



# Delta Dental Medicare Advantage™ Dental Plan

## Our Medicare Advantage Supplemental Dental Program

Welcome!

Delta Dental Plan of Indiana, Inc. is a nonprofit limited service health maintenance organization doing business as Delta Dental of Indiana. Delta Dental of Indiana is the state’s leading dental benefits specialist. Good oral health is a vital part of good general health, and your Delta Dental program is designed to promote regular dental visits. We encourage you to take advantage of this program by calling your Dentist today for an appointment.

This Certificate which includes your Summary of Dental Plan Benefits and Covered Code List, describes the specific benefits of your Delta Dental program and how to use them. If you have any questions about this program, please call our Customer Service department at (800) 330-2732 (TTY Users call 711) or access your health plan’s website at [www.mdwise.org/medicare](http://www.mdwise.org/medicare).

You can easily verify your own benefit, claims and eligibility information online 24 hours a day, seven days a week by visiting [www.DeltaDentalIN.com](http://www.DeltaDentalIN.com) and selecting the link for our Member Portal. The Member Portal will also allow you to print claim forms, select paperless Explanation of Benefits statements (EOBs), search our Dentist directories, and read oral health tips.

We look forward to serving you!

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Note: Please read this Certificate together with the Summary of Dental Plan Benefits and Covered Code List as they provide the specific provisions of your dental plan.

# Summary of Dental Plan Benefits

For MDwise Medicare  
Medicare Advantage Supplemental Optional Dental Plan 1  
Group Number 12000  
Subgroup Numbers 2001, 2002, 2003

This Summary of Dental Plan Benefits should be read along with your Certificate and Covered Code List. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations.

**\*Services received from Dentists who do NOT participate in Delta Dental's Medicare Advantage PPO or Delta Dental's Medicare Advantage Premier Network are NOT covered benefits. Please note Delta Dental's Medicare Advantage PPO and Delta Dental's Medicare Advantage Premier Networks only consist of dentist in the states of Michigan, Indiana and Ohio.**

**IMPORTANT: If you receive services from a dentist that DOES NOT participate in either Delta Dental's Medicare Advantage PPO or Delta Dental's Medicare Advantage Premier Network YOU WILL BE RESPONSIBLE for the full cost of those services and no payment will be made by Delta Dental.**

**Benefit Year** – January 1 through December 31

**Covered Services** –

The following services are included with your MDwise Medicare Plan	Delta Dental Medicare Advantage PPO or Premier Dentist	Nonparticipating (out-of-network) Dentist
	Plan Pays	Plan Pays*
<b>Diagnostic &amp; Preventive Services</b>		
Diagnostic and Preventive Services – exams and cleanings (including periodontal maintenance)	100%	0%
Fluoride treatment – to prevent tooth decay	100%	0%
Radiographs – Full mouth series, bitewing X-rays, or panoramic	100%	0%
Brush Biopsy	100%	0%
Emergency Palliative Treatment – to temporarily relieve pain	100%	0%
<b>Comprehensive Services</b>		
Minor Restorative Services – fillings (amalgam and resin based composite)	50%	0%

These services are included with your selected Optional Supplemental Dental Plan 1 and are in addition to the Covered Services included with in your MDwise Medicare medical plan.	<b>Delta Dental Medicare Advantage PPO or Premier Dentist</b>	<b>Nonparticipating (out-of-network) Dentist</b>
	<b>Plan Pays</b>	<b>Plan Pays*</b>
<b>Comprehensive Services</b>		
<b>Major Restorative Services</b> – crowns and onlays	25%	0%
<b>Endodontic Services</b> – root canals	50%	0%
<b>Periodontal Services</b> – to treat gum disease	50%	0%
<b>Relines and Repairs</b> – to bridges and dentures	50%	0%
<b>Extractions and Oral Surgery Services</b> – extractions and dental surgery	50%	0%
<b>Other Basic Services</b> – miscellaneous services	50%	0%
<b>Prosthodontic Services</b> – bridges and dentures	25%	0%
<b>Implants</b> – including implant services	25%	0%

**Maximum Payment:** \$1,000 per person total per Calendar Year on all services covered by the selected Optional Supplemental Dental Plan 1. Covered Services included with your MDwise Medicare medical plan do not apply to this maximum.

**Deductible:** None

**Eligible People:** All members who choose the Optional Supplemental Dental Plan 1 and are enrolled in one of the following MDwise Medicare plans: Inspire (HMO), Inspire Plus (HMO) or Inspire Flex (HMO-POS). For enrollment and disenrollment information, please refer to your plan's Evidence of Coverage at [www.mdwise.org/medicare](http://www.mdwise.org/medicare).

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## I. Delta Dental Certificate

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Delta Dental Plan of Indiana, Inc., referred to herein as Delta Dental, issues this Certificate for you, the Member. The Certificate is a summary of your dental benefits coverage. It reflects and is subject to a contract between Delta Dental and MDwise, Inc., referred to herein as MDwise, your Medicare Advantage Organization.

The Benefits provided under This Plan may change if any state or federal laws change.

Delta Dental agrees to provide Benefits as described in this Certificate which includes the Summary of Dental Plan Benefits and Covered Code List.

All the provisions in the following pages form a part of this document as fully as if they were stated over the signature below.

IN WITNESS WHEREOF, this Certificate is executed at Delta Dental's home office by an authorized officer.



Goran M. Jurkovic, CPA  
President and CEO  
Delta Dental Plan of Indiana, Inc.

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## II. Definitions

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### Adverse Benefit Determination

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Any denial, reduction or termination of the benefits for which you filed a claim. Or a failure to provide or to make payment (in whole or in part) of the benefits you sought, including any such determination based on eligibility, application of any utilization review criteria, or a determination that the item or service for which benefits are otherwise provided was experimental or investigational, or was not medically necessary or appropriate.

### Allowed Amount

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The amount permitted under the Medicare Advantage Dentist Fee Schedule which Delta Dental will base its payment for a Covered Service.

### Appeal

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The procedures that deal with the review of adverse initial determination for payment of services.

### Benefit Year

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The calendar year.

### Benefits

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Payment for the Covered Services that have been selected under This Plan.

### Certificate

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This document. Delta Dental will provide Benefits as described in this Certificate. Any changes in this Certificate will be based on changes to the contract between Delta Dental and MDwise.

### Completion Dates

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The date that treatment is complete. Some procedures may require more than one appointment before they can be completed. Treatment is complete:

- ◆ For dentures and partial dentures, on the delivery dates;
- ◆ For crowns and bridgework, on the permanent cementation date;
- ◆ For root canals and periodontal treatment, on the date of the final procedure that completes treatment.

### Coinsurance

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The percentage of the charge, if any, that you must pay for Covered Services.

### Copayment

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A fixed amount of money that you must pay for Covered Services, if any.

### Covered Code List

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The unique list of the ADA dental codes that are covered services under This Plan. These codes are subject to the terms of this Certificate.

### Covered Services

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The unique dental services selected for coverage as described in the Summary of Dental Plan Benefits and Covered Code List which are subject to the terms of this Certificate.

### Deductible

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The amount a person must pay toward Covered Services before Delta Dental begins paying for those services under this Certificate. The Summary of Dental Plan Benefits lists the Deductible that applies to you, if any.

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#### Delta Dental

Delta Dental Plan of Indiana, Inc. is a nonprofit dental care corporation doing business as Delta Dental of Indiana. Delta Dental is not an insurance company. Delta Dental of Indiana, Inc. has been delegated by MDwise to provide dental benefits for This Plan.

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#### Dental Emergency

A Dental Emergency is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: Serious jeopardy to the health of the individual or, in the case of a pregnant woman, the health of the woman or her unborn child; Serious impairment to bodily functions; or Serious dysfunction of any bodily organ or part.

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#### Dentist

A person licensed to practice dentistry in the state or jurisdiction in which dental services are performed.

- ◆ **Delta Dental Medicare Advantage PPO Dentist** – a Dentist located in Michigan, Indiana, or Ohio who has signed an agreement with Delta Dental for this Plan that is part of Delta Dental’s Medicare Advantage PPO Network.
- ◆ **Delta Dental Medicare Advantage Premier Dentist** – a Dentist located in Michigan, Indiana, or Ohio who has signed an agreement with Delta Dental for this Plan that is part of Delta Dental’s Medicare Advantage Premier Network.
- ◆ **Nonparticipating Dentist** – a Dentist who has not signed an agreement with Delta Dental to become part of the Delta Dental Medicare Advantage Premier or Delta Dental Medicare Advantage PPO Network or is located in a state other than Michigan, Indiana or Ohio. **Services received from Dentists who do NOT participate in Delta Dental’s Medicare Advantage PPO or Delta**

**Dental’s Medicare Advantage Premier Network are NOT covered benefits.**

- ◆ **IMPORTANT: If you receive services from a dentist that DOES NOT participate in either Delta Dental’s Medicare Advantage PPO or Delta Dental’s Medicare Advantage Premier Network YOU WILL BE RESPONSIBLE for the full cost of those services and no payment will be made by Delta Dental.**

Delta Dental Medicare Advantage PPO and Delta Dental Medicare Advantage Premier Dentists are sometimes collectively referred to as “Medicare Advantage Participating Dentists.”

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#### Grievance

An expression of dissatisfaction with any aspect of the operations, activities or behavior of Delta Dental, MDwise or a Dentist that has provided dental services under This Plan.

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#### Inquiry

A verbal or written request for information that does not involve a grievance, coverage or appeals process, such as a routine question about a benefit.

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#### Maximum Approved Fee

The maximum fee that Delta Dental approves for a given procedure in a given region and/or specialty, under normal circumstances, based upon applicable Medicare Advantage Participating Dentist schedules and internal procedures.

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#### Maximum Payment

The maximum dollar amount Delta Dental will pay in any Benefit Year or lifetime for Covered Services. (See the Summary of Dental Plan Benefits.)

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#### Medicare Advantage PPO Dentist Fee Schedule

The maximum fee allowed per procedure for services rendered by a Delta Dental Medicare Advantage Dentist as determined by Delta Dental.

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#### Medicare Advantage Premier Dentist Schedule

The maximum fee allowed per procedure for services rendered by a Delta Dental Medicare Advantage Premier Dentist as determined by Delta Dental.

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#### Member

A person with coverage under This Plan.

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#### Nonparticipating Dentist Fee

The maximum fee allowed per procedure for services rendered by a Nonparticipating Dentist as determined by Delta Dental.

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#### Post-Service Claims

Claims for Benefits that are not conditioned on your seeking advance approval, certification, or authorization to receive the full amount for any Covered Services. In other words, Post-Service Claims arise when you receive the dental service or treatment before you file a claim for Benefits.

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#### Pre-Service Organization Determination

A determination that is made prior to receiving dental services based on your benefits and coverage. This decision will determine whether a dental service will be covered and will provide information on how much you may have to pay for this service. This is a request submitted by you or your Dentist.

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#### Processing Policies

Delta Dental's policies and guidelines used for Pre-Service Organization Determinations and payment of claims. The Processing Policies may be amended from time to time.

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#### Submitted Amount

The amount a Dentist bills to Delta Dental for a specific treatment or service. A Delta Dental Medicare Advantage Participating Dentist cannot charge you for the difference between this amount and the amount Delta Dental approves for the treatment.

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#### Summary of Dental Plan Benefits

A description of the specific provisions of your group dental coverage. The Summary of Dental Plan Benefits is and should be read as a part of this Certificate, and supersedes any contrary provision of this Certificate.

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#### This Plan

The dental coverage established for Eligible Persons pursuant to this Certificate.

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### III. Selecting a Dentist

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To receive benefits under This Plan you must receive services from a Delta Dental PPO or Premier Medicare Advantage Dentist. Services received from Dentists who do NOT participate in Delta Dental's Medicare Advantage Network are NOT Covered Services.

To verify that a Dentist is a Medicare Advantage Participating Dentist, you can use Delta Dental's online Dentist Directory at [www.deltadentalin.com/findadentist](http://www.deltadentalin.com/findadentist) or call (800) 330-2732 (TTY Users call 711). **When accessing Delta Dental's online Dentist Directory you must select the link labeled Medicare Advantage PPO and Medicare Advantage Premier.**

If the Dentist you select is not a Delta Dental Medicare Advantage Participating Dentist, services are NOT covered. You will be responsible for the full cost of the services and no payment will be made by Delta Dental.

The provider network may change at any time. You will receive notice when necessary.

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### IV. Accessing Your Benefits

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To utilize your dental benefits, follow these steps:

1. Please read this Certificate, the Summary of Dental Plan Benefits and Covered Code List carefully so you are familiar with your benefits, payment methods, and terms of This Plan.
2. Make an appointment with your Dentist and tell him or her that you have dental benefits with Delta Dental's Medicare Advantage Dental Plan. If your Dentist is not familiar with This Plan or has any questions, have him or her contact Delta Dental by writing to Delta Dental, Attention: Customer Service, P.O. Box 9230, Farmington Hills, Michigan 48333-9230, or calling the toll-free number at (800) 330-2732.
3. After you receive your dental treatment, you or the dental office staff will file a claim form, completing the information portion with:

- a. Your full name and address
- b. Your MDwise Member ID number
- c. Your date of birth

#### Notice of Claim Forms

Your Dentist should submit your dental claims form using the most recent American Dental Association (“ADA”) approved claim form. Medicare Advantage Participating Dentists will fill out and submit your dental claims for you.

Mail claims and completed information requests to:

Delta Dental  
P.O. Box 9298  
Farmington Hills, MI 48333-9298

#### Pre-Service Organization Determination

Your Dentist can submit a request for a coverage decision to determine whether you qualify for a dental service that may be covered under This Plan through the Dental Office Toolkit® (DOT). You can also request a coverage decision to determine whether you qualify for a dental service that may be covered under This Plan by calling the Customer Service department toll-free at (800) 330-2732 or in writing at:

Delta Dental  
P.O. Box 9230  
Farmington Hills, MI 48333-9230

For a standard coverage decision, Delta Dental will provide an answer within 14 calendar days after receiving your request. To file a fast coverage decision the standard deadlines must potentially cause serious harm to your health or hurt your ability to function. If Delta Dental approves the fast request, an answer will be provided within 72 hours. For both standard and fast requests, Delta Dental may take up to 14 additional calendar days under certain circumstances. If additional time is taken, Delta Dental will notify you in writing and explain the reasons for the extension.

If Delta Dental does not approve your standard or fast coverage request, you have the right to file an appeal. Please see the Appeal section for more information. Availability of dental benefits at the time your request is completed is dependent on several factors. These factors include, but are not limited to, medical necessity, your continued eligibility for

benefits, your available annual or lifetime Maximum Payments, any coordination of benefits, the status of your Dentist, This Plan’s limitations and any other provisions, together with any additional information or changes to your dental treatment. To determine whether a service may be covered under This Plan, please review the benefits included in this document.

#### Written Notice of Claim and Time of Payment

All claims for Benefits must be filed with Delta Dental within one year of the date the services were completed. Once a claim for payment is filed, Delta Dental will decide it within 30 days of receiving it. If there is not enough information to decide your claim, Delta Dental will notify you or your Dentist within 30 days. The notice will (a) describe the information needed, (b) explain why it is needed, (c) request an extension of time in which to decide the claim, and (d) inform you or your Dentist that the information must be received within 60 days or your claim will be denied. You will receive a copy of any notice sent to your Dentist. Once Delta Dental receives the requested information, it will decide your claim and send you notice of that decision. If you or your Dentist does not supply the requested information, Delta Dental will have no choice but to deny your claim. Once Delta Dental decides your claim, it will notify you within five days.

#### Authorized Representative

You may also appoint an authorized representative to deal with Delta Dental on your behalf with respect to any benefit claim you file or any review of a denied claim you wish to pursue (see the Grievance and Appeals Procedure section). You should call Delta Dental’s Customer Service department, toll-free, at (800) 330-2732, or write them at P.O. Box 9230, Farmington Hills, Michigan, 48333-9230, to request a form to designate the person you wish to appoint as your representative or you may use the CMS Appointment of Representative Form (Form CMS-1696). While in some circumstances your Dentist is treated as your authorized representative, generally Delta Dental only recognizes the person whom you have

authorized on the last dated form filed with Delta Dental. Once you have appointed an authorized representative, Delta Dental will communicate directly with your representative and will not inform you of the status of your claim. You will have to get that information from your representative. If you have not designated a representative, Delta Dental will communicate directly with you.

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#### Questions and Assistance

Questions regarding your coverage should be directed to Delta Dental's Customer Service department, toll-free, at (800) 330-2732 (TTY Users call 711). You may also write to Delta Dental's Customer Service department at P.O. Box 9230, Farmington Hills, Michigan, 48333-9230. When writing to Delta Dental, please include your name, your MDwise Member ID number, and your daytime telephone number.

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#### V. How Payment is Made

If your Dentist is a Medicare Advantage Participating Dentist, Delta Dental will base payment on the Maximum Approved Fee for Covered Services.

Delta Dental will send payment directly to the Medicare Advantage Participating Dentists and you will be responsible for any applicable Coinsurance, Copayments or Deductibles.

If your Dentist you select is not a Delta Dental Medicare Advantage Participating Dentist, services are NOT covered and no payment will be made by Delta Dental.

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#### VI. Benefit Categories

##### *Important*

**ONLY the dental services listed in your Summary of Dental Plan Benefits and Covered Code List are covered by This Plan.** Covered Services are also subject to exclusions and limitations. You will want to review this section of this Certificate carefully.

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#### VII. Exclusions and Limitations

##### Exclusions

Delta Dental will make no payment for the following services or supplies, unless otherwise specified in the Summary of Dental Plan Benefits or Covered Code List. All charges for the same will be your responsibility (though your payment

**obligation may be satisfied by insurance or some other arrangement for which you are eligible):**

1. Services or supplies, as determined by Delta Dental, for correction of congenital or developmental malformations.
2. Cosmetic surgery or dentistry for aesthetic reasons, as determined by Delta Dental.
3. Services started or appliances started before a person became eligible under This Plan. This exclusion does not apply to orthodontic treatment in progress (if a Covered Service)
4. Prescription drugs (except intramuscular injectable antibiotics), premedication, medicaments/ solutions, and relative analgesia.
5. General anesthesia and intravenous sedation for (a) surgical procedures, unless medically necessary, or (b) restorative dentistry.
6. Charges for hospitalization, laboratory tests, and histopathological examinations.
7. Charges for failure to keep a scheduled visit with the Dentist.
8. Services or supplies, as determined by Delta Dental, for which no valid dental need can be demonstrated.
9. Services or supplies, as determined by Delta Dental that are investigational in nature, including services or supplies required to treat complications from investigational procedures.
10. Services or supplies, as determined by Delta Dental, which are specialized techniques.
11. Treatment by other than a Dentist, except for services performed by a licensed dental hygienist other dental professional, as determined by Delta Dental under the scope of his or her license as permitted by applicable state law.
12. Services or supplies for which the patient is not legally obligated to pay, or for which no charge would be made in the absence of Delta Dental coverage.

13. Services or supplies received due to an act of war, declared or undeclared or terrorism.
  14. Services or supplies covered under a hospital, surgical/medical (including Medicare Advantage), or prescription drug program.
  15. Services or supplies that are not within the categories of Benefits selected by your Medicare Advantage Organization and that are not covered under the terms of this Certificate.
  16. Fluoride rinses, self-applied fluorides, or desensitizing medicaments.
  17. Interim caries arresting medicament.
  18. Preventive control programs (including oral hygiene instruction, caries susceptibility tests, dietary control, tobacco counseling, home care medicaments, etc.).
  19. Lost, missing, or stolen appliances of any type or replacement or repair of orthodontic appliances or space maintainers.
  20. Cosmetic dentistry, including repairs to facings posterior to the second bicuspid position.
  21. Veneers.
  22. Sealants.
  23. Space maintainers.
  24. Orthodontic Services.
  25. Appliances, surgical procedures, and restorations for increasing vertical dimension; for altering, restoring, or maintaining occlusion; for replacing tooth structure loss resulting from attrition, abrasion, abfraction, or erosion; or for periodontal splinting. If Orthodontic Services are Covered Services, this exclusion will not apply to Orthodontic Services as limited by the terms and conditions of the contract between Delta Dental and your employer or organization.
  26. Implant/abutment supported interim fixed denture for edentulous arch.
  27. Paste-type root canal fillings on permanent teeth.
  28. Replacement, repair, or relines of occlusal guards.
  29. Chemical curettage.
  30. Services associated with overdentures.
  31. Metal bases on removable prostheses.
  32. The replacement of teeth beyond the normal complement of teeth.
  33. Personalization or characterization of any service or appliance.
  34. Temporary crowns used for temporization during crown or bridge fabrication.
  35. Posterior bridges in conjunction with partial dentures in the same arch.
  36. Precision attachments and stress breakers.
  37. Biologic materials to aid in soft and osseous tissue regeneration when submitted on the same day as tooth extraction, periradicular surgery, soft tissue grafting, guided tissue regeneration and periodontal or implant bone grafting.
  38. Bone replacement grafts and specialized implant surgical techniques, including radiographic/surgical implant index.
  39. Appliances, restorations, or services for the diagnosis or treatment of disturbances of the temporomandibular joint (TMJ).
  40. Diagnostic photographs and cephalometric films, unless done for orthodontics and orthodontics are a Covered Service.
  41. Myofunctional therapy.
  42. Mounted case analyses.
  43. Any and all taxes applicable to the services.
  44. Processing policies may otherwise exclude payment by Delta Dental for services or supplies.
- Delta Dental will make no payment for the following services or supplies. Medicare Advantage Participating Dentists may not charge Members for these services or supplies. All charges from Nonparticipating Dentists for the following are your responsibility:**
1. Services or supplies, as determined by Delta Dental, which are not provided in accordance with generally accepted standards of dental practice.

2. The completion of forms or submission of claims.
3. Consultations, patient screening, or patient assessment when performed in conjunction with examinations or evaluations.
4. Local anesthesia.
5. Acid etching, cement bases, cavity liners, and bases or temporary fillings.
6. Infection control.
7. Temporary, interim, or provisional crowns.
8. Gingivectomy as an aid to the placement of a restoration.
9. The correction of occlusion, when performed with prosthetics and restorations involving occlusal surfaces.
10. Diagnostic casts, when performed in conjunction with restorative or prosthodontic procedures.
11. Palliative treatment, when any other service is provided on the same date except X-rays and tests necessary to diagnose the emergency condition.
12. Post-operative X-rays, when done following any completed service or procedure.
13. Periodontal charting.
14. Pins and preformed posts, when done with core buildups for crowns, onlays, or inlays.
15. Any substructure when done for inlays, onlays, and veneers.
16. A pulp cap, when done with a sedative filling or any other restoration. A sedative or temporary filling, when done with pulpal debridement for the relief of acute pain prior to conventional root canal therapy or another endodontic procedure. The opening and drainage of a tooth or palliative treatment, when done by the same Dentist or dental office on the same day as completed root canal treatment.
17. A pulpotomy on a permanent tooth, except on a tooth with an open apex.
18. A therapeutic apical closure on a permanent tooth, except on a tooth where the root is not fully formed.
19. Retreatment of a root canal by the same Dentist or dental office within two years of the original root canal treatment.
20. A prophylaxis or full mouth debridement, when done on the same day as periodontal maintenance or scaling in the presence of gingival inflammation.
21. A prophylaxis when done on the same day a periodontal maintenance or scaling and root planing.
22. Scaling in the presence of gingival inflammation when done on the same day as periodontal maintenance.
23. Prophylaxis, scaling in the presence of gingival inflammation, or periodontal maintenance when done within 30 days of three or four quadrants of scaling and root planing or other periodontal treatment.
24. Full mouth debridement when done within 30 days of scaling and root planing.
25. Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant services without flap entry and closure, when performed within 12 months of implant restorations, provisional implant crowns and implant or abutment supported interim dentures.
26. Scaling and debridement in the presence of inflammation or mucositis of a single implant, when done on the same day as a prophylaxis, scaling in the presence of gingival inflammation, periodontal maintenance, full mouth debridement, periodontal scaling and root planing, periodontal surgery or debridement of a peri-implant defect.
27. Full mouth debridement, when done on the same day as comprehensive evaluation.
28. An occlusal adjustment, when performed on the same day as the delivery of an occlusal guard.
29. Reline, rebase, or any adjustment or repair within six months of the delivery of a partial denture.
30. Tissue conditioning, when performed on the same day as the delivery of a denture or the reline or rebase of a denture.
31. Periapical and/or bitewing X-rays, when done within a clinically unreasonable

period of time of performing panoramic and/or full mouth X-rays, as determined solely by Delta Dental.

32. Charges or fees for overhead, internet/video connections, software, hardware or other equipment necessary to deliver services, including but not limited to teledentistry services.
33. Processing policies may otherwise exclude payment by Delta Dental for services or supplies.

### Limitations

The Benefits for the following services or supplies are limited as follows, unless otherwise specified in the Summary of Dental Plan Benefits or Covered Code List. All charges for services or supplies that exceed these limitations will be your responsibility. All time limitations are measured from the applicable prior dates of services in our records with any Delta Dental Plan or, at the request of your Medicare Advantage Organization, any dental plan:

1. Bitewing x-rays are payable once every calendar year, unless a full mouth X-ray which include bitewings has been paid in that same year.
2. Panoramic or full mouth X-rays (which may include bitewing X-rays) are payable once per five year period.
3. Any combination of teeth cleanings (prophylaxes and periodontal maintenance) are payable twice per calendar year.
4. Oral examinations and evaluations (not including limited problem focused evaluations) are payable twice per calendar year, regardless of the Dentist's specialty. Comprehensive oral evaluations are payable once per 36 month period. Comprehensive periodontal evaluations are payable once per calendar year.
5. Preventive fluoride treatments are payable once per calendar year.
6. Cast restorations (including jackets, crowns and onlays) and associated procedures (such as core buildups and post substructures) are payable once in any five-year period per tooth. Subsequent

minor restorations would not be a benefit within that five-year period.

7. Crowns or onlays are payable only for extensive loss of tooth structure due to caries (decay) or fracture (lost or mobile tooth structure).
8. An interim partial denture is payable only during the healing period for people age 17 and over.
9. Prosthodontic Services limitations:
  - a. Once complete upper and one complete lower denture, and any implant used to support a denture are payable once in any five-year period.
  - b. A removable partial denture, endosteal implant (other than to support a denture), or fixed bridge is payable once in any five-year period unless the loss of additional teeth requires the construction of a new appliance.
  - c. A removable unilateral partial denture is payable once per quadrant in any 5 year period unless the loss of additional teeth requires the construction of a new appliance.
  - d. A relined or complete replacement of denture base material is payable once in any three-year period per appliance.
10. Delta Dental's obligation for payment of Benefits ends on the last day of coverage. This date is usually the first of the month following receipt of a valid, written request to disenroll that was accepted by your plan during a valid Medicare election period. However, Delta Dental will make payment for Covered Services provided on or before the last day of coverage, as long as Delta Dental receives a Claim for those services within one year of the date of service.
11. When services in progress are interrupted, Delta Dental will not issue payment for any incomplete services; however, Delta Dental will calculate the Maximum Approved Fee that the

dentist may charge you for such incomplete services, and those charges will be your responsibility. In the event the interrupted services are completed later by a Dentist, Delta Dental will review the Claim to determine the amount of payment, if any, to the Dentist in accordance with Delta Dental's policies at the time services are completed.

12. Optional treatment: If you select a more expensive service than is customarily provided, Delta Dental will make an allowance for certain services based on the fee for the customarily provided service. You are responsible for the difference in cost. In all cases, Delta Dental will make the final determination regarding optional treatment and any available allowance.

Listed below are services for which Delta Dental will provide an allowance for optional treatment. Remember, you are responsible for the difference in cost for any optional treatment.

- a. Resin, porcelain fused to metal, and porcelain crowns, bridge retainers, or pontics on posterior teeth – Delta Dental will pay only the amount that it would pay for a full metal crown.
- b. Overdentures – Delta Dental will pay only the amount that it would pay for a conventional denture.
- c. Resin, or porcelain/ceramic onlays on posterior teeth – Delta Dental will pay only the amount that it would pay for a metallic onlay.
- d. Inlays, regardless of the material used – Delta Dental will pay only the amount that it would pay for an amalgam or composite resin restoration.
- e. All-porcelain/ceramic bridges – Delta Dental will pay only the amount that it would pay for a conventional fixed bridge.
- f. Gold foil restorations – Delta Dental will pay only the amount that it would pay for an amalgam or composite restoration.
- g. Posterior stainless steel crowns with esthetic facings, veneers or coatings –

Delta Dental will pay only the amount it would pay for a conventional stainless steel crown.

13. Maximum Payment:

- a. All Benefits available under This Plan are subject to the Maximum Payment limitations, if applicable, set forth in your Summary of Dental Plan Benefits.

14. If a Deductible amount is stated in the Summary of Dental Plan Benefits, Delta Dental will not pay for any services or supplies, in whole or in part, to which the Deductible applies until the Deductible amount is met.

15. Processing Policies may limit Delta Dental's payment for services or supplies.

**Delta Dental will make no payment for services or supplies that exceed the following limitations. All charges are your responsibility. However, Medicare Advantage Participating Dentists may not charge Members for these services or supplies when performed by the same Dentist or dental office. All time limitations are measured from the applicable prior dates of services in our records with any Delta Dental Plan or, at the request of your Medicare Advantage Organization, any dental plan:**

1. Amalgam and composite resin restorations are payable once in any two-year period, regardless of the number or combination of restorations placed on a surface.
2. Core buildups and other substructures are payable only when needed to retain a crown on a tooth with excessive breakdown due to caries (decay) and/or fractures.
3. Recementation of a crown, onlay, inlay, or bridge within six months of the seating date.
4. Retention pins are payable once in any two-year period. Only one substructure per tooth is a Covered Service.
5. Root planing is payable once in any two-year period.

6. Periodontal surgery is payable once in any three-year period.
7. A complete occlusal adjustment is payable once in any five-year period. The fee for a complete occlusal adjustment includes all adjustments that are necessary for a five-year period. A limited occlusal adjustment is not payable more than three times in any five-year period. The fee for a limited occlusal adjustment includes all adjustments that are necessary for a six-month period.
8. Tissue conditioning is payable twice per arch in any three-year period.
9. The allowance for a denture repair (including reline or rebase) will not exceed half the fee for a new denture.
10. Services or supplies, as determined by Delta Dental, which are not provided in accordance with generally accepted standards of dental practice.
11. Scaling and debridement in the presence of inflammation or mucositis of a single implant is payable once per tooth in any 24-month period when performed by the same office.
12. One assessment of salivary flow by measurement is allowed within a twelve (12) month period when done by the same Dentist/dental office.
13. Processing Policies may limit Delta Dental's payment for services or supplies.

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## **VIII. Coordination of Benefits**

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Coordination of Benefits ("COB") provision applies when a Person has health care coverage under more than one plan. "Plan" is defined below.

The order of benefit determination rules govern the order in which each Plan will pay a claim for benefits. The Plan that pays first is called the Primary Plan. The Primary Plan must pay benefits in accordance with its policy terms without regard to the possibility that another Plan may cover some expenses. The Plan that pays after the Primary Plan is the Secondary Plan. The Secondary Plan may reduce the benefits it pays so that payments from all Plans does not exceed 100 percent of the total Allowable Expense.

## **Definitions**

Plan is any of the following that provides benefits or services for medical or dental care or treatment. If separate contracts are used to provide coordinated coverage for members of a group, the separate contracts are considered parts of the same Plan and there is no COB among those separate contracts.

1. Plan includes: group and non-group insurance contracts, medical care components of long-term care contracts, such as skilled nursing care; medical benefits under group or individual automobile contracts; and Medicare or any other federal governmental plan, as permitted by law.
2. Plan does not include: hospital indemnity coverage or other fixed indemnity coverage; accident only coverage; specified disease or specified accident coverage; school accident type coverage; benefits for non-medical components of long-term care policies; Medicare supplement policies; or coverage under other federal governmental plans that do not permit coordination.

Each contract for coverage under (1) or (2) above is a separate Plan. If a Plan has two parts and COB rules apply only to one of the two, each of the parts is treated as a separate Plan.

This Plan, for purposes of this section, means the part of the contract providing the health care benefits to which the COB provision applies and which may be reduced because of the benefits of other Plans. Any other part of the contract providing health care benefits is separate from This Plan. A contract may apply one COB provision to certain benefits, such as dental benefits, coordinating only with similar benefits, and may apply another COB provision to coordinate other benefits.

Order of Benefit Determination Rules determine whether This Plan is a Primary Plan or Secondary Plan when the person has health care coverage under more than one Plan.

When This Plan is primary, it determines payment for its Benefits first before those of any other Plan without considering any other Plan's Benefits. When This Plan is secondary, it determines its Benefits after those of another Plan and may reduce the Benefits it pays so that the total benefits paid by all Plans do not exceed the Submitted Amount. In no event will This Plan's payments exceed the Maximum Approved Fee.

### **Order of Benefits Determination Rules**

When a person is covered by two or more Plans, the rules for determining the order of benefit payments are as follows:

1. This Plan will pay primary over any Medicaid or Retiree Plan that you may have.
2. This Plan will pay secondary to any employer sponsored, automobile, group, or individual Plan you may have, except for those listed in (1) above.
3. If This Plan is the Primary Plan, it will pay its benefits according to its terms of coverage and without regard to the benefits under any other Plan.
4. Except as provided in the following paragraph, a Plan that does not contain a COB provision is always primary unless otherwise required by law.

Coverage that is obtained by virtue of membership in a group that is designed to supplement a part of a basic package of benefits and provides that this supplementary coverage shall be excess to any other parts of the Plan provided by the contract holder, shall be secondary regardless of whether or not it contains a COB provision.

5. A Plan may consider the benefits paid or provided by another Plan in calculating payment of its benefits only when it is secondary to that other Plan.

### **Effect on the Benefits of This Plan**

When This Plan is secondary, it may reduce its Benefits so that the total benefits paid or provided by all Plans during a plan year are not more than the total Submitted Amount. In determining the amount to be paid, This Plan will calculate the benefits it would have paid in the absence of other health care coverage

(Maximum Approved Fee) and apply that the remaining amount that you owe to the Dentist following the Primary Plan's payment. The amount paid by This Plan will not exceed the Maximum Approved Fee.

### **Right of Recovery**

If the amount of the payments made by Delta Dental is more than it should have paid under this COB provision, it may recover the excess from one or more of the persons it has paid or for whom it has paid, or any other person or organization that may be responsible for the benefits or services provided for the covered person. The "amount of the payments made" includes the reasonable cash value of any benefits provided in the form of services.

### **Coordination Disputes**

If you believe that we have not paid a claim properly, you should first attempt to resolve the problem by contacting us. You or your Dentist should contact Delta Dental's Customer Service department and ask them to check the claim to make sure it was processed correctly. You may do this by calling the toll-free number, (800) 330-2732, and speaking to a telephone advisor. You may also mail your inquiry to the Customer Service Department at PO Box 9230, Farmington Hills, Michigan, 48333-9230. You may also follow the Grievance and Appeals Procedure below

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## **IX. Grievance and Appeals Procedures**

If we make an Adverse Benefit Determination, you will receive a Notice of Denial of Coverage. You or your authorized representative, should seek a review as soon as possible, but you must file your request for review within **60 days** of the date that you received that Notice of Denial of Coverage. Delta Dental may give you more time if you have a good reason for missing the deadline.

**There are two types of appeals.**

**Standard Appeal** – We will give you a written decision on a standard appeal within 30 days after we get your appeal for a Pre-Service Organization Determination. Our decision might take longer if you ask for an extension, or if we need more information about your case. We will tell you if we are

taking extra time and will explain why more time is needed. If your appeal is for payment of a service you have already received, we will give you a written decision within 60 days.

**Fast Appeal** – We will give you a decision on a fast appeal within 72 hours after we get your appeal. You can ask for a fast appeal if you or your doctor believe your health could be seriously harmed by waiting up to 30 Days for a decision. You cannot request a fast appeal if you are asking us to pay you back for a service you have already received.

Send appeals to the following:

**Delta Dental**  
Attn: Dental Director  
P.O. Box 9230  
Farmington Hills, MI 48333-9230

Fax: (517) 381-5527  
Phone: (800) 330-2732  
TTY: 711

Please include your name and address, the Member ID, the explanation of benefits, the reason why you believe your claim was wrongly denied, and any other information you believe supports your claim. Indicate in your letter that you are requesting a formal appeal (Standard/Fast Appeal) of your claim. You also have the right to review any documents related to your appeal. If you would like a record of your request and proof that Delta Dental received it, mail your request certified mail, return receipt requested.

If you want someone else to act for you, you can name a relative, friend, attorney, dentist or someone else to act as your representative. You can do this by following the authorized representative section above. Both you and the person you want to act for you must sign and date a statement confirming this is what you want. You will need to mail or fax the statement to Delta Dental.

The Dental Director or any person reviewing your claim will not be the same as, nor subordinate to, the person(s) who initially decided your claim. The reviewer will grant no deference to the prior decision about your claim. The reviewer will assess the information, including any additional information that you have provided, as if he or she were deciding the

claim for the first time. The reviewer's decision will take into account all comments, documents, records and other information relating to your claim even if the information was not available when your claim was initially decided.

The notice of any adverse determination regarding your appeal will (a) inform you of the specific reason(s) for the denial, (b) list the pertinent Plan provision(s) on which the denial is based, (c) contain a description of any additional information or material that is needed to decide the claim and an explanation of why such information is needed, (d) reference any internal rule, guideline, or protocol that was relied on in making the decision on review.

Adverse appeals will be automatically submitted to the CMS's contracted independent review entity within 60 calendar days from the date Delta Dental received the member's first level appeal. The Appeals Staff will concurrently notify the member that the appeal is being forwarded to CMS's independent review entity.

If you have a complaint or dispute, other than a Notice of Denial of Coverage, expressing dissatisfaction with the manner in which Delta Dental or a dentist has provided dental services, you can contact Delta Dental at the address listed above in this section or call customer service at (800) 330-2732 within 60 days of the event. Delta Dental will respond in writing to all Grievances within 30 days of receipt, unless issue is resolved by customer service on the call.

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## **X. Termination of Coverage**

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Your Delta Dental coverage may automatically terminate:

- ◆ When MDwise advises Delta Dental to terminate your coverage.
- ◆ On the first day of the month for which MDwise has failed to pay Delta Dental.
- ◆ For fraud or misrepresentation in the submission of any claim.
- ◆ For any other reason stated in the contract between Delta Dental and MDwise.

Delta Dental will not continue eligibility for any person covered under This Plan beyond the termination date requested by MDwise. A person whose eligibility is terminated may not continue coverage under this Certificate.

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## **XI. General Conditions**

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### **Subrogation and Right of Reimbursement**

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If Delta Dental provides Benefits under this Certificate and you have a right to recover damages from another, Delta Dental is subrogated to that right.

To the extent that This Plan provides or pays Benefits for Covered Services, Delta Dental is subrogated to any right you or your Eligible Dependent has to recover from another, his or her insurer, or under his or her "Medical Payments" coverage or any "Uninsured Motorist," "Underinsured Motorist," or other similar coverage provisions. You or your legal representative must do whatever is necessary to enable Delta Dental to exercise its rights and do nothing to prejudice them.

If you recover damages from any party or through any coverage named above, you must reimburse Delta Dental from that recovery to the extent of payments made under This Plan.

### **Obtaining and Releasing Information**

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While you are an Eligible Person, you agree to provide Delta Dental with any information it needs to process your claims and administer your Benefits. This includes allowing Delta Dental access to your dental records.

### **Dentist-Patient Relationship**

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Eligible Persons are free to choose any Dentist. Each Dentist maintains the dentist-patient relationship and is solely responsible to the patient for dental advice and treatment and any resulting liability.

### **Loss of Eligibility During Treatment**

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If an Eligible Person loses eligibility while receiving dental treatment, only Covered Services received while that person was covered under This Plan will be payable.

Certain services begun before the loss of eligibility may be covered if they are completed within 60 days from the date of termination. In those cases, Delta Dental evaluates those services in progress to determine what portion

may be paid by Delta Dental. The difference between Delta Dental's payment and the total fee for those services is your responsibility.

### **Late Claims Submission**

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Delta Dental will make no payment for services or supplies if a claim for such has not been received by Delta Dental within one year following the date the services or supplies were completed.

### **Change of Certificate or Contract**

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No agent has the authority to change any provisions in this Certificate or the provisions of the contract on which it is based. No changes to this Certificate or the underlying contract are valid unless Delta Dental approves them in writing.

### **Actions**

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No action on a legal claim arising out of or related to this Certificate will be brought within 60 days after notice of the legal claim has been given to Delta Dental, unless prohibited by applicable state law. In addition, no action can be brought more than three years after the legal claim first arose or after expiration of the applicable statute of limitations, if longer. Any person seeking to do so will be deemed to have waived his or her right to bring suit on such legal claim. Except as set forth above, this provision does not preclude you from seeking a judicial decision or pursuing other available legal remedies.

### **Right of Recovery Due to Fraud**

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If Delta Dental pays for services that were sought or received under fraudulent, false, or misleading pretenses or circumstances, pays a claim that contains false or misrepresented information, or pays a claim that is determined to be fraudulent due to your acts or acts of your Eligible Dependents, it may recover that payment from you or your Eligible Dependents. You and your Eligible Dependents authorize Delta Dental to recover any payment determined to be based on false, fraudulent, misleading, or misrepresented information by deducting that amount from any payments properly due to you or your Eligible Dependents. Delta Dental will provide an explanation of

the payment recovery at the time the deduction is made.

#### Change of Status

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You must notify Delta Dental, through your employer or organization, of any event that changes the status of an Eligible Dependent. Events that can affect the status of an Eligible Dependent include, but are not limited to, marriage, birth, death, divorce, and entrance into military service.

#### Governing Law

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This Certificate and the underlying group contract will be governed by and interpreted under the Centers for Medicare and Medicaid Services (CMS)

#### Legally Mandated Benefits

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If any applicable law requires broader coverage or more favorable treatment for you or your Eligible Dependents than is provided by this Certificate, that law shall control over the language of this Certificate.

**Any person intending to deceive an insurer, who knowingly submits an application or files a claim containing a false or misleading statement, is guilty of insurance fraud.**

Insurance fraud significantly increases the cost of health care. If you are aware of any false information submitted to Delta Dental, please call our toll-free hotline. We only accept anti-fraud calls at this number.

**ANTI-FRAUD TOLL-FREE HOTLINE:**

**800.524.0147**

This section provides a list of dental procedures covered by your plan. **If a procedure is not on this list, it is not a standard covered benefit under your plan.** Standard benefit limitations under these programs are listed where applicable in the Benefit Limitations column. Some services share frequencies. Additional information on the frequency limitations can be found in Section VII of your Delta Dental Certificate.

\*Please note, procedures in the following code ranges may require routine review or diagnostic information such as radiographs or patient treatment records for claims processing and final payment determinations: D0220-D0250 Diagnostic; D2710-D2794, D2910-D2934, D2950-D2999 Restorative; D3000-D3999 Endodontics; D4000-D4999 Periodontics; D5110-D5671 Prosthodontics (Removable); D6000-D6199 Implant Services; D6200-D6999 Prosthodontics (Fixed); D7140-7999 Oral and Maxillofacial Surgery; D9120, D9310, D9410, D9420, and D9930 Adjunctive Services.

ADA Dental Code	Dental Procedure Description	Plan pay for Delta Dental Medicare Advantage Dentist	Plan pay for Nonparticipating (out-of-network) Dentist	Frequency
<b>D0100-D0999 Diagnostic</b>				
D0120	periodic oral evaluation - established patient	100%	0%	Twice per calendar year
D0140	limited oral evaluation - problem focused	100%	100%	As needed for diagnosis of emergency condition
D0150	comprehensive oral evaluation - new or established patient	100%	0%	Once per 36 months
D0160	detailed and extensive oral evaluation - problem focused, by report	100%	0%	Once per 36 months
D0180	comprehensive periodontal evaluation - new or established patient	100%	0%	Once per calendar year
D0190	screening of a patient	100%	0%	Once per calendar year
D0210	intraoral - complete series	100%	0%	Once per 5 year period
D0220*, D0230*, D0240*, D0250*	intraoral/extra-oral - periapical image, occlusal image	100%	0%	Covered service
D0270, D0272, D0273, D0274, D0277	bitewing x-rays	100%	0%	Once per calendar year
D0330	panoramic image	100%	0%	Once per 5 year period
D0419	assessment of salivary flow, by measurement	100%	0%	Once per 3 year period
D0460	pulp vitality tests	100%	0%	Payable per visit not per tooth for the diagnosis of emergency conditions

<b>D1000-D1999 Preventive</b>				
D1110	prophylaxis - adult	100%	0%	Twice per calendar year
D1206, D1208	topical application of fluoride	100%	0%	Once per calendar year
<b>D2000-D2999 Restorative</b>				
D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390, D2391, D2392, D2393, D2394	amalgam and resin-based composite restoration, anterior and posterior	50%	0%	Amalgam and composite resin restorations are payable once in any two-year period, same tooth and same surface, regardless of the number or combination of restorations placed on a surface
D2410, D2420, D2430	gold foil	Optional	0%	Plan will pay only the applicable amount that it would have paid for an amalgam restoration
D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652	inlay - any material	Optional	0%	Plan will pay only the applicable amount that it would have paid for an amalgam restoration
D2542, D2543, D2544	onlay - metallic	25%	0%	Once per 5 year period
D2642, D2643, D2644, D2662, D2663, D2664	onlay - porcelain/ceramic or resin-based	25%/Optional	0%	Once per 5 year period; Optional service on molar teeth. Plan will pay only the applicable amount that it would have paid for a metallic onlay
D2710*, D2712*, D2720*, D2721*, D2722*, D2740*, D2750*, D2751*, D2752*	crown - resin-based composite or porcelain ceramic	25%/Optional	0%	Once per 5 year period; Optional service on molar teeth. Plan will pay only the applicable amount that it would have paid for a full metal crown

D2753*, D2783*				
D2780*, D2781*, D2782*	crown - 3/4 cast	25%	0%	Once per 5 year period
D2790*, D2791*, D2792*, D2794*	crown - full cast	25%	0%	Once per 5 year period
D2910*	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	50%	0%	Covered service
D2915*	re-cement or re-bond indirectly fabricated or prefabricated post and core	50%	0%	Covered service
D2920*	re-cement or re-bond crown	50%	0%	Covered service
D2921*	reattachment of tooth fragment, incisal edge or cusp	50%	0%	Covered service
D2928*, D2929*, D2930*, D2931*, D2932*, D2933*, D2934*	prefabricated crown	25%	0%	Covered service
D2940	protective restoration	50%	0%	Once per tooth per lifetime; considered to be part of the fee when done in conjunction with a definitive restoration, indirect pulp cap or endodontic treatment (including pulpotomy)
D2950*	core buildup, including any pins when required	25%	0%	Once per 5 year period
D2951*	pin retention - per tooth, in addition to restoration	50%	0%	Once per tooth per lifetime
D2952*, D2954*	post and core in addition to crown	25%	0%	Once per 5 year period
D2955*	post removal	25%	0%	Covered service
D2971*	additional procedures to construct new crown under existing partial denture framework	25%	0%	Covered service
D2980*, D2981*, D2982*	repair necessitated by restorative material failure	50%	0%	Covered service

<b>D3000-D3999 Endodontics</b>				
D3220*	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	50%	0%	Covered service
D3221*	pulpal debridement, primary or permanent teeth	50%	50%	Covered service
D3222*	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	50%	0%	Once per tooth per lifetime; additional benefit will require review
D3230*, D3240*	pulpal therapy (resorbable filling) - any tooth (excluding final restoration)	50%	0%	Covered service
D3310*, D3320*, D3330*	endodontic therapy (excluding final restoration)	50%	0%	Covered service
D3332*	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	50%	0%	Covered service
D3333*	internal root repair of perforation defects	50%	0%	Covered service
D3346*, D3347*, D3348*	retreatment of previous root canal therapy	50%	0%	Covered service
D3351*, D3352*, D3353*	apexification/recalcification (apical closure/calcific repair of perforations, root resorption, root canal, pulp space, disinfection etc.)	50%	0%	Covered service
D3410*, D3421*, D3425*, D3426*	apicoectomy	50%	0%	Covered service
D3430*	retrograde filling - per root	50%	0%	Covered service
D3450*	root amputation - per root	50%	0%	Covered service
D3471*, D3472*, D3473*	surgical repair of root resorption	50%	0%	Covered service
D3501*, D3502*, D3503*	surgical exposure of root surface without apicoectomy or repair of root resorption	50%	0%	Covered Service
D3920*	hemisection (including any root removal), not including root canal therapy	50%	0%	Covered service
<b>D4000-D4999 Periodontics</b>				
D4210*, D4211*	gingivectomy or gingivoplasty	50%	0%	Once per 36 month period

D4240*, D4241*	gingival flap procedure, including root planing	50%	0%	Once per 36 month period
D4245*	apically positioned flap	50%	0%	Covered service
D4249*	clinical crown lengthening - hard tissue	50%	0%	Once per tooth per 24 month period
D4260*, D4261*	osseous surgery (including elevation of a full thickness flap and closure)	50%	0%	Once per 36 month period
D4263*, D4264*	bone replacement graft - retained natural tooth	50%	0%	Once per 36 month period
D4265*	biologic materials to aid in soft and osseous tissue regeneration	50%	0%	Once per 36 month period
D4266*, D4267*	guided tissue regeneration	50%	0%	Once per 36 month period
D4268*	surgical revision procedure, per tooth	50%	0%	Once per 36 month period
D4270*	pedicle soft tissue graft procedure	50%	0%	Once per 36 month period
D4273*, D4283*	autogenous connective tissue graft procedure	50%	0%	Once per 36 month period
D4274*	mesial/distal wedge procedure, single tooth	50%	0%	Once per 36 month period
D4275*, D4285*	non-autogenous connection tissue graft	50%	0%	Once per 36 month period
D4276*	combined connective tissue and double pedicle graft, per tooth	50%	0%	Once per 36 month period
D4277*, D4278*	free soft tissue graft procedure	50%	0%	Once per 36 month period
D4341*, D4342*	periodontal scaling and root planing	50%	0%	No more than 2 quadrants of scaling and root planing on the same date of service
D4346*	scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	50%	0%	Included in the cleaning frequency of twice per calendar year
D4355*	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	50%	0%	Once per lifetime

D4910*	periodontal maintenance	100%	0%	Included in the cleaning frequency of twice per calendar year
<b>D5000-D5899 Prosthodontics (Removable)</b>				
D5110*, D5120*, D5130*, D5140*	complete/immediate denture	25%	0%	Once per five-year period
D5211*, D5212*, D5213*, D5214*	partial denture - resin base (including retentive/clasping materials, rests and teeth)	25%	0%	Once per five-year period
D5221*, D5222*, D5223*, D5224*	immediate partial denture - resin base (including retentive/clasping materials, rests and teeth)	25%	0%	Once per five-year period
D5225*, D5226*	partial denture - flexible base (including retentive/clasping materials, rests and teeth)	25%	0%	Once per five-year period
D5282*, D5283*, D5284*, D5286*	removable unilateral partial denture (including retentive/clasping materials, rests, and teeth)	25%	0%	Once per five-year period
D5410*, D5411*, D5421*, D5422*	adjust complete/partial denture	50%	0%	Covered service
D5511*, D5512*, D5611*, D5612*, D5621*, D5622*, D5630*	repair broken complete or partial denture	50%	0%	Covered service
D5520*	replace missing or broken teeth - complete denture (each tooth)	50%	0%	Covered service
D5640*	replace broken teeth - per tooth	50%	0%	Covered service
D5650*	add tooth to existing partial denture	50%	0%	Covered service
D5660*	add clasp to existing partial denture - per tooth	50%	0%	Covered service
D5670*, D5671*	replace all teeth and acrylic on cast metal framework	50%	0%	Covered service
D5710, D5711, D5720, D5721	rebase complete or partial denture	50%	0%	Once per 36 month period
D5730, D5731,	reline complete or partial denture	50%	0%	Once per 36 month period

D5740, D5741, D5750, D5751, D5760, D5761				
D5820, D5821	interim partial denture	25%	0%	Payable for the replacement of permanent anterior teeth during the healing period
D5850, D5851	tissue conditioning	50%	0%	Twice per 36 month period
D5863, D5864, D5865, D5866	overdenture - complete or partial	Optional	0%	Plan will pay only the applicable amount that it would have paid for a conventional full denture
<b>D6000-D6199 Implant Services</b>				
D6010*	surgical placement of implant body; endosteal implant	25%	0%	Once per 5 year period
D6013*	surgical placement of mini implant	25%	0%	Once per 5 year period
D6056*	prefabricated abutment - includes modification and placement	25%	0%	Once per 5 year period
D6057*	custom abutment - includes placement	25%	0%	Once per 5 year period
D6058*, D6059*, D6060*, D6061*, D6062*, D6063*, D6064*	abutment supported crown, any material	25%	0%	Once per 5 year period
D6065*, D6066*, D6067*, D6082*, D6083*, D6084*, D6086*, D6087*, D6088*	implant supported crown, any material	25%	0%	Once per 5 year period
D6068*, D6069*, D6070*, D6071*, D6072*, D6073*, D6074*	abutment supported retainer for fixed partial denture	25%	0%	Once per 5 year period

D6075*, D6076*, D6077*	implant supported retainer for fixed partial denture	25%	0%	Once per 5 year period
D6080*	implant maintenance procedures - when prostheses are removed and reinserted, including cleansing of prostheses and abutments	25%	0%	Once per 12 month period
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	25%	0%	Once per 24 month period
D6090*	repair implant supported prosthesis, by report	25%	0%	Covered service
D6092*, D6093*	Re-cement implant/abutment supported crown or fixed partial denture	25%	0%	Covered service
D6094*, D6097*	abutment supported crown	25%	0%	1 per 5 year period
D6095*	repair implant abutment, by report	25%	0%	Covered service
D6096*	remove broken implant retaining screw	25%	0%	1 per 5 year period
D6098*	implant supported retainer - porcelain fused to predominantly based alloys	25%	0%	1 per 5 year period
D6099*	implant supported retainer for fixed partial denture - porcelain fused to noble alloys	25%	0%	1 per 5 year period
D6100*	implant removal, by report	25%	0%	Once per tooth per lifetime
D6101*	debridement of a peri-implant defect and surface cleaning of exposed implant surfaces, including flap entry and closure	25%	0%	Covered service
D6102*	debridement and osseous contouring of a peri-implant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure	25%	0%	Covered service
D6110*, D6111*, D6112*, D6113*, D6114*, D6115*,	implant/abutment supported removable or fixed denture	Optional	0%	Plan will pay only the applicable amount that it would have paid for a conventional full denture

D6116*, D6117*				
D6120*	implant supported retainer - porcelain fused to titanium and titanium alloys	25%/Optional	0%	1 per 5 year period; Optional service on molar teeth. Plan will pay only the applicable amount that it would have paid for a full metal implant supported retainer
D6121*, D6122*, D6123*	implant supported retainer for metal fixed partial denture	25%	0%	Once per 5 year period
D6194*	abutment supported retainer crown for fixed partial denture - titanium and titanium alloys	25%	0%	Once per 5 year period
D6195*	abutment supported retainer - porcelain fused to titanium and titanium alloys	25%/Optional	0%	Once per 5 year period; Optional service on posterior teeth. Plan will pay only the applicable amount that it would have paid for an abutment supported retainer crown for fixed partial denture
<b>D6200-D6999 Prosthodontics (Fixed)</b>				
D6205*, D6245*	pontic - indirect resin based composite or porcelain/ceramic	Optional	0%	Benefits may be considered for a conventional fixed prosthesis
D6210*, D6211*, D6212*, D6214*	pontic	25%	0%	1 per 5 year period
D6240*, D6241*, D6242*, D6243*	pontic - porcelain fused	25%/Optional	0%	Once per 5 year period; Optional service on molar teeth. Plan will pay only the applicable amount that it would have paid for a full metal pontic
D6250*, D6251*, D6252*	pontic - resin	25%/Optional	0%	Once per 5 year period; Optional service on posterior teeth. Plan will pay only the applicable amount that it would have paid for a full metal pontic

D6545*	retainer - cast metal for resin bonded fixed prosthesis	25%	0%	Once per 5 year period per consultant review
D6548*	retainer - porcelain/ceramic for resin bonded fixed prosthesis	Optional	0%	Benefits may be considered for a conventional fixed prosthesis
D6549*	resin retainer - for resin bonded fixed prosthesis	Optional	0%	Benefits may be considered for a conventional fixed prosthesis
D6600*, D6601*	retainer inlay - porcelain/ceramic	Optional	0%	Plan will pay only the applicable amount that it would have paid for a full metal inlay
D6602*, D6603*	retainer inlay - cast high noble metal	25%	0%	Once per 5 year period per consultant review
D6604*, D6605*	retainer inlay - cast predominantly base metal	25%	0%	Once per 5 year period per consultant review
D6606*, D6607*	retainer inlay - cast noble metal	25%	0%	Once per 5 year period per consultant review
D6608*, D6609*	retainer onlay - porcelain/ceramic	Optional	0%	Plan will pay only the applicable amount that it would have paid for a full metal onlay
D6610*, D6611*	retainer onlay - cast high noble metal	25%	0%	Once per 5 year period per consultant review
D6612*, D6613*	retainer onlay - cast predominantly base metal	25%	0%	Once per 5 year period per consultant review
D6614*, D6615*	retainer onlay - cast noble metal	25%	0%	Once per 5 year period per consultant review
D6624*	retainer inlay - titanium	25%	0%	Once per 5 year period per consultant review
D6634*	retainer onlay - titanium	25%	0%	Once per 5 year period per consultant review
D6710*	retainer crown - indirect resin based composite	Optional	0%	Benefits may be considered for a conventional fixed prosthesis
D6720*, D6721*, D6722*	retainer crown - resin with high noble metal	25%/Optional	0%	Once per 5 year period; Optional service on molar teeth. Plan will pay only the applicable amount that it would

				have paid for a full metal retainer crown
D6740*	retainer crown - porcelain/ceramic	Optional	0%	Benefits may be considered for a conventional fixed prosthesis
D6750*, D6751*, D6752*, D6753*	retainer crown - porcelain fused to high noble metal	25%/Optional	0%	Once per 5 year period; Optional service on posterior teeth. Plan will pay only the applicable amount that it would have paid for a full metal retainer crown
D6780*, D6781*, D6782*, D6784*	retainer crown - 3/4 cast	25%	0%	Once per 5 year period per consultant review
D6783*	retainer crown - 3/4 porcelain/ceramic	Optional	0%	Plan will pay only the applicable amount that it would have paid for a full metal retainer crown
D6790*, D6791*, D6792*, D6794*	retainer crown - full cast	25%	0%	Once per 5 year period per consultant review
D6930*	re-cement or re-bond fixed partial denture	50%	0%	Covered service
D6980*	fixed partial denture repair, necessitated by restorative material failure	50%	0%	Covered service
<b>D7000-D7999 Oral and Maxillofacial Surgery</b>				
D7111*	extraction, coronal remnants - primary tooth	50%	0%	Once per tooth per lifetime
D7140*	extraction, erupted tooth or exposed root (elevation and or forceps removal)	50%	0%	Once per tooth per lifetime
D7210*	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap, if indicated	50%	0%	Once per tooth per lifetime
D7220*, D7230*, D7240*	removal of impacted tooth	50%	0%	Once per tooth per lifetime
D7241*	removal of impacted tooth - completely bony, with unusual surgical complications	50%	0%	Once per tooth per lifetime
D7250*	removal of residual tooth roots (cutting procedure)	50%	0%	Once per tooth per lifetime

D7251*	coronectomy - intentional partial tooth removal	50%	0%	Once per tooth per lifetime
D7270*	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	50%	0%	Covered service
D7280*	exposure of an unerupted tooth	50%	0%	Once per tooth per lifetime
D7282*	mobilization of erupted or malpositioned tooth to aid eruption	50%	0%	Once per tooth per lifetime
D7283*	placement of device to facilitate eruption of impacted tooth	50%	0%	Covered service
D7286*	biopsy of oral tissue - soft	50%	0%	Subject to services it is performed in conjunction with. Predetermination is strongly recommended.
D7288*	brush biopsy – transepithelial sample collection	100%	0%	Covered service
D7290*	surgical repositioning of teeth	50%	0%	Covered service
D7291*	transseptal fiberotomy/supra crestal fiberotomy, by report	50%	0%	Covered service
D7310*, D7311*	alveoloplasty in conjunction with extractions - per quadrant	50%	0%	Covered service
D7320*, D7321*	alveoloplasty not in conjunction with extractions - per quadrant	50%	0%	Covered service
D7510*	incision and drainage of abscess - intraoral soft tissue	50%	0%	Covered service
D7511*	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	50%	0%	Covered service
D7910*	suture of recent small wounds up to 5 cm	50%	0%	Covered service
D7970*	excision of hyperplastic tissue - per arch	50%	0%	Covered service
D7971*	excision of pericoronal gingiva	50%	0%	Covered service
<b>D9000-D9999 Adjunctive General Services</b>				
D9110	palliative (emergency) treatment of dental pain - minor procedure	100%	100%	As needed for diagnosis of emergency condition
D9120*	fixed partial denture sectioning	50%	0%	Covered service

D9222, D9223	deep sedation/general anesthesia	50%	0%	Paid in conjunction with qualifying services
D9239, D9243	intravenous moderate (conscious) sedation/analgesia	50%	0%	Paid in conjunction with qualifying services
D9310*	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	50%	0%	Covered service
D9410*	house/extended care facility call	50%	0%	Requires consultant review
D9420*	hospital or ambulatory surgical center call	50%	0%	Requires consultant review
D9440	office visit - after regularly scheduled hours	50%	0%	As needed for diagnosis of emergency condition
D9930*	treatment of complications (post-surgical) - unusual circumstances, by report	50%	0%	Covered service
D9944, D9946	occlusal guard - hard appliance	50%	0%	Once per lifetime
D9951	occlusal adjustment - limited	50%	0%	Payable three times in a five-year period
D9952	occlusal adjustment - complete	50%	0%	Payable once in a five-year period