

ALPHA DENTAL PROGRAMS, INC.
1701 Shoal Creek, Suite 240
Highland Village, TX 75077
(800) 422-4234

APPLICATION FOR GROUP DENTAL SERVICE CONTRACT

The undersigned client ("Applicant") applies for a GROUP DENTAL SERVICE CONTRACT with ALPHA DENTAL PROGRAMS, INC. ("ALPHA"), on the following terms:

- I. Applicant hereby authorizes ALPHA to furnish the dental Benefits described in the attached Contract, subject to all of the terms and conditions of said Contract.
- II. Applicant agrees to pay to ALPHA, in advance, the Premium specified in *Schedule F* to the Contract.
- III. Upon acceptance of this Application by ALPHA, and payment of the initial Premium, the Contract shall be effective at 12:01 a.m. on the Effective Date shown on *Schedule F* and the Contract shall continue until terminated as provided. Payment of Premiums constitutes acceptance of the terms and conditions of this Contract.
- IV. Applicant agrees to receive, on behalf of Enrollees, all applicable notices concerning Benefits under this Contract.
- V. Unless such task has been delegated to ALPHA, or to a third party, Applicant agrees to make available to Eligible Employees or Enrollees any disclosure statement, or other notice concerning Benefits required to be furnished by ALPHA.

(Date)

79484

(Group Number)

Tarrant County

(Applicant)

P.O Box 5888, Arlington, TX 76006

(Applicant Address)

By: _____
(Authorized Signature)

(Licensed Registered Agent)

ALPHA DENTAL PROGRAMS, INC.
1701 Shoal Creek, Suite 240
Highland Village, TX 75077
800-422-4234

DELTACARE® USA GROUP DENTAL SERVICE CONTRACT

NOTICE: THE PREMIUMS PAYABLE UNDER THIS CONTRACT ARE SUBJECT TO INCREASE UPON RENEWAL AFTER THE END OF THE INITIAL CONTRACT TERM OR ANY SUBSEQUENT CONTRACT TERM.

INTRODUCTION:

Contractholder has applied for a group dental service contract with Alpha Dental Programs, Inc., ("Company"), on behalf of itself, and its affiliated companies, on the following terms:

- Contractholder will pay Us or Our Third Party Administrator ("Administrator") the Premiums as shown on the *Group Information* attachment.
- In consideration of payment of the first month's Premium, the term of this Contract will begin at 12:01 a.m. Standard Time on the Effective Date shown on the *Group Information* attachment and end on the Contract Term date at 12:00 a.m. Standard Time.
- Contractholder will provide Enrollees electronic access to an Evidence of Coverage ("EOC") provided by Us and a hard copy upon request. Contractholder will distribute Enrollee notices which may affect their rights under this Contract.

In consideration of payment of all Premiums as shown in the *Group Information* attachment, We agree to provide the Benefits described in the schedules and any riders/amendments attached to the EOC subject to the Contract terms. The EOC, schedules and any riders/amendments are attached and incorporated by reference. The parties will fulfill the obligations stated herein.

Terms such as "We," "Us" and "Our" refers to the Company or Our Administrator. Additional terms have specific meanings and are described in the *Definitions* sections of this Contract and the EOC.

This Contract is issued and delivered in Texas and is governed by its laws.

Alpha Dental Programs, Inc.

A handwritten signature in black ink, appearing to read "Michael G. Hankinson", with a stylized flourish at the end.

Michael G. Hankinson, Esq., President

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ARTICLE 1. DEFINITIONS

Terms with capital letters appearing in this Contract will have the meaning given to them in the attached EOC and any attachments. The following terms will have these meanings:

Contract: The agreement between Us and the Contractholder including the Application, EOC, schedules, and any attachments. This Contract constitutes the entire agreement between the parties.

Contract Term: The period during which this Contract is in effect, as shown in the *Group Information* attachment and each yearly period thereafter during which this Contract remains in effect.

Contractholder: The group that enters into and executes this Contract to obtain dental benefits.

Effective Date: The date this Contract becomes effective as shown in the *Group Information* attachment.

Premium: The amount the Contractholder or the Enrollee must pay for coverage as provided in *Article 3* and stated in the *Group Information* attachment.

ARTICLE 2. DUTIES OF THE COMPANY

2.01 In consideration of payment of all Premiums as shown in the *Group Information* attachment, We agree to provide the Benefits described in the schedules and any riders/amendments attached to the EOC subject to the Contract terms.

2.02 We will perform administrative functions necessary to ensure the provision of Benefits for the Contractholder and its Enrollees. Such functions may include, but are not limited to, enrollment, Premium billing and collection, processing of claims, providing a dental network, responding to inquiries and complaints that may arrive under this Contract and maintaining records.

ARTICLE 3. DUTIES OF THE CONTRACTHOLDER

3.01 Reporting Enrollment

We will process enrollment as reported to Us by the Contractholder. On or before the Effective Date, the Contractholder will furnish Us, in an agreed to format either in writing or electronically, a listing of Enrollees and Dependent Enrollees. Electronic format may be made by file transmissions, Our web tool or a combination of the two.

Thereafter, Contractholder is responsible for furnishing Us, in an agreed to format, a listing of additions, changes or terminations made during the prior month. Otherwise, an Enrollee remains enrolled until the Contractholder notifies Us of their termination. If the Enrollee loses coverage or makes any change that affects eligibility, the Contractholder must promptly notify Us of such change.

We will not be responsible or liable for any incorrect, incomplete, obsolete or unreadable data or information supplied to Us including, but not limited to, eligibility and enrollment information.

We will not make any payment for services provided to an Enrollee who is not reported to Us when the service is provided. We may not pay Benefits for an Enrollee if Premiums are not paid for the month in which dental services are rendered except as stated in *Article [3]*. We will not be obligated to recover claims paid to a Dentist as a result of retroactive eligibility adjustments. The Contractholder agrees to reimburse Us for any erroneous claim payments made as a result of incorrect eligibility reporting by the Contractholder.

Contractholder will notify Us, in writing or electronically, any requests for Premium adjustments for Enrollees who should have been terminated in the event We were not previously notified of the termination(s). Retroactivity will be adjusted up to the immediately preceding three (3) months plus the current billing month.

3.02 **Audit**

Upon reasonable written notice, Contractholder will permit Us to audit Contractholder's records to confirm compliance with *Article 3* and the attached EOC.

3.03 **Premiums**

This Contract will not be in effect until receipt of the first month's Premiums. Subsequent Premiums must be paid by the first day of each month or as indicated in the *Group Information* attachment.

Contractholder will remit to Us the Premium in the amount and manner shown on the *Group Information* attachment.

For enrollment additions, Contractholder will remit a full month's Premium for Enrollees whose coverage is effective on the first through the 15th calendar day of a month. Premiums are not due to Us for Enrollees who are enrolled on the 16th through the last day of any month.

For enrollment terminations, Contractholder will remit a full month's Premium for Enrollees whose coverage is terminated on the 16th through the last calendar day of a respective month. We will not collect a Premium for Enrollees whose enrollment is terminated on the first through the 15th day of any month.

Contractholder is liable for an Enrollee's Premiums from the time the Enrollee is no longer eligible until the end of the month in which the Contractholder notifies Us of the Enrollee's ineligibility, and the Enrollee remains covered until the end of the month.

Retroactive Premium adjustments are limited to the immediately preceding three (3) months plus the current billing month.

3.04 **Contract Changes**

We may change the monthly Premium whenever this Contract is amended as stated in *Article 3* upon 60 days' written notice, or whenever the Contractholder requests a change in Benefits or eligibility. No change in Benefits or Premium will become effective during a Contract Term unless the parties agree in writing, except as provided in *Article 3* below or for a state and/or federal mandated change.

3.05 **Tax, assessment or fee**

If during the Contract Term any new or increased tax, assessment, or fee is imposed on the amounts payable to, or by, Us under this Contract or any immediately preceding Contract between the parties, the Premium amount stated on the *Group Information* attachment will be increased by the amount of any such new or increased tax, assessment, or fee by 60 days written notice to Contractholder, and this Contract will thereby be modified on the date set forth in the notice. We will give the Contractholder 60 days written notice of any Premium rate increase and the effective date of such increase.

If this Contract is terminated before the end of a Contract Term, Contractholder will pay additional charges in accordance with *Article 4*.

3.06 **Grace Period**

For each Premium after the first, a grace period of 60 days from the due date will be allowed for the payment of the Premium. This Contract will continue in force during this period. If the Premium remains unpaid at the end of the grace period, this Contract may be terminated by Us in accordance with the notice requirements under *Article 4*. Any payment received after 90 days of the due date is subject to interest charges at an annualized rate equal to one percentage point above the then current three (3) month U.S. Treasury Bill rate, which interest will commence accruing as of the first day following the end of the 60 day grace period.

ARTICLE 4. **RENEWAL AND TERMINATION**

4.01 **Renewal**

The initial term of this Contract is for the period set forth on the *Group Information* attachment, and will renew thereafter on terms indicated in the renewal information provided to the Contractholder as long as We make this plan available at renewal.

4.02 Either party may elect not to renew this Contract provided proper notice is given in accordance with the terms of the Contract.

We will provide 180 days' advance written renewal notice prior to the end of the initial or any subsequent Contract Term indicating if Premiums and/or coverage will remain the same or change. In the absence of notice from the Contractholder of its intention not to renew, receipt of the renewal Premium will constitute acceptance of the renewal. If the Contractholder fails to provide written notification to Us of non-renewal by the date indicated in the renewal letter and/or does not pay the Premiums indicated in the renewal notice with the new Contract Term, We will terminate this Contract according to its terms.

4.03 **This Contract may be terminated only for the following causes:**

- By either party at expiration of a Contract Term upon 60 days' written notice.
- By Us:
 - 1) Upon 31 days' written notice if Contractholder fails to pay Premiums, in the amount and manner required by *Article 3*.
 - 2) Upon 30 days written notice, in the event the minimum enrollment of 5 Enrollees is not maintained or a reduction of 30% or more in the number of Enrollees over 6 consecutive months occurs.
Upon 30 days' written notice, in the event the minimum enrollment of 2 or 75% of Eligible Employees is not maintained or a reduction of 30% or more in the number of Enrollees over 6 consecutive months occurs
 - 3) Upon 15 days' written notice when there is fraud or misrepresentation by the Contractholder.

4.04 We may also refuse, cancel or not renew an Enrollee's enrollment under this Contract if the Enrollee knowingly commits or permits another person to commit fraud or deception in obtaining coverage or the Enrollee no longer resides, lives or works in Our Service Area. However, coverage for a child who is subject to a medical or dental support order cannot be cancelled solely because the child does not reside, live or work in Our Service Area.

4.05 In the event of termination by Us for nonpayment of Premium, all coverage will terminate and We will be released from all further obligations under this Contract, effective on the last day of the month in which written notice of termination is given.

4.06 We will not be obligated to provide coverage to any Enrollee except for completion of dental treatment commenced when this Contract was in effect.

4.07 Reinstatement

If any Premium is not paid in full by the date payment is due, a later acceptance of Premium in full by Us or by any agent duly authorized by Us to accept such Premium, without requiring a reinstatement application in connection with the acceptance of the Premium in full, will reinstate this Contract. However, if We or such agent requires an application for reinstatement and issues a conditional receipt for the Premium tendered, this Contract will be reinstated upon Our approval of the application or, lacking such approval, upon the 45th day following the date of conditional receipt unless We have previously provided written notice of Our disapproval of the application.

The parties have the same rights under this Contract as were in place immediately before the due date of the defaulted Premium, subject to any attachments or other provisions in connection with the reinstatement. Any Premium accepted in connection with a reinstatement will be applied to a period for which Premium has not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.

ARTICLE 5. GENERAL PROVISIONS

5.01 Independent Contractor

We are an independent contractor of the Contractholder.

5.02 Entire Contract; Changes

This Contract, including the EOC, schedules and any attachments, represents the entire agreement between the parties. No agent has authority to change or waive any of its provisions. Changes are not valid unless approved by one of Our executive officers.

5.03 Severability

If any part of this Contract, the EOC, schedules, attachments or an amendment are found to be illegal, void or not enforceable, all other portions of this Contract will remain in full force and effect.

5.04 Impossibility of Performance

Neither party will be liable to the other or be deemed to be in breach of this Contract for any failure or delay in performance arising out of causes beyond its reasonable control. Such causes are strictly limited to and include acts of God or of a public enemy, explosion, fire or unusually severe weather. Dates and times of performance will be extended to the extent of the delays excused by this paragraph, provided that the party whose performance is affected notifies the other promptly of the existence and nature of the delay.

5.05 Indemnification

Contractholder agrees to indemnify, defend and hold harmless the Company, its directors, officers, employees, agents and affiliated companies against any and all claims, demands, liabilities, costs, damages and causes of action or administrative proceedings whatsoever, including reasonable attorney's fees, arising from Contractholder's negligent performance or non-performance of its obligations under this Contract.

We agree to indemnify, defend and hold harmless the Contractholder, its directors, officers, employees, agents and affiliated companies against any and all claims, demands, liabilities, costs, damages and causes of action or administrative proceedings whatsoever, including reasonable attorney's fees, arising from Our negligent performance or non-performance of Our obligations under this Contract.

5.06 Conformity with Prevailing Laws

All legal questions about this Contract will be governed by laws of the state where this Contract was entered into and is to be performed. If any provision conflicts with state or federal law, it is hereby amended to conform to the requirements of such laws.

5.07 Misstatements on Application; Effect

In the absence of fraud or intentional misrepresentation of material fact in applying for or procuring coverage under the terms of this Contract, all statements will be deemed representations and not warranties. No such statement may be used as a defense to a claim under this Contract, unless it is contained in a written instrument signed by the Contractholder, a copy of which has been furnished to the Contractholder. A copy of the application will be provided to the Contractholder.

5.08 Not in Lieu of Workers' Compensation

This Contract is not in lieu of and does not affect any requirements for coverage by workers' compensation insurance.

5.09 Publications about Program

The parties agree to consult as is reasonably practical on all material published or distributed about this Contract. No material will be published or distributed which conflicts with the terms of this Contract.

5.10 Notice; Where Directed

All formal notices under this Contract must be in writing and sent by email, facsimile (fax), first-class United States mail, overnight delivery service or personal delivery. Notice by United States mail will be effective 48 hours after mailing with fully pre-paid postage.

Contractholder will designate in writing a representative for purposes of receiving notices from Us under this Contract. Contractholder may change its representative at any time with 30 days' written notice to Us. The Contractholder's or their representative will disseminate notices to the Enrollees within 30 days of receipt.

5.11 Incontestability

After this Contract has been in force for two (2) years from the Effective Date, no statement made by the Contractholder will be used to void this Contract. No statement by an employee or Enrollee with respect to the Enrollee's insurability will be used to reduce or deny a claim or contest the validity of insurance for such Enrollee after that person's coverage has been in effect two (2) years or more during the Enrollee's lifetime.

No claims for loss incurred or disability commencing after two (2) years from the date of issue of the Contract will be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss existed prior to the Effective Date of this Contract.

5.12 Compliance with Administrative Simplification, Security and Privacy Regulations

The parties will comply in all respects with applicable federal, state and local laws and regulations relating to administrative simplification, security and privacy of individually identifiable Enrollee information including executing any agreements as required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). The parties agree that this Contract will incorporate terms as necessary and as applicable to execute the required agreements (i.e., organized healthcare agreement) to comply with federal regulations issued under the HIPAA and HITECH Act or to comply with any other enacted administrative simplifications, security or privacy laws or regulations.

5.13 Third Party Administrator ("Administrator")

We may use the services of an Administrator, duly registered under applicable state law, to provide services under this Contract. Any Administrator providing such services or receiving such information must enter into a separate Business Associate Agreement with Us, providing that the Administrator must meet HIPAA and HITECH requirements for the preservation of protected health information of Enrollees.

5.14 **Mutual Confidentiality**

The parties agree to maintain confidential information using the same degree of care (which will be no less than reasonable care) as each uses to protect its own confidential information of a similar nature and to use confidential information only for specified purposes. Confidential information includes any information which the owner deems confidential, whether marked as confidential or otherwise clearly identifiable as confidential and includes information not generally known by the public or by parties which are competitive with or otherwise in an industry, trade or business similar to the owner of the confidential information. The recipient of confidential information will notify the owner of any unauthorized disclosure or breach of confidentiality as soon as possible after discovery and without unreasonable delay.

5.15 **Trademarks; Service Marks**

Unless specifically allowed in this Contract, neither party will use the name, trademarks, service marks or other proprietary branding of the other party without the advance written approval of the other party.

ARTICLE 6. ATTACHMENTS

These documents are attached to this Contract and made a part of it:

Group Information

Evidence of Coverage

Complaint and Appeal Procedure

Texas Service Area

Schedule A - Description of Benefits and Copayments

Schedule B - Limitations and Exclusions of Benefits

Texas Important Notices

OHCA Contract Notice for Fully Insured Groups

Appendix A

GROUP INFORMATION

- A. Client Name: Tarrant County
- B. Group Number: 79484
- C. Effective Date: January 1, 2022
- D. Contract Term: 60 Months
- E. Eligible Present Employees: As defined by the Applicant.
Eligible New Employees: As defined by the Applicant.
- F. Premium payable: Monthly
- Plan Type: TX14I
- 1/1/2022 thru 12/31/2024
- | | |
|--|---------|
| Texas Primary Enrollee: | \$11.94 |
| Texas Primary Enrollee Plus Spouse: | \$20.34 |
| Texas Primary Enrollee Plus Child(ren): | \$26.84 |
| Texas Primary Enrollee Plus Spouse
Plus Child(ren): | \$34.30 |

*Not to Exceed Rates

1/1/2025 thru 12/31/2025

*Texas Primary Enrollee:	\$12.60
*Texas Primary Enrollee Plus Spouse:	\$21.46
*Texas Primary Enrollee Plus Child(ren):	\$28.32
*Texas Primary Enrollee Plus Spouse Plus Child(ren):	\$36.19

1/1/2026 thru 12/31/2026

*Texas Primary Enrollee:	\$13.29
*Texas Primary Enrollee Plus Spouse:	\$22.64
*Texas Primary Enrollee Plus Child(ren):	\$29.88
*Texas Primary Enrollee Plus Spouse Plus Child(ren):	\$38.18

- G. Remit Premium Payment to: Attn: Accounts Receivable
Delta Dental Insurance Company
P.O. Box 647006
Dallas, TX 75264-7006

Appendix A

<u>Division #</u>	<u>Division Name</u>
01001	Tarrant County
08001	Tarrant County
08002	Tarrant County
09001	Tarrant County

APPROVED AS TO FORM:

CERTIFICATION OF
AVAILABLE FUNDS: \$ _____

Criminal District Attorney's Office*

Tarrant County Auditor

*By law, the Criminal District Attorney's Office may only approve contracts for its clients. We reviewed this document as to form from our client's legal perspective. Other parties may not rely on this approval. Instead those parties should seek contract review from independent counsel.

Definitions

Adverse Determination: A determination that services provided or proposed are not medically necessary or appropriate or are Experimental or Investigational.

Appeal of Adverse Determination or Appeal: Is the formal process by which You, Your Representative or Your provider may request reconsideration of an Adverse Determination.

Complaint: An oral or written expression of dissatisfaction or disagreement with any aspect of Our organization's operations. It does not include:

- An Appeal;
- An oral or written expression of dissatisfaction or disagreement with an Adverse Determination from You or Your provider; or
- A misunderstanding or misinformation that is resolved promptly by supplying the appropriate information or by clearing up the misunderstanding to Your satisfaction.

Complainant: You, Your designated representative, physician, or provider.

Emergency Dental Services: Procedures provided in a Dentist's facility, emergency dental clinic or other comparable facility to evaluate and stabilize dental conditions of a recent onset and severity accomplished by excessive bleeding, severe pain or acute infection that would lead a prudent layperson possessing an average knowledge of dentistry to believe that immediate care is needed.

You: Includes You and Your Dependents.

You may call Customer Service at 800-422-4234, or write to:

Quality Management Department
P.O. Box 1860
Alpharetta, GA 30023

Complaint Information

Written Complaints must include: 1) Name of the patient; 2) Name, address, telephone number and Enrollee ID number; and 3) Dentist's name and facility location.

Within five (5) business days of receipt, Your Complaint will be acknowledged along with a description of our procedures and resolution time frames. If You filed an oral Complaint, You will be provided a one page Complaint form to complete and return.

If the Complaint involves Emergency Dental Services, the Complaint will be resolved as soon as practical, but no later than one (1) business day after receipt of the Complaint. Non-Emergency Dental Complaints will be resolved no later than 30 calendar days after receipt.

A written resolution letter will include:

- An explanation of the resolution including the clinical reason and/or contractual reasons for the resolution;
- The specialization of any Dentist or other provider consulted; and
- A complete description of the Appeal process, including deadlines for the final decision.

Complaint Appeal

If Your Complaint is not resolved to Your satisfaction, You or Your designated representative or Your provider may Appeal the decision. Within five (5) business days of receipt of Your Appeal request, You will receive acknowledgement of the date of receipt and Your right to:

- Appear in person before a panel at the site You receive services or at an agreed upon location; or
- Submit a written Appeal to the Complaint Appeal panel.

If the Enrollee is a minor or disabled, You or Your designated representative is entitled to:

- Appear in person before the panel;
- Present alternative expert testimony; or
- Request the presence of and question those responsible for the disputed resolution.

No later than five (5) business days before the scheduled meeting of the panel, unless You agree otherwise, You will be provided with:

- Any documentation to be presented to the panel;
- The specialization of providers consulted during the investigation of the Appeal; and
- The name and affiliation of Our representatives on the panel.

Upon Your request, instead of the Complaint Appeal panel, Your Appeal will be reviewed by a provider who has not previously reviewed the case, and who is of the same or similar specialty as ordinarily manages the procedure or treatment under Appeal. You or Your designated representative may be interviewed by this provider who will render a decision on the Appeal. Initial notice of decision of the Appeal may be delivered orally followed by written notice within three (3) days.

Written notice of the decision will be provided no later than the 30th calendar day after receipt.

Emergency Dental Services will be concluded no later than one (1) business day after receipt or earlier in accordance with the dental immediacy of the case and will include:

- A statement of the specific dental determination, clinical basis and any contractual criteria used to reach the decision; and
- The toll-free telephone number and address of the Texas Department of Insurance.

Adverse Determination Information

A written notice of an Adverse Determination will be provided to You, Your designated representative and the provider who rendered the service. The notice will include:

- The principal reasons and clinical basis for the Adverse Determination;
- A description of the source of the screening criteria utilized as guidelines in making the determination;
- The professional specialty of the Dentist that made the Adverse Determination;
- A description of the Appeal procedure including Your right to Appeal to an Adverse Determination to an Independent Review Organization ("IRO");
- The procedures for obtaining a review and a copy of the independent review request form, which is also available at www.tdi.texas.gov/forms; and
- For enrollees with life-threatening conditions, the right to an immediate review by an IRO.

If Your Appeal involves a life threatening condition, You are entitled to an immediate review by an IRO and are not required to comply with procedures for obtaining an internal review by Us.

Adverse Determination Appeal

You, Your designated representative or the provider of record may request an Appeal of an Adverse Decision within 90-180 days of receipt of Your Adverse Determination either orally or in writing.

Written Appeals must include: 1) Name of the patient; 2) Name, address, telephone number and ID number of the Enrollee; and 3) Dentist's name and facility location.

Within 5 business days after receipt of Your Appeal, You will be sent a letter acknowledging the date of receipt, and a description of Our procedures. If You filed an oral Appeal, You will be provided a one page Appeal form to complete and return.

Appeals concerning Emergency Dental Services will be resolved within one business day after receipt. Non-Emergency Dental Appeals will be resolved within 30 calendar days after receipt. A written notice will be provided to You of the resolution and include:

- A statement of the specific clinical and/or contractual reasons for the resolution;
- The specialty of the Dentist or other provider consulted; and
- A description of Our Appeal procedures, including how to file an independent review, along with a copy of the independent review request form. The form is also available at www.tdi.texas.gov/forms.

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

Independent Review

If You are not satisfied with the Appeal resolution, or if the Appeal relates to emergency care denials, denials of care for life-threatening conditions, or denials of continued stays for hospitalization, You have the right to file for review by an IRO. You, Your designated representative, or Your provider may request an independent review by submitting a *REQUEST FOR A REVIEW BY AN IRO* form to the Administrator. Upon receipt You will be provided notice to the appropriate agency within one (1) working day. Within three (3) working days, the IRO will be provided copies of all relevant documents. We will comply with the IROs determination relating to medical necessity or appropriateness, or the experimental or investigational nature, of the health care items and services requested by You.

Texas Department of Insurance: You may file a Complaint with the Texas Department of Insurance ("TDI") at [P.O. Box 149091, Austin, Texas 78714-9091]. The Department's toll-free telephone number is [800-252-3439]. The TDI will investigate within 60 days of receipt of Your Complaint and all information necessary to determine compliance. The TDI may extend the time necessary to complete an investigation if additional information is needed or an on-site review is necessary or other circumstances exist beyond their control.

Retaliatory Action Prohibited: We will not engage in any retaliatory action against the Contractholder, You, or Your Provider for filing a Complaint or appealing a decision.

<p style="text-align: center;">Have a complaint or need help?</p> <p>If you have a problem with a claim or your premium, call your insurance company or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help.</p> <p>Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.</p> <p>Alpha Dental Programs To get information or file a complaint with your insurance company or HMO:</p> <p>Call: Quality Management 1-800-422-4234 Toll Free: 1-800-422-4234 Online: deltadentalins.com Mail: P.O. Box 1803 Alpharetta, GA 30023</p> <p>The Texas Department of Insurance</p> <p>To get help with an insurance question or file a complaint with the state:</p> <p>Call with a question: 1-800-252-3439 File a complaint: www.tdi.texas.gov Email: ConsumerProtection@tdi.texas.gov Mail: MC 111-1A, P.O. Box 149091 Austin, TX 78714-9091</p>	<p style="text-align: center;">¿Tiene una queja o necesita ayuda?</p> <p>Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros o HMO. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.</p> <p>Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros o HMO. Si no lo hace, podría perder su derecho para apelar.</p> <p>Alpha Dental Programs Para obtener información o para presentar una queja ante su compañía de seguros o HMO:</p> <p>Llame a: Quality Management 1-800-422-4234 Teléfono gratuito: 1-800-422-4234 En línea: deltadentalins.com Dirección postal: P.O. Box 1803 Alpharetta, GA 30023</p> <p>El Departamento de Seguros de Texas</p> <p>Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:</p> <p>Llame con sus preguntas al: 1-800-252-3439 Presente una queja en: www.tdi.texas.gov Correo electrónico: ConsumerProtection@tdi.texas.gov Dirección postal: MC 111-1 A, P.O. Box 149091 Austin, TX 78714-9091</p>
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HMO Notice of Rights

- A health maintenance organization (HMO) plan provides no benefits for services You receive from Out-of-Network Dentists, with specific exceptions as described in the Contract and this notice.
- You have the right to an adequate network of in-network Dentists (also known as *network Dentists*).
- If You believe that Our network is inadequate, You may file a complaint with the Texas Department of Insurance at:
www.tdi.texas.gov/consumer/complfrm.html.
- If We approve a referral for Out-of-Network services because no in-network Dentist is available, or if You have received Out-of-Network Emergency Dental Services, We must, in most cases, resolve the Out-of-Network Dentist's bill so that You only have to pay any applicable in-network Copayment, Coinsurance, and Deductible amounts.
- You may obtain a current directory of in-network Dentists by visiting Our website at deltadentalins.com or calling Our Customer Service department at [855-585-6565] for assistance in finding available in-network Dentists. If You relied on materially inaccurate directory information, You may be entitled to have a claim by an Out-of-Network Dentist paid as if it were from a network Dentist, if You present a copy of the inaccurate directory information to Us, dated not more than 30 days before You received the service.

TEXAS SERVICE AREA

The following is a county listing of the approved Service Area for Alpha Dental Programs, Inc. and a map of the Service Area.

Anderson	Coke	Garza	Karnes	Montague	Starr
Andrews	Coleman	Gillespie	Kaufman	Montgomery	Stephens
Angelina	Collin	Glasscock	Kendall	Moore	Sterling
Aransas	Colorado	Goliad	Kenedy	Morris	Stonewall
Archer	Comal	Gonzales	Kent	Nacogdoches	Sutton
Armstrong	Comanche	Gray	Kerr	Navarro	Swisher
Atascosa	Concho	Grayson	Kimble	Newton	Tarrant
Austin	Cooke	Gregg	King	Nolan	Taylor
Bailey	Coryell	Grimes	Kinney	Nueces	Terry
Bandera	Cottle	Guadalupe	Kleberg	Oldham	Throckmorton
Bastrop	Crane	Hale	Knox	Orange	Titus
Baylor	Crockett	Hamilton	La Salle	Palo Pinto	Tom Green
Bee	Crosby	Hardeman	Lamar	Panola	Travis
Bell	Dallas	Hardin	Lamb	Parker	Trinity
Bexar	Dawson	Harris	Lampasas	Parmer	Tyler
Blanco	DeWitt	Harrison	Lavaca	Pecos	Upshur
Borden	Deaf Smith	Hartley	Lee	Polk	Upton
Bosque	Delta	Haskell	Leon	Potter	Uvalde
Bowie	Denton	Hays	Liberty	Presidio	Van Zandt
Brazoria	Dickens	Henderson	Limestone	Rains	Victoria
Brazos	Dimmit	Hidalgo	Live Oak	Randall	Walker
Brewster	Donley	Hill	Lubbock	Reagan	Waller
Briscoe	Duval	Hockley	Llano	Real	Ward
Brooks	Eastland	Hood	Loving	Red River	Washington
Brown	Ector	Hopkins	Lynn	Refugio	Webb
Burleson	El Paso	Houston	Madison	Robertson	Wharton
Burnet	Ellis	Howard	Marion	Rockwall	Wichita
Caldwell	Erath	Hudspeth	Martin	Runnels	Wilbarger
Calhoun	Falls	Hunt	Mason	Rusk	Willacy
Callahan	Fannin	Hutchinson	Matagorda	San Augustine	Williamson
Cameron	Fayette	Irion	Maverick	San Jacinto	Wilson
Camp	Fisher	Jack	McCulloch	San Patricio	Winkler
Carson	Floyd	Jackson	McLennan	San Saba	Wise
Cass	Foard	Jasper	McMullen	Sabine	Wood
Castro	Fort Bend	Jeff Davis	Medina	Schleicher	Yoakum
Chambers	Franklin	Jefferson	Menard	Scurry	Young
Cherokee	Freestone	Jim Hogg	Midland	Shackelford	Zapata
Childress	Frio	Jim Wells	Milam	Shelby	Zavala
Clay	Gaines	Johnson	Mills	Smith	
Cochran	Galveston	Jones	Mitchell	Somervell	

The following counties are not part of the Alpha Dental Programs, Inc. Service Area:
Collingsworth, Culberson, Dallam, Edwards, Hall, Hansford, Hemphill, Lipscomb, Motley, Ochiltree, Reeves, Roberts, Sherman, Terrell, Val Verde, Wheeler.



SCHEDULE A

Description of Benefits and Copayments

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

Text that appears in *italics* below is specifically intended to clarify the delivery of Benefits under the DeltaCare USA Program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2022, procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

<u>CODE</u>	<u>DESCRIPTION</u>	<u>ENROLLEE PAYS</u>
D0100-D0999	I. DIAGNOSTIC	
D0120	Periodic oral evaluation - established patient	No Cost
D0140	Limited oral evaluation - problem focused	No Cost
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No Cost
D0150	Comprehensive oral evaluation - new or established patient	No Cost
D0160	Detailed and extensive oral evaluation - problem focused, by report	No Cost
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	No Cost
D0171	Re-evaluation - post-operative office visit	\$5.00
D0180	Comprehensive periodontal evaluation - new or established patient	No Cost
D0190	Screening of a patient	No Cost
D0191	Assessment of a patient	No Cost
D0210	Intraoral - complete series of radiographic images - <i>limited to 1 series every 24 months</i>	No Cost
D0220	Intraoral - periapical first radiographic image	No Cost
D0230	Intraoral - periapical each additional radiographic image	No Cost
D0240	Intraoral - occlusal radiographic image	No Cost
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector	No Cost
D0251	Extraoral posterior dental radiographic image	No Cost
D0270	Bitewing - single radiographic image	No Cost
D0272	Bitewings - two radiographic images	No Cost
D0273	Bitewings three radiographic images	No Cost
D0274	Bitewings - four radiographic images - <i>limited to 1 series every 6 months</i>	No Cost
D0277	Vertical bitewings - 7 to 8 radiographic images	No Cost
D0330	Panoramic radiographic image	No Cost
D0364	Cone beam CT capture and interpretation with limited field of view - less than one whole jaw	\$110.00
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible	\$110.00

D0366	Cone beam CT capture and interpretation with field of view of one full dental arch - maxilla, with or without cranium	\$110.00
D0367	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium	\$150.00
D0415	Collection of microorganisms for culture and sensitivity	No Cost
D0419	Assessment of salivary flow by measurement - <i>1 every 12 months</i>	No Cost
D0425	Caries susceptibility tests	No Cost
D0460	Pulp vitality tests	No Cost
D0470	Diagnostic casts	No Cost
D0472	Accession of tissue, gross examination, preparation and transmission of written report	No Cost
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	No Cost
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	No Cost
D0601	Caries risk assessment and documentation, with a finding of low risk - <i>1 every 12 months</i>	No Cost
D0602	Caries risk assessment and documentation, with a finding of moderate risk - <i>1 every 12 months</i>	No Cost
D0603	Caries risk assessment and documentation, with a finding of high risk - <i>1 every 12 months</i>	No Cost
D0701	Panoramic radiographic image - image capture only	No Cost
D0702	2-D cephalometric radiographic image - image capture only	No Cost
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only	No Cost
D0704	3-D photographic image - image capture only	No Cost
D0705	Extra-oral posterior dental radiographic image - image capture only	No Cost
D0706	Intraoral - occlusal radiographic image - image capture only	No Cost
D0707	Intraoral - periapical radiographic image - image capture only	No Cost
D0708	Intraoral - bitewing radiographic image - image capture only	No Cost
D0709	Intraoral - complete series of radiographic images - image capture only	No Cost
D0999	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit (in addition to other services)</i>	No Cost

D1000-D1999 II. PREVENTIVE

D1110	Prophylaxis <i>cleaning</i> - adult - <i>1 D1110, D1120 or D4346 per 6 month period</i>	No Cost
D1110	<i>Additional prophylaxis cleaning</i> - adult (<i>within the 6 month period</i>) .	\$45.00
D1120	Prophylaxis <i>cleaning</i> - child - <i>1 D1110, D1120 or D4346 per 6 month period</i>	No Cost
D1120	<i>Additional prophylaxis cleaning</i> - child (<i>within the 6 month period</i>) .	\$35.00
D1206	Topical application of fluoride varnish - <i>child to age 19; 1 D1206 or D1208 per 6 month period</i>	No Cost
D1208	Topical application of fluoride - excluding varnish - <i>child to age 19; 1 D1206 or D1208 per 6 month period</i>	No Cost
D1310	Nutritional counseling for control of dental disease	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth - <i>limited to permanent molars through age 15</i>	\$10.00
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - <i>limited to permanent molars through age 15</i>	\$10.00
D1353	Sealant repair - per tooth - <i>limited to permanent molars through age 15</i>	\$10.00

D1354	Application of caries arresting medicament - per tooth - <i>child to age 19; 1 per 6 month period</i>	No Cost
D1510	Space maintainer - fixed - unilateral - per quadrant	\$60.00
D1516	Space maintainer - fixed - bilateral, maxillary	\$60.00
D1517	Space maintainer - fixed - bilateral, mandibular	\$60.00
D1520	Space maintainer - removable - unilateral - per quadrant	\$70.00
D1526	Space maintainer - removable - bilateral, maxillary	\$70.00
D1527	Space maintainer - removable - bilateral, mandibular	\$70.00
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	\$12.00
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	\$12.00
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	\$12.00
D1556	Removal of fixed unilateral space maintainer - per quadrant	\$12.00
D1557	Removal of fixed bilateral space maintainer - maxillary	\$12.00
D1558	Removal of fixed bilateral space maintainer - mandibular	\$12.00
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant - <i>child to age 9</i>	\$60.00

D2000-D2999 III. RESTORATIVE

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

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

- Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.

D2140	Amalgam - one surface, primary or permanent	No Cost
D2150	Amalgam - two surfaces, primary or permanent	No Cost
D2160	Amalgam - three surfaces, primary or permanent	No Cost
D2161	Amalgam - four or more surfaces, primary or permanent	No Cost
D2330	Resin-based composite - one surface, anterior	\$5.00
D2331	Resin-based composite - two surfaces, anterior	\$10.00
D2332	Resin-based composite - three surfaces, anterior	\$15.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$50.00
D2390	Resin-based composite crown, anterior	\$60.00
D2391	Resin-based composite - one surface, posterior	\$55.00
D2392	Resin-based composite - two surfaces, posterior	\$65.00
D2393	Resin-based composite - three surfaces, posterior	\$75.00
D2394	Resin-based composite - four or more surfaces, posterior	\$85.00
D2510	Inlay - metallic - one surface	\$170.00
D2520	Inlay - metallic - two surfaces	\$180.00
D2530	Inlay - metallic - three or more surfaces	\$190.00
D2542	Onlay - metallic - two surfaces	\$185.00
D2543	Onlay - metallic - three surfaces	\$195.00
D2544	Onlay - metallic - four or more surfaces	\$215.00
D2610	Inlay - porcelain/ceramic - one surface	\$295.00
D2620	Inlay - porcelain/ceramic - two surfaces	\$330.00
D2630	Inlay - porcelain/ceramic - three or more surfaces	\$350.00
D2642	Onlay - porcelain/ceramic - two surfaces	\$325.00
D2643	Onlay - porcelain/ceramic - three surfaces	\$360.00
D2644	Onlay - porcelain/ceramic - four or more surfaces	\$380.00
D2650	Inlay - resin-based composite - one surface	\$195.00
D2651	Inlay - resin-based composite - two surfaces	\$220.00
D2652	Inlay - resin-based composite - three or more surfaces	\$255.00

D2662	Onlay - resin-based composite - two surfaces	\$250.00
D2663	Onlay - resin-based composite - three surfaces	\$275.00
D2664	Onlay - resin-based composite - four or more surfaces	\$320.00
D2710	Crown - resin-based composite (indirect)	\$160.00
D2712	Crown - 3/4 resin-based composite (indirect)	\$160.00
D2720	Crown - resin with high noble metal	\$320.00
D2721	Crown - resin with predominantly base metal	\$220.00
D2722	Crown - resin with noble metal	\$260.00
D2740	Crown - porcelain/ceramic	\$380.00
D2750	Crown - porcelain fused to high noble metal	\$380.00
D2751	Crown - porcelain fused to predominantly base metal	\$280.00
D2752	Crown - porcelain fused to noble metal	\$320.00
D2753	Crown - porcelain fused to titanium and titanium alloys	\$380.00
D2780	Crown - 3/4 cast high noble metal	\$380.00
D2781	Crown - 3/4 cast predominantly base metal	\$280.00
D2782	Crown - 3/4 cast noble metal	\$320.00
D2783	Crown - 3/4 porcelain/ceramic	\$380.00
D2790	Crown - full cast high noble metal	\$380.00
D2791	Crown - full cast predominantly base metal	\$280.00
D2792	Crown - full cast noble metal	\$320.00
D2794	Crown - titanium and titanium alloys	\$380.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$15.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$15.00
D2920	Re-cement or re-bond crown	\$15.00
D2921	Reattachment of tooth fragment, incisal edge or cusp (<i>anterior</i>)	\$50.00
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	\$65.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth - <i>anterior</i>	\$75.00
D2930	Prefabricated stainless steel crown - primary tooth	\$65.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$65.00
D2932	Prefabricated resin crown - <i>anterior primary tooth</i>	\$85.00
D2933	Prefabricated stainless steel crown with resin window - <i>anterior primary tooth</i>	\$75.00
D2940	Protective restoration	\$15.00
D2941	Interim therapeutic restoration - primary dentition	\$15.00
D2949	Restorative foundation for an indirect restoration	\$65.00
D2950	Core buildup, including any pins when required	\$65.00
D2951	Pin retention - per tooth, in addition to restoration	\$10.00
D2952	Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i>	\$95.00
D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i>	\$70.00
D2954	Prefabricated post and core in addition to crown - <i>base metal post; includes canal preparation</i>	\$80.00
D2957	Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i>	\$60.00
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework.	\$55.00
D2980	Crown repair necessitated by restorative material failure	\$25.00
D2981	Inlay repair necessitated by restorative material failure	\$25.00
D2982	Onlay repair necessitated by restorative material failure	\$25.00

D2983	Veneer repair necessitated by restorative material failure	\$25.00
D2990	Resin infiltration of incipient smooth surface lesions - <i>limited to permanent molars through age 15</i>	\$10.00
D3000-D3999 IV. ENDODONTICS		
D3110	Pulp cap - direct (excluding final restoration)	No Cost
D3120	Pulp cap - indirect (excluding final restoration)	No Cost
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$35.00
D3221	Pulpal debridement, primary and permanent teeth	\$40.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$35.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$50.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$50.00
D3310	Root canal - endodontic therapy, anterior tooth (excluding final restoration)	\$110.00
D3320	Root canal - endodontic therapy, premolar tooth (excluding final restoration)	\$200.00
D3330	Root canal - endodontic therapy, molar tooth (excluding final restoration)	\$350.00
D3331	Treatment of root canal obstruction; non-surgical access	\$75.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$75.00
D3333	Internal root repair of perforation defects	\$75.00
D3346	Retreatment of previous root canal therapy - anterior	\$140.00
D3347	Retreatment of previous root canal therapy - premolar	\$230.00
D3348	Retreatment of previous root canal therapy - molar	\$380.00
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$75.00
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	\$50.00
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$50.00
D3410	Apicoectomy - anterior	\$130.00
D3421	Apicoectomy - premolar (first root)	\$140.00
D3425	Apicoectomy - molar (first root)	\$150.00
D3426	Apicoectomy (each additional root)	\$90.00
D3430	Retrograde filling - per root	\$70.00
D3450	Root amputation - per root	\$80.00
D3471	Surgical repair of root resorption - anterior	\$130.00
D3472	Surgical repair of root resorption - premolar	\$130.00
D3473	Surgical repair of root resorption - molar	\$130.00
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	\$130.00
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	\$130.00
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	\$130.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$70.00
D3921	Decoronation or submergence of an erupted tooth	\$8.00

D4000-D4999 V. PERIODONTICS

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

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$145.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$85.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$85.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$150.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$90.00
D4245	Apically positioned flap	\$175.00
D4249	Clinical crown lengthening - hard tissue	\$140.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$345.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$275.00
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	\$225.00
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	\$75.00
D4266	Guided tissue regeneration - resorbable barrier, per site	\$305.00
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	\$283.00
D4270	Pedicle soft tissue graft procedure	\$225.00
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	\$650.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	\$80.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	\$310.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	\$225.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	\$225.00
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	\$410.00
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$155.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	\$55.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	\$45.00

D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - <i>1 D1110, D1120 or D4346 per 6 month period</i>	No Cost
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit - <i>limited to 1 treatment in any 12 consecutive months</i>	\$55.00
D4910	Periodontal maintenance - <i>limited to 1 treatment each 6 month period</i>	\$40.00
D4910	<i>Additional periodontal maintenance (within the 6 month period)</i>	\$55.00
D4921	Gingival irrigation - per quadrant	No Cost

D5000-D5899 VI. PROSTHODONTICS (removable)

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

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

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

D5110	Complete denture - maxillary	\$335.00
D5120	Complete denture - mandibular	\$335.00
D5130	Immediate denture - maxillary	\$355.00
D5140	Immediate denture - mandibular	\$355.00
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$295.00
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$295.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$365.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$365.00
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$295.00
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$295.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$365.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$365.00
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	\$415.00
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	\$415.00
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$295.00
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$295.00
D5410	Adjust complete denture - maxillary	\$12.00
D5411	Adjust complete denture - mandibular	\$12.00
D5421	Adjust partial denture - maxillary	\$12.00
D5422	Adjust partial denture - mandibular	\$12.00

D5511	Repair broken complete denture base, mandibular	\$45.00
D5512	Repair broken complete denture base, maxillary	\$45.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$25.00
D5611	Repair resin partial denture base, mandibular	\$50.00
D5612	Repair resin partial denture base, maxillary	\$50.00
D5621	Repair cast partial framework, mandibular	\$50.00
D5622	Repair cast partial framework, maxillary	\$50.00
D5630	Repair or replace broken retentive/clasping materials - per tooth	\$50.00
D5640	Replace broken teeth - per tooth	\$40.00
D5650	Add tooth to existing partial denture	\$40.00
D5660	Add clasp to existing partial denture - per tooth	\$50.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$180.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$180.00
D5710	Rebase complete maxillary denture	\$100.00
D5711	Rebase complete mandibular denture	\$100.00
D5720	Rebase maxillary partial denture	\$100.00
D5721	Rebase mandibular partial denture	\$100.00
D5725	Rebase hybrid prosthesis	\$100.00
D5730	Reline complete maxillary denture (chairside)	\$55.00
D5731	Reline complete mandibular denture (chairside)	\$55.00
D5740	Reline maxillary partial denture (chairside)	\$55.00
D5741	Reline mandibular partial denture (chairside)	\$55.00
D5750	Reline complete maxillary denture (laboratory)	\$90.00
D5751	Reline complete mandibular denture (laboratory)	\$90.00
D5760	Reline maxillary partial denture (laboratory)	\$90.00
D5761	Reline mandibular partial denture (laboratory)	\$90.00
D5765	Soft liner for complete or partial removable denture - indirect	\$90.00
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary - <i>limited to 1 in any 12 consecutive months</i>	\$110.00
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular - <i>limited to 1 in any 12 consecutive months</i> ...	\$110.00
D5850	Tissue conditioning, maxillary	\$25.00
D5851	Tissue conditioning, mandibular	\$25.00

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES

- *The following are limited to no more than two (2) each per calendar year: Implants, Implant supported prosthetics and Implant abutments.*

- *Replacement of crowns, bridges and implant supported dentures requires the existing restoration to be 5+ years old.*

** Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed \$150.00 in addition to the listed Copayment. Refer to Limitations and Exclusions of Benefits for additional information.*

D6010	Surgical placement of implant body: endosteal implant	\$1,005.00
D6011	Surgical access to an implant body (second stage implant surgery) .	\$145.00
D6012	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	\$390.00
D6013	Surgical placement of mini implant	\$340.00
D6040	Surgical placement: eposteal implant	\$940.00
D6050	Surgical placement: transosteal implant	\$920.00

D6055	connecting bar - implant supported or abutment supported	\$345.00
D6056	Prefabricated abutment - includes modification and placement	\$330.00
D6057	Custom fabricated abutment - includes placement	\$425.00
D6058	Abutment supported porcelain/ceramic crown	\$740.00
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$750.00
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$610.00
D6061	Abutment supported porcelain fused to metal crown (noble metal) .	\$710.00
D6062	Abutment supported cast metal crown (high noble metal)	\$720.00
D6063	Abutment supported cast metal crown (predominantly base metal)	\$545.00
D6064	Abutment supported cast metal crown (noble metal)	\$690.00
D6065	Implant supported porcelain/ceramic crown	\$780.00
D6066	Implant supported crown - porcelain fused to high noble alloys	\$750.00
D6067	Implant supported crown - high noble alloys	\$730.00
D6068	Abutment supported retainer for porcelain/ceramic FPD	\$725.00
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$750.00
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$485.00
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$660.00
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$750.00
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$415.00
D6074	Abutment supported retainer for cast metal FPD (noble metal)	\$425.00
D6075	Implant supported retainer for ceramic FPD	\$780.00
D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys	\$750.00
D6077	Implant supported retainer for metal FPD - high noble alloys	\$750.00
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments - <i>limited to 1 per calendar year</i>	\$65.00
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 - <i>limited to 1 per 24 months</i>	\$65.00
D6082	Implant supported crown - porcelain fused to predominantly base alloys	\$610.00
D6083	Implant supported crown - porcelain fused to noble alloys	\$710.00
D6084	Implant supported crown - porcelain fused to titanium and titanium alloys	\$655.00
D6086	Implant supported crown - predominantly base alloys	\$545.00
D6087	Implant supported crown - noble alloys	\$690.00
D6088	Implant supported crown - titanium and titanium alloys	\$655.00
D6090	Repair implant supported prosthesis, by report - <i>limited to 1 per calendar year</i>	\$130.00
D6091	Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment - <i>limited to 1 per calendar year</i>	\$60.00
D6092	Re-cement or re-bond implant/abutment supported crown	\$72.00
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$95.00
D6094	Abutment supported crown - titanium and titanium alloys	\$655.00
D6095	Repair implant abutment, by report - <i>limited to 1 per calendar year</i> ..	\$130.00

D6096	Remove broken implant retaining screw - <i>limited to 1 per calendar year</i>	\$50.00
D6097	Abutment supported crown - porcelain fused to titanium and titanium alloys	\$655.00
D6098	Implant supported retainer - porcelain fused to predominantly base alloys	\$485.00
D6099	Implant supported retainer for FPD - porcelain fused to noble alloys	\$660.00
D6100	Surgical removal of implant body - <i>limited to 1 per calendar year</i>	\$245.00
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 - <i>limited to 1 per calendar year</i>	\$125.00
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 - <i>limited to 1 per calendar year</i>	\$240.00
D6103	Bone graft for repair of peri-implant defect - does not include flap entry and closure - <i>limited to 1 per calendar year</i>	\$290.00
D6104	Bone graft at time of implant placement - <i>limited to 1 per calendar year</i>	\$290.00
D6110	Implant/abutment supported removable denture for edentulous arch - maxillary	\$925.00
D6111	Implant/abutment supported removable denture for edentulous arch - mandibular	\$925.00
D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary	\$1,015.00
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular	\$1,015.00
D6114	Implant/abutment supported fixed denture for edentulous arch - maxillary	\$925.00
D6115	Implant/abutment supported fixed denture for edentulous arch - mandibular	\$925.00
D6116	Implant/abutment supported fixed denture for partially edentulous arch - maxillary	\$1,015.00
D6117	Implant/abutment supported fixed denture for partially edentulous arch - mandibular	\$1,015.00
D6120	Implant supported retainer - porcelain fused to titanium and titanium alloys	\$415.00
D6121	Implant supported retainer for metal FPD - predominantly base alloys	\$415.00
D6122	Implant supported retainer for metal FPD - noble alloys	\$425.00
D6123	Implant supported retainer for metal FPD - titanium and titanium alloys	\$620.00
D6190	Radiographic/surgical implant index, by report - <i>limited to 1 per calendar year</i>	\$165.00
D6194	Abutment supported retainer crown for FPD - titanium and titanium alloys	\$620.00
D6195	Abutment supported retainer - porcelain fused to titanium and titanium alloys	\$750.00
D6198	Remove interim implant component	\$0.00

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

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

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

D6210	Pontic - cast high noble metal	\$380.00
D6211	Pontic - cast predominantly base metal	\$280.00
D6212	Pontic - cast noble metal	\$320.00
D6240	Pontic - porcelain fused to high noble metal	\$380.00
D6241	Pontic - porcelain fused to predominantly base metal	\$280.00
D6242	Pontic - porcelain fused to noble metal	\$320.00
D6243	Pontic - porcelain fused to titanium and titanium alloys	\$320.00
D6245	Pontic - porcelain/ceramic	\$380.00
D6250	Pontic - resin with high noble metal	\$320.00
D6251	Pontic - resin with predominantly base metal	\$220.00
D6252	Pontic - resin with noble metal	\$260.00
D6600	Retainer inlay - porcelain/ceramic, two surfaces	\$330.00
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	\$350.00
D6602	Retainer inlay - cast high noble metal, two surfaces	\$280.00
D6603	Retainer inlay - cast high noble metal, three or more surfaces	\$290.00
D6604	Retainer inlay - cast predominantly base metal, two surfaces	\$180.00
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	\$190.00
D6606	Retainer inlay - cast noble metal, two surfaces	\$210.00
D6607	Retainer inlay - cast noble metal, three or more surfaces	\$220.00
D6608	Retainer onlay - porcelain/ceramic, two surfaces	\$325.00
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	\$360.00
D6610	Retainer onlay - cast high noble metal, two surfaces	\$285.00
D6611	Retainer onlay - cast high noble metal, three or more surfaces	\$295.00
D6612	Retainer onlay - cast predominantly base metal, two surfaces	\$185.00
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	\$195.00
D6614	Retainer onlay - cast noble metal, two surfaces	\$205.00
D6615	Retainer onlay - cast noble metal, three or more surfaces	\$225.00
D6720	Retainer crown - resin with high noble metal	\$320.00
D6721	Retainer crown - resin with predominantly base metal	\$220.00
D6722	Retainer crown - resin with noble metal	\$260.00
D6740	Retainer crown - porcelain/ceramic	\$380.00
D6750	Retainer crown - porcelain fused to high noble metal	\$380.00
D6751	Retainer crown - porcelain fused to predominantly base metal	\$280.00
D6752	Retainer crown - porcelain fused to noble metal	\$320.00
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	\$380.00
D6780	Retainer crown - 3/4 cast high noble metal	\$380.00
D6781	Retainer crown - 3/4 cast predominantly base metal	\$280.00
D6782	Retainer crown - 3/4 cast noble metal	\$320.00
D6783	Retainer crown - 3/4 porcelain/ceramic	\$380.00
D6784	Retainer crown - titanium and titanium alloys	\$380.00
D6790	Retainer crown - full cast high noble metal	\$380.00
D6791	Retainer crown - full cast predominantly base metal	\$280.00
D6792	Retainer crown - full cast noble metal	\$320.00
D6930	Re-cement or re-bond fixed partial denture	\$20.00

D6940	Stress breaker	\$45.00
D6980	Fixed partial denture repair necessitated by restorative material failure	\$60.00

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

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

D7111	Extraction, coronal remnants - primary tooth	\$5.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$8.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$50.00
D7220	Removal of impacted tooth - soft tissue	\$60.00
D7230	Removal of impacted tooth - partially bony	\$80.00
D7240	Removal of impacted tooth - completely bony	\$110.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$130.00
D7250	Removal of residual tooth roots (cutting procedure)	\$45.00
D7251	Coronectomy - intentional partial tooth removal	\$130.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$120.00
D7280	Exposure of an unerupted tooth	\$90.00
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$90.00
D7283	Placement of device to facilitate eruption of impacted tooth	No Cost
D7286	Incisional biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i>	\$30.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$85.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$85.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$100.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$100.00
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	No Cost
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	No Cost
D7471	Removal of lateral exostosis (maxilla or mandible)	\$85.00
D7472	Removal of torus palatinus	\$85.00
D7473	Removal of torus mandibularis	\$85.00
D7510	Incision and drainage of abscess - intraoral soft tissue	No Cost
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	No Cost
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach - <i>limited to 1 per calendar year; only covered in conjunction with the surgical placement of implant</i>	\$850.00
D7952	Sinus augmentation via a vertical approach - <i>limited to 1 per calendar year; only covered in conjunction with the surgical placement of implant</i>	\$640.00
D7953	Bone replacement graft for ridge preservation - per site - <i>limited to 1 per lifetime; only covered in conjunction with the surgical placement of implant</i>	\$100.00
D7961	Buccal/labial frenectomy (frenulectomy)	\$15.00
D7962	Lingual frenectomy (frenulectomy)	\$15.00

D7970	Excision of hyperplastic tissue - per arch	\$75.00
D7971	Excision of pericoronal gingiva	\$75.00

D8000-D8999 XI. ORTHODONTICS

- The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed \$125.00, may apply.
- The Retention Copayment includes adjustments and/or office visits up to 24 months.

Pre and post orthodontic records include:

The benefit for pre-treatment records and diagnostic services includes: \$200.00

D0210	Intraoral - complete series of radiographic images
D0322	Tomographic survey
D0330	Panoramic radiographic image
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis
D0350	2D oral/facial photographic images obtained intraorally or extraorally
D0351	3D photographic image
D0470	Diagnostic casts

The benefit for post-treatment records includes: \$70.00

D0210	Intraoral - complete series of radiographic images
D0470	Diagnostic casts

D8010	Limited orthodontic treatment of the primary dentition	\$1,150.00
D8020	Limited orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i>	\$1,150.00
D8030	Limited orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i>	\$1,150.00
D8040	Limited orthodontic treatment of the adult dentition - <i>adults, including dependent adult children covered from age 19 to 25</i>	\$1,350.00
D8070	Comprehensive orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i>	\$1,900.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i>	\$1,900.00
D8090	Comprehensive orthodontic treatment of the adult dentition - <i>adults, including dependent adult children covered from age 19 to 25</i>	\$2,100.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$25.00
D8680	Orthodontic retention (removal of appliances, construction and placement of <i>removable</i> retainers)	\$275.00
D8681	Removable orthodontic retainer adjustment	No Cost
D8999	Unspecified orthodontic procedure, by report - <i>includes treatment planning session</i>	\$100.00

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain - minor procedure ..	\$15.00
D9211	Regional block anesthesia	No Cost
D9212	Trigeminal division block anesthesia	No Cost

D9215	Local anesthesia in conjunction with operative or surgical procedures	No Cost
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	No Cost
D9222	Deep sedation/general anesthesia - first 15 minutes	\$80.00
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	\$80.00
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	\$80.00
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	\$80.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$25.00
D9311	Consultation with a medical health care professional	No Cost
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$5.00
D9440	Office visit - after regularly scheduled hours	\$35.00
D9450	Case presentation, detailed and extensive treatment planning	No Cost
D9912	Pre-visit patient screening	\$0.00
D9932	Cleaning and inspection of removable complete denture, maxillary ..	No Cost
D9933	Cleaning and inspection of removable complete denture, mandibular	No Cost
D9934	Cleaning and inspection of removable partial denture, maxillary	No Cost
D9935	Cleaning and inspection of removable partial denture, mandibular ...	No Cost
D9941	Fabrication of athletic mouthguard	\$110.00
D9943	Occlusal guard adjustment	\$10.00
D9944	Occlusal guard - hard appliance, full arch - <i>limited to 1 D9944, D9945 or D9946 in 3 years</i>	\$100.00
D9945	Occlusal guard - soft appliance, full arch - <i>limited to 1 D9944, D9945 or D9946 in 3 years</i>	\$100.00
D9946	Occlusal guard - hard appliance, partial arch - <i>limited to 1 D9944, D9945 or D9946 in 3 years</i>	\$100.00
D9951	Occlusal adjustment, limited	\$50.00
D9952	Occlusal adjustment, complete	\$100.00
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays - <i>limited to one bleaching tray and gel for two weeks of self-treatment</i>	\$125.00
D9986	Missed appointment - <i>without 24 hour notice - per 15 minutes of appointment time</i>	\$10.00
D9987	Canceled appointment - <i>without 24 hour notice - per 15 minutes of appointment time</i>	\$10.00
D9990	Certified translation or sign-language services - per visit	No Cost
D9991	Dental case management - addressing appointment compliance barriers	No Cost
D9992	Dental case management - care coordination	No Cost
D9995	Teledentistry - synchronous; real-time encounter	No Cost
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	No Cost
D9997	Dental case management - Patients with special Health Care Needs	No Cost

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

SCHEDULE B

Limitations of Benefits

1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments*.
2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional \$100.00 above the listed Copayment for each of these services after the sixth unit has been provided.
3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by an oral surgeon for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241). Plan limitation for IV sedation is 1 hour per appointment. There is no coverage when used for the purpose of anxiety control or patient management.
4. When recommending covered crown(s), bridge pontic(s) and/or bridge retainers, which are supported either by a natural tooth or dental implant, Contract Dentists may offer services that utilize brand or trade names at an additional fee. The Enrollee must be offered the plan benefits of a high quality laboratory processed crown/pontic that may include: porcelain/ceramic; porcelain with base, noble or high-noble metal. If the Enrollee chooses the alternative of a material upgrade (name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials, including but not limited to: Captek, Procera, Lava, Empress and Cerec), the Contract Dentist may charge an additional fee not to exceed \$150.00 in addition to the listed Copayment. Contact the Customer Service Center at 800-422-4234 if you have questions regarding the additional fee or name brand services.
5. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by Alpha, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
6. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's submitted fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.
7. Benefits for dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with this Program are limited as follows:

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

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

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

8. Orthodontic treatment in progress is limited to new Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under this Program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Alpha is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.
9. Fabrication of athletic mouthguard is limited to once every 24 months for patients 18 and younger.
10. If any existing fixed bridge or removable denture that already replaces the tooth or teeth, which would be replaced by a new implant-supported prosthesis, that existing appliance must be eligible for replacement under the terms of the Contract.
11. Replacement of implants and implant-supported prosthesis requires the existing implants and implant-supported prosthesis to be 5+ years old.
12. Implants and implant supported crowns and prosthesis are covered to replace one or more natural permanent teeth lost due to accidental trauma or removal.
13. Implant removal is limited to one (1) for each implant during the Enrollee's lifetime.

Exclusions of Benefits

1. Any procedure that is not specifically listed under *Schedule A, Description of Benefits and Copayments*.
2. Any procedure that in the professional opinion of the Contract Dentist:
 - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**
 - b. is inconsistent with generally accepted standards for dentistry.
3. Services solely for cosmetic purposes, with the exception of procedure D9975 (External bleaching for home application, per arch), or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
5. The replacement of lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and implant abutments, and fixed partial dentures (bridges) whether supported by a natural tooth or dental implant.
6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
7. Procedures that may include:
 - a. precious metal for removable appliances;
 - b. metallic or permanent soft bases for complete dentures;
 - c. porcelain denture teeth;
 - d. precision abutments for removable partials or fixed partial dentures including but not limited to overlays and related specialized appliances; and/or
 - e. personalization and characterization of complete and partial dentures.
8. Procedures that may include:
 - a. pre-implant diagnostic and therapeutic services, which are solely done to facilitate the placement of a dental implant including cone beam CT capture and interpretation, bone grafts and/or sinus augmentation;
 - b. post-implant maintenance, osseous surgeries and/or bone grafts; and/or
 - c. removal of a dental implant and all other services associated with a dental implant, unless listed as a covered benefit.

9. Implant and implant-supported crowns and appliances are not covered benefits for Enrollees under 19 years of age.
10. Diagnostic and treatment facilitating aids for implants are considered a part of, and included in, the fees for the definitive treatment.
11. An implant-supported prosthesis with one abutment supported by a natural tooth and the second supported by an implant are not covered.
12. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
13. Implant supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
14. Consultations for non-covered Benefits.
15. Dental services received from any dental facility other than the assigned Contract Dentist, an authorized dental specialist, or a Contract Orthodontist except for *Emergency Dental Services* as described in Schedule A.
16. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
17. Prescription drugs.
18. Lost, stolen or broken orthodontic appliances.
19. Orthodontic treatment must be provided by a licensed dentist. Self-administered orthodontics are not covered.

OHCA Contract Notice for Fully Insured Groups

Alpha Dental Programs, Inc. ("Alpha") and the fully insured Group Health Plan ("Contractholder") participate in an Organized Health Care Arrangement (as defined in 45 Code of Federal Regulations (C.F.R.) §164.501) ("OHCA"). The Contractholder hereby certifies that:

- The Contractholder will treat all PHI in accordance with the standards of the HIPAA Privacy Rules and update its plan documents to reflect that it will limit access to PHI to those employees and authorized representatives of the Contractholder whose access is necessary to perform the plan administration functions permitted under the HIPAA Privacy Rules and that PHI will not be used in the context of other benefit plans or in employment-related decisions.
- In order for PHI beyond summary health information to be disclosed, the fully insured Contractholder must: (1) provide a signed attestation that their plan documents have been amended to comply with the applicable HIPAA privacy administrative safeguard provisions; (2) have issued a HIPAA compliant privacy notice; and (3) provide individuals with the right to access, review, amend, and receive an accounting of disclosures.
- PHI requested is the minimum necessary for the Contractholder to perform its health care operations and/or payment activities related to the Contract herein.
- If Alpha is directed to release PHI to a third party, the third party has a HIPAA compliant BAA with the Contractholder.