: 711). (Italian)

この文書をお読みになれますか？お読みになれない場合には、読むためのお手伝いをさせていただけます。この文書をご希望の言語に訳したものをお送りできる場合もあります。無料のサポートについては、1-800-765-6003（TTY: 711）までご連絡ください。(Japanese)

Können Sie dieses Dokument lesen? Falls nicht, können wir Ihnen einen Mitarbeiter zur Verfügung stellen, der Sie dabei unterstützen wird. Möglicherweise können Sie dieses Dokument auch in Ihrer Sprache erhalten. Rufen Sie für kostenlose Hilfe bitte folgende Nummer an: 1-800-765-6003 (TTY: 711). (German)

آیا می توانید این متن را بخوانید؟ در صورتی که نمی توانید، ما قادریم از شخصی بخواهیا تا در خواندن این متن به شما کمک کند. همچنین ممکن است بتوانید این متن را به زبان خود دریافت کنید. برای کمک رایگان با این شماره تماس بگیرید: 1-800-765-6003 (TTY: 711). (Persian Farsi)

קענט איר לייענען דעם דאָזיקן דאָקומענט? אויב ניט, עמעצער דו קען אייך העלפן לייענען. איר קענט מעגליך אויך באקומען דעם דאָזיקן דאָקומענט אין אייער שפּראַך. פאַר אומזיסטע הילף, ביטע קלינגט: 1-800-765-6003 (TTY: 711). (Yiddish)

Díísh yíníłta’go bííníghah? Doo bííníghahgóó éí nich’į’ yídóołtahígíí nihee hółǫ́. Díí naaltsoos t’áá Diné bizaad k’ehjí ályaago ałdó’ nich’į’ ádoolnı́ı́łgo bíighah. T’áá jíík’e shíká i’doolwoł nínízingo kojį’ béésh holdíílnih 1-800-765-6003 (TTY: 711). (Navajo)

USING THIS BOOKLET

This booklet has been written with you in mind. It is designed to help you make the most of your Delta Dental plan. This combined Evidence of Coverage/Disclosure form discloses the terms and conditions of your coverage.

The Combined Evidence of Coverage/Disclosure form should be read completely and carefully and individuals with special health care needs should read carefully those sections that apply to them (see CHOICE OF DENTISTS AND PROVIDERS section). You have a right to review it prior to your enrollment.

Please read the "DEFINITIONS" section. It will explain to you any words that have special or technical meanings under your group Contract. A copy of the Contract will be furnished upon request.

Please read this summary of your dental Benefits carefully. Keep in mind that YOU means the ENROLLEES whom Delta Dental covers. WE, US and OUR always refers to Delta Dental of California (Delta Dental).

If you have any questions about your coverage that are not answered here, please check with your personnel office, or with Delta Dental.

DELTA DENTAL OF CALIFORNIA
560 Mission Street, Suite 1300
San Francisco, CA 94105

For claims, eligibility and benefits inquiries or additional information, call Delta Dental's Customer Service department toll-free at: 888-335-8227 or contact us on our website: deltadentalins.com.

A STATEMENT DESCRIBING OUR POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST.

This Combined Evidence of Coverage/Disclosure Form constitutes only a summary of the dental plan. The dental Contract must be consulted to determine the exact terms and conditions of coverage.

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DEFINITIONS

Certain words that you will see in this booklet have specific meanings. These definitions should make your dental plan easier to understand.

Allowance – the maximum amount paid for a covered Single Procedure. Any difference between the allowance and the dentist's fee is the responsibility of the Enrollee.

Benefits - those dental services listed in the Table of Allowances.

Contract - the written agreement between PSEA and Delta Dental to provide dental Benefits. The Contract, together with this booklet, forms the terms and conditions of the Benefits you are provided.

Covered Services - those dental services to which Delta Dental will apply Benefit payments, according to the Contract.

Deductible - the amount you must pay for dental care each year before Delta Dental's Benefits begin.

Delta Dental Dentist - a Dentist who has signed an agreement with Delta Dental or a Participating Plan, agreeing to provide services under the terms and conditions established by Delta Dental or the Participating Plan.

Delta Dental PPO℠ Dentist - a Dentist with whom Delta Dental has a written agreement to provide services at the in-network level for Enrollees in this Delta Dental PPO Plan.

Delta Dental PPO Dentist's Fee – a fee that a Delta Dental PPO Dentist has contractually agreed with Delta Dental to accept for treating Enrollees or the Fee Actually Charged, whichever is less.

Dependent - a Primary Enrollee's Dependent who is eligible to enroll for Benefits in accordance with the conditions of eligibility outlined in this booklet.

Effective Date - the date this plan starts.

Enrollee - a Primary Enrollee or Dependent enrolled to receive Benefits or a person who chooses to pay for OPTIONAL CONTINUATION OF COVERAGE.

Maximum - the greatest dollar amount Delta Dental will pay for covered procedures in any calendar year.

Participating Plan - Delta Dental and any other member of the Delta Dental Plans Association with whom Delta Dental contracts for assistance in administering your Benefits.

Premiums - the money paid to Delta Dental each month for you and your Dependents' dental coverage.

Primary Enrollee - any group member or retiree who is eligible to enroll for Benefits in accordance with the conditions of eligibility outlined in this booklet.

Single Procedure – a dental procedure to which a separate Procedure Number has been assigned by the American Dental Association in the current version of Common Dental Terminology (CDT).

WHO IS COVERED?

PSEA Retirees and associates are eligible for this plan.

PSEA Retirees are defined as retired employees or their surviving spouses of PG & E, its affiliates or subsidiaries.

PSEA Associates are defined as full or part-time previous employees of PG & E, its affiliates or subsidiaries.

WHO ARE YOUR ELIGIBLE DEPENDENTS?

- Your legal spouse; and
- Your dependent children until their 26th birthday.

  A dependent child may continue eligibility if:

  a) He or she is incapable of self-sustaining employment because of a physically or mentally disabling injury, illness or condition that began prior to reaching the limiting age;

  b) He or she is chiefly dependent on the eligible employee for support; and

  c) Proof of Dependent's disability is provided within 60 days of request. Such requests will not be made more than once a year following a two year period after this Dependent reaches the limiting age. Eligibility will continue as long as the Dependent relies on the eligible employee for support because of a physically or mentally disabling injury, illness or condition that began before he or she reached the limiting age.

"Dependent children" also means natural children, stepchildren, adopted children, children placed for adoption and foster children.

Dependent coverage is also extended to any child who is recognized under a Qualified Medical Child Support Order (QMCSO).

No Dependent in the military service is eligible.

ENROLLING YOURSELF AND YOUR DEPENDENTS

You shall have the option to enroll for coverage under this dental care plan under the following conditions:

1. You and your Dependents may enroll only when first eligible or within 30 days and after receipt of proof of loss of coverage under your spouse's group dental plan, or during an open enrollment period to be held not more than once annually.

2. If both you and your spouse qualify as a Primary Enrollees, your children may enroll for coverage as the dependent children of only one of you.

3. You cannot enroll for coverage as a Dependent if you qualify for coverage as a Primary Enrollee.

4. You must agree to make monthly payments to PSEA during the period you and your family are covered.

5. You and your Dependents must agree to remain enrolled for 12 consecutive months. If coverage is discontinued during this period, you and your Dependents may not re-enroll until the next open enrollment period unless a Qualifying Event occurs under PSEA's Section 125 plan document.

6. Once you elect to discontinue dependent coverage, Dependents may not be re-enrolled under this plan, except as outlined in number 5 above, or unless the Dependent is the subject of a Qualified Medical Child Support Order requiring you to provide the Dependent Benefits under this plan.

COVERAGE COSTS

You are responsible for the entire cost of coverage for yourself and your enrolled Dependents.

The amount of the Premium may change at each renewal of the Contract between PSEA and Delta Dental. Premiums will not increase during the contract year unless new taxes or tax rates are imposed upon Delta Dental for this plan or unless there is an agreement between PSEA and Delta Dental to change the Premiums.

WHEN YOU ARE NO LONGER COVERED

1. Your Dependents' coverage ends when yours does, or as soon as they are no longer Dependents, unless they choose to pay for **OPTIONAL CONTINUATION OF COVERAGE (COBRA)**.

2. When the Contract between Delta Dental and PSEA is discontinued or canceled, your coverage ends immediately.

CANCELING THIS PLAN

Delta Dental may cancel this plan only on an anniversary date (period after the plan first takes effect or at the end of each renewal period thereafter), or:

1. If PSEA does not make payment to Delta Dental as required by the Contract.

2. If fewer than 10 people are reported eligible for three months or more.

3. If PSEA does not give Delta Dental a list of who is eligible.

4. If PSEA does not allow Delta Dental to inspect its records, if this is required by your group Contract.

If you believe that this plan has been terminated or not renewed due to your health status or requirements for health care services (or that of your Dependents), you may request a review by the California Director of the Department of Managed Health Care.

If the Contract is terminated for any cause, Delta Dental is not required to predetermine services beyond the termination date or to pay for services provided after the termination date, except for Single Procedures begun while the Contract was in effect which are otherwise Benefits under the Contract.

If this plan is canceled, you and your Dependents have no right to renewal or reinstatement of your Benefits.

YOUR BENEFITS

Your dental plan covers several categories of Benefits, when the services are provided by a licensed dentist, and when they are necessary and customary under the generally accepted standards of dental practice.

IMPORTANT: If you opt to receive dental services that are not covered services under this plan, your Delta Dental Dentist may charge you his or her Usual and Customary rate for those services. Prior to providing you dental services that are not a covered Benefit, your dentist should provide you with a treatment plan that includes each anticipated service to be provided and the estimated cost of each service (see PREDETERMINATIONS). If you would like more information about dental coverage options, you may call our Customer Service department at 888-335-8227. To fully understand your coverage, you may wish to carefully review this Evidence of Coverage document.

After you have satisfied any Deductible requirements, Delta Dental will provide payment for these services up to the Allowance indicated, up to a Maximum of $1,500 for each Enrollee in each calendar year.

Delta Dental shall pay the Usual, Customary and Reasonable fees, the Fee Actually Charged, or the amount for each Single Procedure shown on the Table of Allowances at the end of this booklet, whichever is less. Any difference between the Allowance and the Dentist's fee is the responsibility of the Enrollee.

An agreement between your employer and Delta Dental is required to change Benefits during the term of the Contract.

The following Benefits are limited to the applicable percentages of dentist's fees or allowances specified below. You are required to pay the balance of any such fee or allowance, known as the "enrollee copayment." If the dentist discounts, waives or rebates any portion of the enrollee copayment to the Enrollee, Delta Dental only provides as Benefits the applicable allowances reduced by the amount that such fees or allowances are discounted, waived or rebated.

Note on additional Benefits during pregnancy. If you are pregnant, Delta Dental will pay for additional services to help improve your oral health during pregnancy. The additional services each calendar year while you are eligible in this Delta Dental plan include: one additional oral examination and either one additional routine cleaning or one additional periodontal scaling and root planing per quadrant. Written confirmation of your pregnancy must be provided by you or your dentist when the claim is submitted.

NOTE: Payment to dentists who are not Delta Dental PPO Dentists will be based on the applicable percentage of the lesser of the Fee Actually Charged or the Delta Dental PPO Dentist's Fee.

LIMITATIONS

1. Only the first two oral examinations, including office visits for observation and specialist consultations, or combination thereof, in a calendar year are Benefits while you are eligible under any Delta Dental plan. See note on additional Benefits during pregnancy.

2. Full-mouth x-rays are a Benefit once in a five-year period while you are eligible under any Delta Dental plan.

   Delta Dental pays for a panoramic x-ray provided as an individual service only after five years have elapsed since any prior panoramic x-ray was provided under any Delta Dental plan.

3. Bitewing x-rays are provided on request by the dentist, but no more than twice in any calendar year for children to age 18 or once in any calendar year for adults age 18 and over, while you are eligible under any Delta Dental plan.

4. We pay for two cleanings or a dental procedure that includes cleaning each calendar year under any Delta Dental plan. If you are pregnant during this time, we may pay for an additional cleaning. See note on additional Benefits during pregnancy.

   Routine prophylaxes are covered as a Diagnostic and Preventive Benefit and periodontal prophylaxes are covered as a Basic Benefit.

5. Periodontal scaling and root planing is a Benefit once for each quadrant each 24-month period. See note on additional Benefits during pregnancy.

6. Fluoride treatments are covered twice each calendar year under any Delta Dental plan.

7. Sealant Benefits include the application of sealants only to permanent first molars through age eight and second molars through age 15 if they are without caries (decay) or restorations on the occlusal surface. Sealant Benefits do not include the repair or replacement of a sealant on any tooth within two years of its application.

8. Direct composite (resin) restorations are Benefits on anterior teeth and the facial surface of bicuspids. Any other posterior direct composite (resin) restorations are optional services and Delta Dental's payment is limited to the cost of the equivalent amalgam restorations.

9. Crowns, Inlays, Onlays and Cast Restorations are Benefits on the same tooth only once every five years, while you are eligible under any Delta Dental plan, unless Delta Dental determines that replacement is required because the restoration is unsatisfactory as a result of poor quality of care, or because the tooth involved has experienced extensive loss or changes to tooth structure or supporting tissues since the replacement of the restoration.

10. Prosthodontic appliances and implants are Benefits only once every five years, while you are eligible under any Delta Dental plan, unless Delta Dental determines that there has been such an extensive loss of remaining teeth or a change in supporting tissues that the existing appliance cannot be made satisfactory. Replacement of a prosthodontic appliance not provided under a Delta Dental plan will be made if it is unsatisfactory and cannot be made satisfactory. Delta Dental will replace an implant, a prosthodontic appliance or an implant supported prosthesis you received under another dental plan if we determine it is unsatisfactory and cannot be made satisfactory. We will pay for the removal of an implant once for each tooth during the Enrollee's lifetime.

11. Delta Dental will pay the above percentage of the dentist's fee for a standard partial or complete denture. A standard partial or complete denture is one made from accepted materials and by conventional methods.

12. If you select a more expensive plan of treatment than is customarily provided or specialized techniques, an allowance will be made for the least expensive, professionally acceptable, alternative treatment plan. Delta Dental will pay the applicable percentage of the lesser fee for the customary or standard treatment and you are responsible for the remainder of the dentist's fee.

    For example: a crown where an amalgam filling would restore the tooth; or a precision denture where a standard denture would suffice.

EXCLUSIONS/SERVICES WE DO NOT COVER

Delta Dental covers a wide variety of dental care expenses, but there are some services for which we do not provide Benefits. It is important for you to know what these services are before you visit your dentist.

Delta Dental does not provide benefits for:

1. Services for injuries or conditions that are covered under Workers' Compensation or Employer's Liability Laws.

2. Services which are provided to the Enrollee by any Federal or State Governmental Agency or are provided without cost to the Enrollee by any municipality, county or other political subdivision, except Medi-Cal benefits.

3. Services for cosmetic purposes or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel.

4. Services for restoring tooth structure lost from wear (abrasion, erosion, attrition, or abfraction), for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth. Examples of such treatment are equilibration and periodontal splinting.

5. Any Single Procedure, bridge, denture or other prosthodontic service which was started before the Enrollee was covered by this plan.

6. Prescribed drugs, or applied therapeutic drugs, premedication or analgesia.

7. Experimental procedures.

8. Charges by any hospital or other surgical or treatment facility and any additional fees charged by the Dentist for treatment in any such facility.

9. Anesthesia, except for general anesthesia or I.V. sedation given by a licensed Dentist for Oral Surgery services and select Endodontic and Periodontic procedures.

10. Grafting tissues from outside the mouth to tissues inside the mouth ("extraoral grafts").

11. Diagnosis or treatment by any method of any condition related to the temporomandibular (jaw) joints or associated muscles, nerves or tissues.

12. Replacement of existing restoration for any purpose other than active tooth decay.

13. Occlusal guards and complete occlusal adjustment.

14. Orthodontic services (treatment of mal-alignment of teeth and/or jaws).

15. Procedures not shown on the Table of Allowances.

DEDUCTIBLES

You must pay the first $25 of Covered Services for each Enrollee in your family in each calendar year except for Diagnostic and Preventive Benefits, up to a limit of $75 per family.

OTHER CHARGES

Delta Dental's co-payment for your Benefits is shown in this Evidence of Coverage under the caption titled "YOUR BENEFITS." If dental services are provided by a Delta Dental PPO Dentist, you are responsible for your co-payment only. If the dental services you receive are provided by a dentist who is not a Delta Dental PPO dentist, you are responsible for the difference between the amount Delta Dental pays and the amount charged by your dentist.

COVERED FEES

It is to your advantage to select a dentist who is a Delta Dental PPO Dentist, since a lower percentage of the dentist's fees may be covered by this plan if you select a dentist who is not a Delta Dental PPO Dentist.

A list of Delta Dental PPO Dentists and Delta Dental Dentists (see DEFINITIONS) is available using our website - deltadentalins.com, or by calling 888-335-8227.

Payment to a Delta Dental PPO Dentist will be based on the applicable percentage of the lesser of the Fee Actually Charged or the Delta Dental PPO Dentist's Fee, the fee which the dentist has contractually agreed upon with Delta Dental to accept for treating Enrollees under this plan.

Payment to dentists who are not Delta Dental PPO Dentists will be based on the applicable percentage of the lesser of the Fee Actually Charged or the Delta Dental PPO Dentist's Fee.

CHOICE OF DENTISTS AND PROVIDERS

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS HEALTH CARE MAY BE OBTAINED.

Nearly 29,000 dentists in active practice in California are Delta Dental Dentists. About 16,500 of these Delta Dental Dentists are also Delta Dental PPO Dentists. While covered under the PPO plan, you are free to choose any dentist for treatment, but it is to your advantage to choose a Delta Dental Dentist. This is because his or her fees are approved in advance by Delta Dental. Delta Dental Dentists have treatment forms on hand and will complete and submit the forms to Delta Dental free of charge.

If you choose a Delta Dental PPO Dentist, you will receive all of the advantages of going to a Delta Dental Dentist, and you may have a higher level of Benefits for certain services.

If you go to a non-Delta Dental Dentist, Delta Dental cannot assure you what percentage of the charged fee may be covered. Claims for services from non-Delta Dental Dentists may be submitted to Delta Dental at P.O. Box 997330, Sacramento, CA 95899-7330.

Dentists located outside the United States are not Delta Dental Dentists. Claims submitted by out-of-country dentists are translated by Delta Dental staff and the currency is converted to U.S. dollars. Claims submitted by out-of-country dentists for Enrollees residing in California are referred to Delta Dental's Quality Assessment department for processing. Delta Dental may require a clinical examination to determine the quality of the services provided, and Delta Dental may decline to reimburse you for Benefits if the services are found to be unsatisfactory.

A list of Delta Dental PPO Dentists and Delta Dental Dentists can be obtained by calling 888-335-8227. This list will identify those dentists who can provide care for individuals who have mobility impairments or have special health care needs. You can also obtain specific information about Delta Dental PPO Dentists and Delta Dental Dentists by using our website – deltadentalins.com or calling the Delta Dental Customer Service department at the number shown on page 1.

Services may be obtained from any licensed dentist during normal office hours. Emergency services are available in most cases through an emergency telephone exchange maintained by the local dental society listed in the local telephone directory.

Services from dental school clinics may be provided by students of dentistry or instructors who are not licensed by the state of California.

Delta Dental shares the public and professional concern about the possible spread of HIV and other infectious diseases in the dental office. However, Delta Dental cannot ensure your dentist's use of precautions against the spread of such diseases, or compel your dentist to be tested for HIV or to disclose test results to Delta Dental, or to you. Delta Dental informs its panel dentists about the need for clinical precautions as recommended by recognized health authorities on this issue. If you should have questions about your dentist's health status or use of recommended clinical precautions, you should discuss them with your dentist.

CONTINUITY OF CARE

Current Enrollees:

Current Enrollees may have the right to the benefit of completion of care with their terminated Delta Dental Dentist for certain specified dental conditions. Please call Delta Dental's Quality Assessment Department at 415-972-8300 to see if you may be eligible for this benefit. You may request a copy of the Delta Dental's Continuity of Care Policy.

You must make a specific request to continue under the care of your terminated Delta Dental Dentist. We are not required to continue your care with that dentist if you are not eligible under our policy or if we cannot reach agreement with your terminated Delta Dental Dentist on the terms regarding your care in accordance with California law.

New Enrollees:

A new Enrollee may have the right to the qualified benefit of completion of care with their non-Delta Dental Dentist for certain specified dental conditions. Please call Delta Dental's Quality Assessment Department at 415-972-8300 to see if you may be eligible for this benefit. You may request a copy of the Delta Dental's Continuity of Care Policy. You must make a specific request to continue under the care of your current provider. We are not required to continue your care with that dentist if you are not eligible under our policy or if we cannot reach agreement with your non-Delta Dental Dentist on the terms regarding your care in accordance with California law. This policy does not apply to new Enrollees of an individual subscriber contract.

PUBLIC POLICY PARTICIPATION BY ENROLLEES

Delta Dental's Board of Directors includes Enrollees who participate in establishing Delta Dental's public policy regarding Enrollees through periodic review of Delta Dental's Quality Assessment program reports and communication from Enrollees. Enrollees may submit any suggestions regarding Delta Dental's public policy in writing to: Delta Dental of California, Customer Service Department, P. O. Box 997330, Sacramento, CA 95899-7330.

SAVING MONEY ON YOUR DENTAL BILLS

You can keep your dental expenses down by practicing the following:

1. Compare the fees of different dentists;

2. Use a Delta Dental Dentist;

3. Have your dentist obtain predetermination from Delta Dental for any treatment over $300;

4. Visit your dentist regularly for checkups;

5. Follow your dentist's advice about regular brushing and flossing;

6. Avoid putting off treatment until you have a major problem; and

7. Learn the facts about overbilling. Under this plan, you must pay the dentist your co-payment share (see YOUR BENEFITS). You may hear of some dentists who offer to accept insurance payments as "full payment." You should know that these dentists may do so by overcharging your plan and may do more work than you need, thereby increasing plan costs. You can help keep your dental Benefits intact by avoiding such schemes.

ACCESSIBILITY AND SERVICES FOR AFTER HOURS AND URGENT CARE

If you or a family member has special needs, you should ask your dentist about accessibility to their office or clinic at the time you call for an appointment. Your dentist will be able to tell you if their office is accessible taking into consideration the specific requirements of your needs.

Routine or urgent care may be obtained from any licensed dentist during their normal office hours. Delta Dental does not require prior authorization before seeking treatment for urgent or after-hours care. You may plan in advance, for treatment for urgent, emergency or after-hours care by asking your dentist how you can contact the dentist in the event you or a family member may need urgent care treatment or treatment after normal business hours.

Many dentists have made prior arrangements with other dentists to provide care to you if treatment is immediately or urgently needed. You may also call the local dental society that is listed in your local telephone directory if your dentist is not available to refer you to another dentist for urgent, emergency or after-hours care.

YOUR FIRST APPOINTMENT

During your first appointment, be sure to give your dentist the following information:

1. Your Delta Dental group number (on the front of this booklet);
2. The employer's name;
3. Primary Enrollee's ID number (which must also be used by Dependents);
4. Primary Enrollee's date of birth;
5. Any other dental coverage you may have.

PREDETERMINATIONS

After an examination, your dentist will talk to you about treatment you may need. The cost of treatment is something you may want to consider. If the service is extensive and involves crowns or bridges, or if the service will cost more than $300, we encourage you to ask your dentist to request a predetermination.

A predetermination does not guarantee payment. It is an estimate of the amount Delta Dental will pay if you are eligible and meet all the requirements of your plan at the time the treatment you have planned is completed.

In order to receive predetermination, your dentist must send a claim form listing the proposed treatment. Delta Dental will send your dentist a Notice of Predetermination which estimates how much you will have to pay. After you review the estimate with your dentist and decide to go ahead with the treatment plan, your dentist returns the form to us for payment when treatment has been completed.

Computations are estimates only and are based on what would be payable on the date the Notice of Predetermination is issued if the individual is eligible. Payment will depend on the individual's eligibility and the remaining annual Maximum when completed services are submitted to Delta Dental.

Predetermining treatment helps prevent any misunderstanding about your financial responsibilities. If you have any concerns about the predetermination, let us know before treatment begins so your questions can be answered before you incur any charges.

REIMBURSEMENT PROVISIONS

A Delta Dental Dentist will file the claim for you. You do not have to file a claim or pay Delta Dental's co-payment for covered services if provided by a Delta Dental Dentist. Delta Dental of California's agreement with our Delta Dental Dentists makes sure that you will not be responsible to the dentist for any money we owe.

If the covered service is provided by a dentist who is not a Delta Dental Dentist, you are responsible for filing the claims and paying your dentist. Claims should be filed with Delta Dental of California at P. O. Box 997330, Sacramento, CA 95899-7330 and Delta Dental will reimburse you. However, if for any reason we fail to pay a dentist who is not a Delta Dental Dentist, you may be liable for that portion of the cost. Payments made to you are not assignable (in other words, we will not grant requests to pay non-Delta Dental Dentists directly).

Payment for claims exceeding $500 for services provided by dentists located outside the United States may, at Delta Dental's option, be conditioned upon a clinical evaluation at Delta Dental's request (see Second Opinions). Delta Dental will not pay Benefits for such services if they are found to be unsatisfactory.

Delta Dental does not pay Delta Dental Dentists any incentive as an inducement to deny, reduce, limit or delay any appropriate service. If you wish to know more about the method of reimbursement to Delta Dental Dentists, you may call Delta Dental's Customer Service department for more information.

Payment for any Single Procedure that is a Covered Service will only be made upon completion of that procedure. Delta Dental does not make or prorate payments for treatment in progress or incomplete procedures. The date the procedure is completed governs the calculation of any Deductible (and determines when a charge is made against any Maximum) under your plan.

If there is a difference between what your dentist is charging you and what Delta Dental says your portion should be, or if you are not satisfied with the dental work you have received, contact Delta Dental's Customer Service department. We may be able to help you resolve the situation.

Delta Dental may deny payment of a claim for services submitted more than 12 months after the date the services were provided. If a claim is denied due to a Delta Dental Dentist's failure to make a timely submission, you shall not be liable to that dentist for the amount which would have been payable by Delta Dental (unless you failed to advise the dentist of your eligibility at the time of treatment).

The process Delta Dental uses to determine or deny payment for services is distributed to all Delta Dental Dentists. It describes in detail the dental procedures covered as Benefits, the conditions under which coverage is provided, and the limitations and exclusions applicable to the plan. Claims are reviewed for eligibility and are paid according to these processing policies. Those claims which require additional review are evaluated by Delta Dental's dentist consultants. If any claims are not covered, or if limitations or exclusions apply to services you have received from a Delta Dental Dentist, you will be notified by an adjustment notice on the Notice of Payment or Action. You may contact Delta Dental's Customer Service department for more information regarding Delta Dental's processing policies.

Delta Dental uses a method called "first-in/first-out" to begin processing your claims. The date we receive your claim determines the order in which processing begins. For example, if you receive dental services in January and February, but we receive the February claim first, processing begins on the February claim first.

Incomplete or missing data can affect the date the claim is paid. If all information necessary to complete claim processing has not been provided, payment could be delayed until any missing or incomplete data is received by Delta Dental.

Unless the services are exempt, you are required to pay the Deductible on the first claim for which processing is completed in a calendar year. Your Deductible is normally paid on the first service subject to a deductible listed on a claim with multiple services.

The order in which your claims are processed and paid by Delta Dental may also impact your annual Maximum. For example, if a claim with a later date of service is paid and your annual Maximum for the year has been reached then a claim with an earlier date of service in the same calendar year will not be paid.

IF YOU HAVE QUESTIONS ABOUT SERVICES FROM A DELTA DENTAL DENTIST

If you have questions about the services you receive from a Delta Dental Dentist, we recommend that you first discuss the matter with your dentist. If you continue to have concerns, call our Quality Assessment department at 415-972-8300, extension 2700. If appropriate, Delta Dental can arrange for you to be examined by one of our consulting dentists in your area.

If the consultant recommends the work be replaced or corrected, Delta Dental will intervene with the original dentist to either have the services replaced or corrected at no additional cost to you or obtain a refund. In the latter case, you are free to choose another dentist to receive your full Benefit.

SECOND OPINIONS

Delta Dental obtains second opinions through Regional Consultant members of its Quality Review Committee who conduct clinical examinations, prepare objective reports of dental conditions, and evaluate treatment that is proposed or has been provided.

Delta Dental will authorize such an examination prior to treatment when necessary to make a Benefits determination in response to a request for a Predetermination of treatment cost by a dentist. Delta Dental will also authorize a second opinion after treatment if an Enrollee has a complaint regarding the quality of care provided. Delta Dental will notify the Enrollee and the treating dentist when a second opinion is necessary and appropriate, and direct the Enrollee to the Regional Consultant selected by Delta Dental to perform the clinical examination. When Delta Dental authorizes a second opinion through a Regional Consultant, we will pay for all charges.

Enrollees may otherwise obtain second opinions about treatment from any dentist they choose, and claims for the examination may be submitted to Delta Dental for payment. Delta Dental will pay such claims in accordance with the Benefits of the plan.

ORGAN AND TISSUE DONATION

Donating organ and tissue provides many societal benefits. Organ and tissue donation allows recipients of transplants to go on to lead fuller and more meaningful lives. Currently, the need for organ transplants far exceeds availability. If you are interested in organ donation, please speak to your physician. Organ donation begins at the hospital when a person is pronounced brain dead and identified as a potential organ donor. An organ procurement organization will become involved to coordinate the activities.

GRIEVANCE PROCEDURE AND CLAIMS APPEAL

If you have any questions about the services received from a Delta Dental Dentist, we recommend that you first discuss the matter with your Dentist. If you continue to have concerns, you may call or write us. We will provide notifications if any dental services or claims are denied, in whole or part, stating the specific reason or reasons for denial. Any questions of ineligibility should first be handled directly between you and your group. If you have any question or complaint regarding the denial of dental services or claims, the policies, procedures and operations of Delta Dental, or the quality of dental services performed by a Delta Dental Dentist, you may call us toll-free at **888-335-8227** contact us on our website at: deltadentalins.com or write us at P. O. Box 997330, Sacramento, CA 95899-7330, Attention: Customer Service Department.

If your claim has been denied or modified, you may file a request for review (a grievance) with us within 180 days after receipt of the denial or modification. If in writing, the correspondence must include your group name and number, the Primary Enrollee's name and ID number, the inquirer's telephone number and any additional information that would support the claim for benefits. Your correspondence should also include a copy of the treatment form, Notice of Payment and any other relevant information. Upon request and free of charge, we will provide the Enrollee with copies of any pertinent documents that are relevant to the claim, a copy of any internal rule, guideline, protocol, and/or explanation of the scientific or clinical judgment if relied upon in denying or modifying the claim.

Our review will take into account all information, regardless of whether such information was submitted or considered initially. Certain cases may be referred to one of our regional consultants, to a review committee of the dental society or to the state dental association for evaluation. Our review shall be conducted by a person who is neither the individual who made the original claim denial, nor the subordinate of such individual, and we will not give deference to the initial decision.

If the review of a claim denial is based in whole or in part on a lack of medical necessity, experimental treatment, or a clinical judgment in applying the terms of the contract terms, we shall consult with a dentist who has appropriate training and experience. The identity of such dental consultant is available upon request.

We will provide the Enrollee a written acknowledgement within five calendar days of receipt of the request for review. We will make a written decision within 30 calendar days of receipt of the request for review. We will respond, within three calendar days of receipt, to complaints involving severe pain and imminent and serious threat to an Enrollee's health. You may file a complaint with the Department of Managed Health Care after you have completed Delta Dental's grievance procedure or after you have been involved in Delta Dental's grievance procedure for 30 calendar days. You may file a complaint with the Department immediately in an emergency situation, which is one involving severe pain and/or imminent and serious threat to the Enrollee's health.

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against Delta Dental, your health plan, you should first telephone Delta Dental at **888-335-8227** and use Delta Dental's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 calendar days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**888-HMO-2219**) and a TDD line (**877-688-9891**) for the hearing and speech impaired. The department's Internet Website **(http://www.hmohelp.ca.gov)** has complaint forms, IMR application forms and instructions online.

If the group health plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA), the Enrollee may contact the U.S. Department of Labor, Employee Benefits Security Administration (EBSA) for further review of the claim or if the Enrollee has questions about the rights under ERISA. The Enrollee may also 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 (EBSA), 200 Constitution Avenue, N.W. Washington, D.C. 20210.

IF YOU HAVE ADDITIONAL COVERAGE

It is to your advantage to let your dentist and Delta Dental know if you have dental coverage in addition to this Delta Dental plan. Most dental carriers cooperate with one another to coordinate payments and still allow you to make use of both plans - sometimes paying 100% of your dental bill. For example, you might have some fillings that cost $100. If the primary carrier usually pays 80% for these services, it would pay $80. The secondary carrier might usually pay 50% for this service. In this case, however, the secondary plan's payment is limited to the amount of your out-of-pocket cost under the primary plan, the secondary carrier pays the remaining $20 only. Since this method pays 100% of the bill, you have no out-of-pocket expense.

Be sure to advise your dentist of all plans under which you have dental coverage and have him or her complete the dual coverage portion of the claim form, so that you will receive all benefits to which you are entitled. For further information, contact the Delta Dental Customer Service department at the number in the USING THIS BOOKLET section.

OPTIONAL CONTINUATION OF COVERAGE (COBRA)

Please examine your options carefully before declining this coverage. You should be aware that companies selling individual health insurance typically require a review of your medical history that could result in a higher premium or you could be denied coverage entirely.

The federal Consolidated Omnibus Budget Reconciliation Act (or COBRA, pertaining to certain employers having 20 or more employees) and the California Continuation Benefits Replacement Act (or Cal-COBRA, pertaining to employers with two to 19 employees), both require 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 and whether you are covered under federal COBRA or Cal-COBRA.

DEFINITIONS

The meaning of key terms used in this section are shown below and apply to both federal and Cal-COBRA.

Qualified Beneficiary means:

1. You and/or your Dependents who are enrolled in the Delta Dental 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 Dependents' loss of dependent status under the plan, and

Event 5. As to your Dependents only, your entitlement to Medicare.

You means the Primary Enrollee.

PERIODS OF CONTINUED COVERAGE UNDER FEDERAL COBRA

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 II, 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 the 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.

PERIODS OF CONTINUED COVERAGE UNDER CAL-COBRA (groups of 2 - 19)

In the case of Cal-COBRA, Delta Dental will act as the administrator. Notification and premium payments should be made directly to Delta Dental. Notifications and payments should be delivered by first-class mail, certified mail, or other reliable means of delivery.

Individuals who are eligible for coverage under the federal COBRA law are not eligible for coverage under Cal-COBRA. The employer must notify Delta Dental in writing within 30 days of the date when the employer becomes subject to Cal-COBRA.

Qualified Beneficiaries may continue coverage for 36 months following the month in which Qualifying Events 1, 2, 3, 4, or 5 occur.

If, during the 36-month continuation period resulting from Qualifying Event 1, the Qualified Beneficiary is determined under Title II or Title XVI of the Social Security Act to be disabled on the date of the Qualifying Event or became disabled at any time during the first 60 days of continuation coverage; and notice of the determination is given to the employer during the initial period of continuation coverage and within 60 days of the date of the social security determination letter, the Qualified Beneficiary may continue coverage for a total of 36 months following the month in which Qualifying Event 1 occurs.

This period of coverage will end on the first of the month that begins more than 30 days after the date of the final determination that the disabled individual is no longer disabled. The Qualified Beneficiary must notify the employer or administrator within 30 days of any such determination.

If, during the 36-month continuation period resulting from Qualifying Event 1, the Qualified Beneficiary experiences Qualifying Events 2, 3, 4 or 5, he or she must notify the employer within 60 days of the second qualifying event and has a total of 36 months continuation coverage after the date of the date of the first Qualifying Event.

Delta Dental shall notify the Primary Enrollee of the date his or her continued coverage will terminate. This termination notification will be sent during the 180 day period prior to the end of coverage.

ELECTION OF CONTINUED COVERAGE

A Qualified Beneficiary will have 60 days from a Qualifying Event to give Delta Dental written notice of the election to continue coverage.

Upon receipt of the written notice, Delta Dental will provide a Qualified Beneficiary with the necessary benefits information, monthly Premium charge, enrollment forms, and instructions to allow election of continued coverage. Failure to provide this written notice of election to Delta Dental within 60 days will result in the loss of the right to continue coverage.

A Qualified Beneficiary has 45 days from the written election of continued coverage to pay the initial Premiums to Delta Dental, which includes the Premiums for each month since the loss of coverage. Failure to pay the required Premiums within the 45 days will result in the loss of the right to continue coverage, any Premiums 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 occurs:

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 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

5. Entitlement to Medicare.

Once continued coverage ends, it cannot be reinstated.

TERMINATION OF THE EMPLOYER'S DENTAL CONTRACT

If the dental contract between the employer and Delta Dental 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 Delta Dental 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 Delta Dental plan.

GENERAL PROVISIONS

Severability

If any part of the Contract, this EOC, Attachments or an amendment to any of these documents is found by a court or other authority to be illegal, void or not enforceable, all other portions of these documents will remain in full force and effect.

Holding Company

Delta Dental is a member of the insurance company system of Delta Dental of California (the "Enterprise"). There are service agreements between and among the controlled member companies of the Enterprise. Delta Dental is a party to some of these service agreements. It is expected that the services, which include certain ministerial tasks, will continue to be performed by these controlled member companies, which operate under strict confidentiality and/or business associate agreements. All such service agreements have been approved by the respective regulatory agencies.

Third Party Administrator ("TPA")

Delta Dental may use the services of a TPA, duly registered under applicable state law, to provide services under the Contract. Any TPA providing such services or receiving such information shall enter into a separate Business Associate Agreement with Delta Dental proving that the TPA shall meet HIPAA and HITECH requirements for the preservation of protected health information of Enrollees.

Timely Access to Care

Contract Dentists, Contract Orthodontists, and Contract Specialists have agreed waiting times to Enrollees for appointments for care will never be greater than the following time frames:

a: For emergency care, 24 hours a day, 7 days a week;
b: For any urgent care, 72 hours for appointments consistent with the patient's individual needs:
c: For any non-urgent care, 36 business days; and
d: For any preventive services, 40 business days.

During non-business hours, the Enrollee will have access to their Dentist's answering machine, answering service, cell phone, or pager for guidance on what to do and who to contact if the Enrollee is calling due to an emergency or urgent care situation.

If an Enrollee calls our plan's customer service phone number, a Customer Service Representative will answer the phone within 10 minutes during normal business hours.

Should the Enrollee need interpretation services when scheduling an appointment with any of our Contract Dentists, Contract Orthodontists and Contract Specialists please call 888-335-8227 for assistance.

TABLE OF ALLOWANCES

The procedure codes and nomenclature in this table are from the American Dental Association's Current Dental Terminology, CDT 2020 ©. Text in italic type on this list has been added by Delta Dental for clarification.

PROC CODE	DESCRIPTION	FEE
D0120	Periodic oral evaluation – established patient	$24.20
D0140	Limited oral evaluation – problem focused	$35.20
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	$27.50
D0150	Comprehensive oral evaluation – new or established patient	$33.00
D0160	Detailed and extensive oral evaluation – problem focused, by report	$49.50
D0170	Re-evaluation – limited, problem focused (established patient; not post-operative visit)	$38.50
D0180	Comprehensive periodontal evaluation – new or established patient	$50.60
D0190	Screening of a patient	$16.50
D0191	Assessment of a patient	$16.50
D0210	Intraoral – complete series of radiographic images	$62.70
D0220	Intraoral – periapical first radiographic image	$15.40
D0230	Intraoral – periapical each additional radiographic image	$7.70
D0240	Intraoral – occlusal radiographic image	$17.60
D0250	Extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	$22.00
D0270	Bitewing – single radiographic image	$15.40
D0272	Bitewings – two radiographic images	$24.20
D0273	Bitewings – three radiographic images	$28.60
D0274	Bitewings – four radiographic images	$34.10
D0277	Vertical bitewings – 7 to 8 radiographic images	$61.60
D0330	Panoramic radiographic image	$57.20
D0419	Assessment of salivary flow by measurement	$2.00
D0470	Diagnostic casts	$51.70
D0472	Accession of tissue, gross examination, preparation and transmission of written report	$68.20
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	$110.00
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	$147.40
D0601	Caries risk assessment and documentation, with a finding of low risk	$4.40
D0602	Caries risk assessment and documentation, with a finding of moderate risk	$4.40
D0603	Caries risk assessment and documentation, with a finding of high risk	$4.40
D1110	Prophylaxis – adult	$51.70
D1120	Prophylaxis – child	$39.60
D1206	Topical application of fluoride varnish	$15.40
D1208	Topical application of fluoride – excluding varnish	$14.30
D1351	Sealant – per tooth	$29.70
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth	$29.70
D1354	Interim caries arresting medicament application – per tooth	$25.00
D1510	Space maintainer – fixed, unilateral – per quadrant	$154.00
D1516	Space maintainer – fixed – bilateral, maxillary	$221.00
D1517	Space maintainer – fixed – bilateral, mandibular	$221.00
D1520	Space maintainer – removable, unilateral – per quadrant	$165.00
D1526	Space maintainer – removable – bilateral, maxillary	$230.00

D1527	Space maintainer – removable – bilateral, mandibular	$230.00
D1556	Removal of fixed unilateral space maintainer – per quadrant	$28.00
D1557	Removal of fixed bilateral space maintainer – maxillary	$28.00
D1558	Removal of fixed bilateral space maintainer – mandibular	$28.00
D1575	Distal shoe space maintainer - fixed, unilateral – per quadrant	$140.00
D2140	Amalgam – one surface, primary or permanent	$47.30
D2150	Amalgam – two surfaces, primary or permanent	$57.20
D2160	Amalgam – three surfaces, primary or permanent	$70.40
D2161	Amalgam – four or more surfaces, primary or permanent	$77.00
D2330	Resin-based composite – one surface, anterior	$56.10
D2331	Resin-based composite – two surfaces, anterior	$59.40
D2332	Resin-based composite – three surfaces, anterior	$60.50
D2335	Resin-based composite – four or more surfaces or involving incisal angle (anterior)	$78.10
D2390	Resin-based composite crown, anterior	$132.00
D2391	Resin-based composite – one surface, posterior	$57.20
D2392	Resin-based composite – two surfaces, posterior	$74.80
D2393	Resin-based composite – three surfaces, posterior	$92.40
D2394	Resin-based composite – four or more surfaces, posterior	$97.90
D2510	Inlay – metallic – one surface	$134.20
D2520	Inlay – metallic – two surfaces	$163.90
D2530	Inlay – metallic – three or more surfaces	$177.10
D2542	Onlay – metallic – two surfaces	$221.10
D2543	Onlay – metallic – three surfaces	$228.80
D2544	Onlay – metallic – four or more surfaces	$235.40
D2650	Inlay – resin-based composite – one surface	$81.40
D2651	Inlay – resin-based composite – two surfaces	$220.00
D2652	Inlay – resin-based composite – three or more surfaces	$260.70
D2710	Crown – resin-based composite (indirect)	$92.40
D2712	Crown – ¾ resin-based composite (indirect)	$123.20
D2720	Crown – resin with high noble metal	$210.10
D2721	Crown – resin with predominantly base metal	$188.10
D2722	Crown – resin with noble metal	$204.60
D2740	Crown – porcelain/ceramic substrate	$235.40
D2750	Crown – porcelain fused to high noble metal	$221.10
D2751	Crown – porcelain fused to predominantly base metal	$192.50
D2752	Crown – porcelain fused to noble metal	$213.40
D2753	Crown – porcelain fused to titanium and titanium alloys	$221.00
D2780	Crown – ¾ cast high noble metal	$234.30
D2781	Crown – ¾ cast predominantly base metal	$249.70
D2782	Crown – ¾ cast noble metal	$231.00
D2790	Crown – full cast high noble metal	$224.40
D2791	Crown – full cast predominantly base metal	$212.30
D2792	Crown – full cast noble metal	$214.50
D2794	Crown – titanium and titanium alloys	$211.20
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	$34.10
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	$30.80
D2920	Re-cement or re-bond crown	$31.90
D2921	Reattachment of tooth fragment, incisal edge or cusp	$58.30
D2929	Prefabricated porcelain/ceramic crown – primary tooth	$104.50
D2930	Prefabricated stainless steel crown – primary tooth	$74.80
D2931	Prefabricated stainless steel crown – permanent tooth	$85.80
D2932	Prefabricated resin crown	$92.40
D2933	Prefabricated stainless steel crown with resin window	$106.70
D2934	Prefabricated esthetic coated stainless steel crown – primary tooth	$104.50
D2950	Core buildup, including any pins when required	$49.50
D2951	Pin retention – per tooth, in addition to restoration	$23.10
D2952	Post and core in addition to crown, indirectly fabricated	$106.70
D2954	Prefabricated post and core in addition to crown	$86.90

D2960	Labial veneer (resin laminate) – chairside	$152.90
D2961	Labial veneer (resin laminate) – laboratory	$159.50
D2962	Labial veneer (porcelain laminate) – laboratory	$211.20
D2980	Crown repair necessitated by restorative material failure	$52.80
D2981	Inlay repair necessitated by restorative material failure	$52.80
D2982	Onlay repair necessitated by restorative material failure	$52.80
D2983	Veneer repair necessitated by restorative material failure	$52.80
D3220	Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament	$46.20
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration)	$48.40
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration)	$44.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	$223.30
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	$261.80
D3330	Endodontic therapy, molar tooth (excluding final restoration)	$353.10
D3346	Retreatment of previous root canal therapy – anterior	$223.30
D3347	Retreatment of previous root canal therapy – premolar	$261.80
D3348	Retreatment of previous root canal therapy – molar	$353.10
D3351	Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	$64.90
D3352	Apexification/recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	$64.90
D3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	$170.50
D3410	Apicoectomy – anterior	$277.20
D3421	Apicoectomy – premolar (first root)	$297.00
D3425	Apicoectomy – molar (first root)	$339.90
D3426	Apicoectomy (each additional root)	$116.60
D3427	Periradicular surgery without apicoectomy	$66.00
D3430	Retrograde filling – per root	$66.00
D3450	Root amputation – per root	$191.40
D3920	Hemisection (including any root removal), not including root canal therapy	$139.70
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or tooth bounded spaces per quadrant	$163.90
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	$89.10
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	$89.10
D4240	Gingival flap procedure, including root planing – four or more contiguous teeth or tooth bounded spaces per quadrant	$183.70
D4241	Gingival flap procedure, including root planing – one to three contiguous teeth or tooth bounded spaces per quadrant	$110.00
D4245	Apically positioned flap	$183.70
D4249	Clinical crown lengthening – hard tissue	$129.80
D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	$394.90
D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	$236.50
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	$119.90
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	$99.00
D4266	Guided tissue regeneration – resorbable barrier, per site	$173.80
D4267	Guided tissue regeneration – nonresorbable barrier, per site (includes membrane removal)	$156.20
D4270	Pedicle soft tissue graft procedure	$222.20
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	$269.50
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	$239.80

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	$180.40
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	$161.70
D4341	Periodontal scaling and root planing – four or more teeth per quadrant	$68.20
D4342	Periodontal scaling and root planing – one to three teeth per quadrant	$42.90
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	$47.00
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	$41.80
D4910	Periodontal maintenance	$48.40
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	$41.80
D5110	Complete denture – maxillary	$288.20
D5120	Complete denture – mandibular	$292.60
D5130	Immediate denture – maxillary	$284.90
D5140	Immediate denture – mandibular	$282.70
D5211	Maxillary partial denture – resin base (including retentive/clasping materials, rests, and teeth)	$235.40
D5212	Mandibular partial denture – resin base (including retentive/clasping materials, rests, and teeth)	$246.40
D5213	Maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$371.80
D5214	Mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$361.90
D5221	Immediate maxillary partial denture – resin base (including retentive/clasping materials, rests and teeth)	$282.70
D5222	Immediate mandibular partial denture – resin base (including retentive/clasping materials, rests and teeth)	$295.90
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$446.60
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	$434.50
D5225	Maxillary partial denture – flexible base (including any clasps, rests and teeth)	$249.70
D5226	Mandibular partial denture – flexible base (including any clasps, rests and teeth)	$261.80
D5282	Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary	$140.00
D5283	Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular	$140.00
D5284	Removable unilateral partial denture – one piece flexible base (including clasps and teeth) – per quadrant	$126.00
D5286	Removable unilateral partial denture – one piece resin (including clasps and teeth) – per quadrant	$126.00
D5410	Adjust complete denture – maxillary	$15.40
D5411	Adjust complete denture – mandibular	$15.40
D5421	Adjust partial denture – maxillary	$16.50
D5422	Adjust partial denture – mandibular	$16.50
D5511	Repair broken complete denture base, mandibular	$37.00
D5512	Repair broken complete denture base, maxillary	$37.00
D5520	Replace missing or broken teeth – complete denture (each tooth)	$29.70
D5611	Repair resin partial denture base, mandibular	$36.00
D5612	Repair resin partial denture base, maxillary	$36.00
D5621	Repair cast partial framework, mandibular	$55.00
D5622	Repair cast partial framework, maxillary	$55.00
D5630	Repair or replace broken retentive clasping materials – per tooth	$45.10
D5640	Replace broken teeth – per tooth	$33.00

D5650	Add tooth to existing partial denture	$38.50
D5660	Add clasp to existing partial denture – per tooth	$44.00
D5710	Rebase complete maxillary denture	$108.90
D5711	Rebase complete mandibular denture	$107.80
D5720	Rebase maxillary partial denture	$101.20
D5721	Rebase mandibular partial denture	$105.60
D5730	Reline complete maxillary denture (chairside)	$52.80
D5731	Reline complete mandibular denture (chairside)	$51.70
D5740	Reline maxillary partial denture (chairside)	$52.80
D5741	Reline mandibular partial denture (chairside)	$53.90
D5750	Reline complete maxillary denture (laboratory)	$83.60
D5751	Reline complete mandibular denture (laboratory)	$82.50
D5760	Reline maxillary partial denture (laboratory)	$84.70
D5761	Reline mandibular partial denture (laboratory)	$83.60
D5820	Interim partial denture (maxillary)	$110.00
D5821	Interim partial denture (mandibular)	$110.00
D5850	Tissue conditioning, maxillary	$30.80
D5851	Tissue conditioning, mandibular	$29.70
D5863	Overdenture – complete maxillary	$288.20
D5864	Overdenture – partial maxillary	$371.80
D5865	Overdenture – complete mandibular	$292.60
D5866	Overdenture – partial mandibular	$361.90
D6010	Surgical placement of implant body: endosteal implant	$583.00
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	$583.00
D6013	Surgical placement of mini implant	$291.50
D6040	Surgical placement: eposteal implant	$1,089.00
D6050	Surgical placement: transosteal implant	$1,100.00
D6055	Connecting bar – implant supported or abutment supported	$507.10
D6056	Prefabricated abutment – includes modification and placement	$137.50
D6057	Custom fabricated abutment – includes placement	$187.00
D6058	Abutment supported porcelain/ceramic crown	$281.60
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	$365.20
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	$330.00
D6061	Abutment supported porcelain fused to metal crown (noble metal)	$347.60
D6062	Abutment supported cast metal crown (high noble metal)	$346.50
D6063	Abutment supported cast metal crown (predominantly base metal)	$312.40
D6064	Abutment supported cast metal crown (noble metal)	$328.90
D6065	Implant supported porcelain/ceramic crown	$365.20
D6066	Implant supported crown – porcelain fused to high noble alloys	$354.20
D6067	Implant supported crown – high noble alloys	$344.30
D6068	Abutment supported retainer for porcelain/ceramic FPD	$365.20
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	$365.20
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	$363.00
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	$364.10
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	$363.00
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	$253.00
D6074	Abutment supported retainer for cast metal FPD (noble metal)	$266.20
D6075	Implant supported retainer for ceramic FPD	$337.70
D6076	Implant supported retainer for FPD – porcelain fused to high noble alloys	$334.40
D6077	Implant supported retainer for metal FPD – high noble alloys	$328.90
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	$40.70
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	$39.00
D6082	Implant supported crown – porcelain fused to predominantly base alloys	$330.00

D6083	Implant supported crown – porcelain fused to noble alloys	$348.00
D6084	Implant supported crown – porcelain fused to titanium and titanium alloys	$263.00
D6086	Implant supported crown – predominantly base alloys	$312.00
D6087	Implant supported crown – noble alloys	$329.00
D6088	Implant supported crown – titanium and titanium alloys	$263.00
D6090	Repair implant supported prosthesis, by report	$73.70
D6091	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	$48.40
D6092	Re-cement or re-bond implant/abutment supported crown	$30.80
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	$46.20
D6094	Abutment supported crown – titanium and titanium alloys	$262.90
D6095	Repair implant abutment, by report	$94.60
D6097	Abutment supported crown – porcelain fused to titanium and titanium alloys	$263.00
D6098	Implant supported retainer – porcelain fused to predominantly base alloys	$363.00
D6099	Implant supported retainer for FPD – porcelain fused to noble alloys	$364.00
D6100	Implant removal, by report	$111.10
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	$110.00
D6102	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	$236.50
D6103	Bone graft for repair of peri-implant defect – does not include flap entry and closure	$119.90
D6104	Bone graft at time of implant placement	$119.90
D6110	Implant/abutment supported removable denture for edentulous arch – maxillary	$485.10
D6111	Implant/abutment supported removable denture for edentulous arch – mandibular	$485.10
D6112	Implant/abutment supported removable denture for partially edentulous arch – maxillary	$341.00
D6113	Implant/abutment supported removable denture for partially edentulous arch – mandibular	$341.00
D6114	Implant/abutment supported fixed denture for edentulous arch – maxillary	$838.20
D6115	Implant/abutment supported fixed denture for edentulous arch – mandibular	$838.20
D6116	Implant/abutment supported fixed denture for partially edentulous arch – maxillary	$722.70
D6117	Implant/abutment supported fixed denture for partially edentulous arch – mandibular	$722.70
D6120	Implant supported retainer – porcelain fused to titanium and titanium alloys	$253.00
D6121	Implant supported retainer for metal FPD – predominantly base alloys	$253.00
D6122	Implant supported retainer for metal FPD – noble alloys	$266.00
D6123	Implant supported retainer for metal FPD – titanium and titanium alloys	$253.00
D6194	Abutment supported retainer crown for FPD – titanium and titanium alloys	$253.00
D6195	Abutment supported retainer – porcelain fused to titanium and titanium alloys	$334.00
D6210	Pontic – cast high noble metal	$198.00
D6211	Pontic – cast predominantly base metal	$179.30
D6212	Pontic – cast noble metal	$193.60
D6214	Pontic – titanium and titanium alloys	$198.00
D6240	Pontic – porcelain fused to high noble metal	$207.90
D6241	Pontic – porcelain fused to predominantly base metal	$183.70
D6242	Pontic – porcelain fused to noble metal	$198.00
D6243	Pontic – porcelain fused to titanium and titanium alloys	$198.00
D6250	Pontic – resin with high noble metal	$203.50
D6251	Pontic – resin with predominantly base metal	$179.30
D6252	Pontic – resin with noble metal	$196.90
D6545	Retainer – cast metal for resin bonded fixed prosthesis	$105.60
D6549	Retainer – for resin bonded fixed prosthesis	$105.60
D6602	Retainer inlay – cast high noble metal, two surfaces	$155.10
D6603	Retainer inlay – cast high noble metal, three or more surfaces	$179.30

D6604	Retainer inlay – cast predominantly base metal, two surfaces	$139.70
D6605	Retainer inlay – cast predominantly base metal, three or more surfaces	$156.20
D6606	Retainer inlay – cast noble metal, two surfaces	$139.70
D6607	Retainer inlay – cast noble metal, three or more surfaces	$157.30
D6610	Retainer onlay – cast high noble metal, two surfaces	$332.20
D6611	Retainer onlay – cast high noble metal, three or more surfaces	$332.20
D6612	Retainer onlay – cast predominantly base metal, two surfaces	$332.20
D6613	Retainer onlay – cast predominantly base metal, three or more surfaces	$332.20
D6614	Retainer onlay – cast noble metal, two surfaces	$332.20
D6615	Retainer onlay – cast noble metal, three or more surfaces	$332.20
D6624	Retainer inlay – titanium	$162.80
D6634	Retainer onlay – titanium	$332.20
D6720	Retainer crown – resin with high noble metal	$209.00
D6721	Retainer crown – resin with predominantly base metal	$185.90
D6722	Retainer crown – resin with noble metal	$202.40
D6750	Retainer crown – porcelain fused to high noble metal	$215.60
D6751	Retainer crown – porcelain fused to predominantly base metal	$191.40
D6752	Retainer crown – porcelain fused to noble metal	$207.90
D6753	Retainer crown – porcelain fused to titanium and titanium alloys	$216.00
D6780	Retainer crown – ¾ cast high noble metal	$210.10
D6781	Retainer crown – ¾ cast predominantly base metal	$210.10
D6782	Retainer crown – ¾ cast noble metal	$209.00
D6784	Retainer crown ¾ – titanium and titanium alloys	$213.00
D6790	Retainer crown – full cast high noble metal	$213.40
D6791	Retainer crown – full cast predominantly base metal	$189.20
D6792	Retainer crown – full cast noble metal	$205.70
D6794	Retainer crown – titanium and titanium alloys	$207.90
D6930	Re-cement or re-bond fixed partial denture	$38.50
D6940	Stress breaker	$44.00
D6980	Fixed partial denture repair necessitated by restorative material failure	$64.90
D7111	Extraction, coronal remnants – primary tooth	$24.20
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	$46.20
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	$85.80
D7220	Removal of impacted tooth – soft tissue	$104.50
D7230	Removal of impacted tooth – partially bony	$135.30
D7240	Removal of impacted tooth – completely bony	$155.10
D7250	Removal of residual tooth roots (cutting procedure)	$90.20
D7260	Oroantral fistula closure	$259.60
D7261	Primary closure of a sinus perforation	$259.60
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	$152.90
D7272	Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)	$113.30
D7280	Exposure of an unerupted tooth	$203.50
D7285	Incisional biopsy of oral tissue – hard (bone, tooth)	$157.30
D7286	Incisional biopsy of oral tissue – soft	$124.30
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	$68.20
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	$41.80
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant	$111.10
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant	$150.70
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)	$94.60
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	$251.90

D7411	Excision of benign lesion greater than 1.25 cm	$277.20
D7440	Excision of malignant tumor – lesion diameter up to 1.25 cm	$127.60
D7441	Excision of malignant tumor – lesion diameter greater than 1.25 cm	$184.80
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm	$151.80
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm	$304.70
D7460	Removal of benign nonodontogenic cyst or tumor – lesion diameter up to 1.25 cm	$147.40
D7461	Removal of benign nonodontogenic cyst or tumor – lesion diameter greater than 1.25 cm	$254.10
D7465	Destruction of lesion(s) by physical or chemical method, by report	$115.50
D7471	Removal of lateral exostosis (maxilla or mandible)	$187.00
D7472	Removal of torus palatinus	$187.00
D7473	Removal of torus mandibularis	$187.00
D7485	Reduction of osseous tuberosity	$187.00
D7490	Radical resection of maxilla or mandible	$1,100.00
D7510	Incision and drainage of abscess – intraoral soft tissue	$55.00
D7520	Incision and drainage of abscess – extraoral soft tissue	$81.40
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	$68.20
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	$69.30
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	$97.90
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	$273.90
D7610	Maxilla – open reduction (teeth immobilized, if present)	$543.40
D7620	Maxilla – closed reduction (teeth immobilized, if present)	$435.60
D7630	Mandible – open reduction (teeth immobilized, if present)	$1,072.50
D7640	Mandible – closed reduction (teeth immobilized, if present)	$1,028.50
D7650	Malar and/or zygomatic arch – open reduction	$693.00
D7660	Malar and/or zygomatic arch – closed reduction	$231.00
D7670	Alveolus – closed reduction, may include stabilization of teeth	$220.00
D7680	Facial bones – complicated reduction with fixation and multiple surgical approaches	$1,100.00
D7710	Maxilla – open reduction	$44.00
D7720	Maxilla – closed reduction	$26.40
D7730	Mandible – open reduction	$1,100.00
D7740	Mandible – closed reduction	$863.50
D7750	Malar and/or zygomatic arch – open reduction	$924.00
D7760	Malar and/or zygomatic arch – closed reduction	$231.00
D7770	Alveolus – open reduction stabilization of teeth	$346.50
D7780	Facial bones – complicated reduction with fixation and multiple approaches	$1,100.00
D7810	Open reduction of dislocation	$924.00
D7820	Closed reduction of dislocation	$70.40
D7830	Manipulation under anesthesia	$199.10
D7910	Suture of recent small wounds up to 5 cm	$231.00
D7911	Complicated suture – up to 5 cm	$462.00
D7912	Complicated suture – greater than 5 cm	$693.00
D7960	Frenulectomy – also known as frenectomy or frenotomy – separate procedure not incidental to another procedure	$133.10
D7970	Excision of hyperplastic tissue – per arch	$101.20
D7971	Excision of pericoronal gingiva	$52.80
D7972	Surgical reduction of fibrous tuberosity	$49.50
D7979	Non – surgical sialolithotomy	$270.00
D7980	Surgical sialolithotomy	$269.50
D7981	Excision of salivary gland, by report	$1,100.00
D7982	Sialodochoplasty	$58.30
D7983	Closure of salivary fistula	$23.10
D9110	Palliative (emergency) treatment of dental pain – minor procedure	$47.30
D9222	Deep sedation/general anesthesia – first 15 minutes	$50.00
D9223	Deep sedation/general anesthesia – each subsequent 15 minute increment	$49.50

D9310 Consultation – diagnostic service provided by dentist or physician other than requesting dentist or physician $49.50
D9430 Office visit for observation (during regularly scheduled hours) – no other services performed $28.60
D9440 Office visit – after regularly scheduled hours $58.30
D9610 Therapeutic parenteral drug, single administration $6.60
D9612 Therapeutic parenteral drugs, two or more administrations, different medications $6.60
D9930 Treatment of complications (post-surgical) – unusual circumstances, by report $22.00
D9951 Occlusal adjustment – limited $37.40

HIPAA Notice of Privacy Practices

CONFIDENTIALITY OF YOUR HEALTH INFORMATION

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice is required by law to inform you of how Delta Dental and its affiliates ("Delta Dental") protect the confidentiality of your health care information in our possession. Protected Health Information (PHI) is defined as individually identifiable information regarding a patient's health care history, mental or physical condition or treatment. Some examples of PHI include your name, address, telephone and/or fax number, electronic mail address, social security number or other identification number, date of birth, date of treatment, treatment records, x-rays, enrollment and claims records. Delta Dental receives, uses and discloses your PHI to administer your benefit plan or as permitted or required by law. Any other disclosure of your PHI without your authorization is prohibited.

We follow the privacy practices described in this notice and federal and state privacy requirements that apply to our administration of your benefits. Delta Dental reserves the right to change our privacy practice effective for all PHI maintained. We will update this notice if there are material changes and redistribute it to you within 60 days of the change to our practices. We will also promptly post a revised notice on our website. A copy may be requested anytime by contacting the address or phone number at the end of this notice. You should receive a copy of this notice at the time of enrollment in a Delta Dental program and will be informed on how to obtain a copy at least every three years.

PERMITTED USES AND DISCLOSURES OF YOUR PHI

Uses and disclosures of your PHI for treatment, payment or health care operations

Your explicit authorization is not required to disclose information about yourself for purposes of health care treatment, payment of claims, billing of premiums, and other health care operations. If your benefit plan is sponsored by your employer or another party, we may provide PHI to your employer or plan sponsor to administer your benefits. As permitted by law, we may disclose PHI to third-party affiliates that perform services for Delta Dental to administer your benefits, and who have signed a contract agreeing to protect the confidentiality of your PHI, and have implemented privacy policies and procedures that comply with applicable federal and state law.

Some examples of disclosure and use for treatment, payment or operations include: processing your claims, collecting enrollment information and premiums, reviewing the quality of health care you receive, providing customer service, resolving your grievances, and sharing payment information with other insurers. Some other examples are:

- Uses and/or disclosures of PHI in facilitating treatment. *For example, Delta Dental may use or disclose your PHI to determine eligibility for services requested by your provider.*

- Uses and/or disclosures of PHI for payment. *For example, Delta Dental may use and disclose your PHI to bill you or your plan sponsor.*

- Uses and/or disclosures of PHI for health care operations. *For example, Delta Dental may use and disclose your PHI to review the quality of care provided by our network of providers.*

Other permitted uses and disclosures without an authorization
We are permitted to disclose your PHI upon your request, or to your authorized personal representative (with certain exceptions), when required by the U. S. Secretary of Health and Human Services to investigate or determine our compliance with the law, and when otherwise required by law. Delta Dental may disclose your PHI without your prior authorization in response to the following:

- Court order;
- Order of a board, commission, or administrative agency for purposes of adjudication pursuant to its lawful authority;
- Subpoena in a civil action;
- Investigative subpoena of a government board, commission, or agency;
- Subpoena in an arbitration;
- Law enforcement search warrant; or
- Coroner's request during investigations.

Some other examples include: to notify or assist in notifying a family member, another person, or a personal representative of your condition; to assist in disaster relief efforts; to report victims of abuse, neglect or domestic violence to appropriate authorities; for organ donation purposes; to avert a serious threat to health or safety; for specialized government functions such as military and veterans activities; for workers' compensation purposes; and, with certain restrictions, we are permitted to use and/or disclose your PHI for underwriting, provided it does not contain genetic information. Information can also be de-identified or summarized so it cannot be traced to you and, in selected instances, for research purposes with the proper oversight.

Disclosures Delta Dental makes with your authorization
Delta Dental will not use or disclose your PHI without your prior written authorization unless permitted by law. If you grant an authorization, you can later revoke that authorization, in writing, to stop the future use and disclosure. The authorization will be obtained from you by Delta Dental or by a person requesting your PHI from Delta Dental.

YOUR RIGHTS REGARDING PHI

You have the right to request an inspection of and obtain a copy of your PHI.
You may access your PHI by contacting Delta Dental at the address at the bottom of this notice. You must include (1) your name, address, telephone number and identification number, and (2) the PHI you are requesting. Delta Dental may charge a reasonable fee for providing you copies of your PHI. Delta Dental will only maintain that PHI that we obtain or utilize in providing your health care benefits. Most PHI, such as treatment records or x-rays, is returned by Delta Dental to the dentist after we have completed our review of that information. You may need to contact your health care provider to obtain PHI that Delta Dental does not possess.

You may not inspect or copy PHI compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, or PHI that is otherwise not subject to disclosure under federal or state law. In some circumstances, you may have a right to have this decision reviewed. Please contact Delta Dental as noted below if you have questions about access to your PHI.

You have the right to request a restriction of your PHI.
You have the right to ask that we limit how we use and disclose your PHI, however, you may not restrict our legal or permitted uses and disclosures of PHI. While we will consider your request, we are not legally required to accept those requests that we cannot reasonably implement or comply with during an emergency. If we accept your request, we will put our understanding in writing.

You have the right to correct or update your PHI.
You may request to make an amendment of PHI we maintain about you. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. If your PHI was sent to us by another, we may refer you to that person to amend your PHI. For example, we may refer you to your dentist to amend your treatment chart or to your employer, if applicable, to amend your enrollment information. Please contact the privacy office as noted below if you have questions about amending your PHI.

You have rights related to the use and disclosure of your PHI for marketing.
Delta Dental agrees to obtain your authorization for the use or disclosure of PHI for marketing when required by law. You have the opportunity to opt-out of marketing that is permitted by law without an authorization. Delta Dental does not use your PHI for fundraising purposes.

You have the right to request or receive confidential communications from us by alternative means or at a different address.
Alternate or confidential communication is available if disclosure of your PHI to the address on file could endanger you. You may be required to provide us with a statement of possible danger, as well as specify a different address or another method of contact. Please make this request in writing to the address noted at the end of this notice.

You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI.
You have a right to an accounting of disclosures with some restrictions. This right does not apply to disclosures for purposes of treatment, payment, or health care operations or for information we disclosed after we received a valid authorization from you. Additionally, we do not need to account for disclosures made to you, to family members or friends involved in your care, or for notification purposes. We do not need to account for disclosures made for national security reasons, certain law enforcement purposes or disclosures made as part of a limited data set. Please contact us at the number at the end of this notice if you would like to receive an accounting of disclosures or if you have questions about this right.

You have the right to get this notice by email.
A copy of this notice is posted on the Delta Dental website. You may also request an email copy or paper copy of this notice by calling our Customer Service number listed at the bottom of this notice.

You have the right to be notified following a breach of unsecured protected health information.
Delta Dental will notify you in writing, at the address on file, if we discover we compromised the privacy of your PHI.

COMPLAINTS
You may file a complaint with Delta Dental and/or with the U. S. Secretary of Health and Human Services if you believe Delta Dental has violated your privacy rights. Complaints to Delta Dental may be filed by notifying the contact below. We will not retaliate against you for filing a complaint.

CONTACTS
You may contact Delta Dental at 866-530-9675, or you may write to the address listed below for further information about the complaint process or any of the information contained in this notice.
Delta Dental
P.O. Box 997330
Sacramento, CA 95899-7330

This notice is effective on and after January 1, 2017.

Note: Delta Dental's privacy practices reflect applicable federal law as well as known state law and regulations. If applicable state law is more protective of information than the federal privacy laws, Delta Dental protects information in accordance with the state law.

Last Significant Changes to this notice:

- Clarified that Delta Dental does not use your PHI for fundraising purposes. Effective January 1, 2016
- Clarified that Delta Dental's privacy policy reflect federal and state requirements. – effective January 1, 2015
- Updated contact information (mailing address and phone number) – effective July 1, 2013
- Updated Delta Dental's duty to notify affected individuals if a breach of their unsecured PHI occurs – effective July 1, 2013
- Clarified that Delta Dental does not and will not sell your information without your express written authorization – effective July 1, 2013
- Clarified several instances where the law requires individual authorization to use and disclose information (e.g., fundraising and marketing as noted above) – effective July 1, 2013

DELTA DENTAL AND ITS AFFILIATES

Delta Dental of California offers and administers fee-for-service dental programs for groups headquartered in the state of California.

Delta Dental of New York offers and administers fee-for-service programs in New York.
Delta Dental of Pennsylvania and its affiliates offer and administer fee for-service dental programs in Delaware, Maryland, Pennsylvania, West Virginia and the District of Columbia. Delta Dental of Pennsylvania's affiliates are Delta Dental of Delaware; Delta Dental of the District of Columbia and Delta Dental of West Virginia.

Delta Dental Insurance Company offers and administers fee-for-service dental programs to groups headquartered or located in Alabama, Florida, Georgia, Louisiana, Mississippi, Montana, Nevada, Texas and Utah and vision programs to groups headquartered in West Virginia.

DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, ME, MI, NC, NH, OK, OR, RI, SC, SD, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN and WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania; VA — Delta Dental of Virginia. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.
Dentegra Insurance Company.