

DeltaCare[®] USA

Dental HMO Program

Plan CAM57



Combined Evidence of Coverage and Disclosure Form

Provided by:

Delta Dental of California

18000 Studebaker Road, Suite 530
Cerritos, CA 90703

Administered by:

Delta Dental Insurance Company

P.O. Box 1803
Alpharetta, GA 30023
800-422-4234

EVIDENCE OF COVERAGE DISCLOSURE FORM

DeltaCare® USA Dental HMO Program

This booklet is a Combined Evidence of Coverage and Disclosure Form (“EOC”) for your DeltaCare USA Dental HMO Program (“Program”) provided by Delta Dental of California (“Delta Dental”). The Program has been established and is administered in accordance with the provisions of a Group Dental Service Contract (“Contract”) issued by Delta Dental.

THE EOC CONSTITUTES ONLY A SUMMARY OF THE PROGRAM. AS REQUIRED BY THE CALIFORNIA HEALTH & SAFETY CODE, THIS IS TO ADVISE YOU THAT THE CONTRACT MUST BE CONSULTED TO DETERMINE THE EXACT TERMS AND CONDITIONS OF THE COVERAGE PROVIDED UNDER IT.

A COPY OF THE CONTRACT WILL BE FURNISHED UPON REQUEST. ANY DIRECT CONFLICT BETWEEN THE CONTRACT AND THE EOC WILL BE RESOLVED ACCORDING TO THE TERMS WHICH ARE MOST FAVORABLE TO YOU. READ THIS EOC CAREFULLY AND COMPLETELY. PERSONS WITH SPECIAL HEALTHCARE NEEDS SHOULD READ THE SECTION ENTITLED “SPECIAL NEEDS.”

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

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW HOW TO OBTAIN DENTAL BENEFITS.

IMPORTANT: If you opt to receive dental services that are not covered services under this Program, a Contract Dentist may charge you their usual and customary rate for those services. Prior to providing a patient with dental services that are not a covered benefit, the Dentist should provide to the patient a treatment plan that includes each anticipated service to be provided and the estimated cost of each service. If you would like more information about dental coverage options, you may call Customer Service at 800-422-4234. To fully understand your coverage, you may wish to carefully review this evidence of coverage document.

The telephone number where you may obtain information about Benefits is 800-422-4234.

Table of Contents

Definitions.....1

Eligibility for Benefits3

Prepayment Fees/Premiums3

How to use the DeltaCare USA Program -
Choice of Contract Dentist4

Continuity of Care5

Special Needs.....6

Facility Accessibility6

Benefits, Limitations and Exclusions.....6

Copayments and Other Charges7

Emergency Services7

Urgent Dental Services.....7

Specialist Services.....8

Second Opinion.....9

Claims for Reimbursements.....9

Provider Compensation.....10

Processing Policies.....10

Coordination of Benefits.....11

Enrollee Complaint Procedure.....12

Public Policy Participation by Enrollees14

Renewal and Termination of Benefits14

Cancellation of Enrollment.....15

Continuation of Care15

Governing Law21

Organ and Tissue Donation21

Non-Discrimination21

Timely Access to Care.....23

Description of Benefits and Copayments24

Limitations of Benefits.....39

Exclusions of Benefits44

Accident Injury Benefit.....47

Definitions

As used in this booklet:

Administrator means Delta Dental Insurance Company, a third party entity designated to perform administrative functions described throughout the Contract, including, but not limited to, the collection of Premium and eligibility.

Benefits mean those dental services which are provided under the terms of the Group Dental Service Contract and described in this booklet.

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

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

Contract Specialist means a Dentist who provides Specialist Services and has agreed to provide Benefits to Enrollees under this Program.

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

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

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

Emergency Dental Condition means dental symptoms and/or pain that are so severe that, without immediate attention by a Dentist, they could reasonably result in any of the following:

- placing the patient's health in serious jeopardy;
- serious impairment to bodily functions;
- serious dysfunction of any bodily organ or part;
- death.

Emergency Dental Service means a dental screening, examination and evaluation by a Dentist or, to the extent permitted by applicable law, by other appropriate licensed persons under the supervision of a Dentist, to determine if an Emergency Dental Condition exists and, if it does, the care, treatment and surgery, if within the scope of that person's license, necessary to relieve or eliminate the Emergency Dental Condition within the capability of the facility.

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

Open Enrollment Period means the period preceding the date of commencement of the contract term or the 30-day period immediately preceding the annual anniversary of the contract term.

Out-of-Network means treatment by a Dentist who has not signed an agreement with Delta Dental to provide Benefits under this Program.

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

Special Health Care Need means a physical or mental impairment, limitation or condition that substantially interferes with an Enrollee's ability to obtain Benefits. Examples of such a Special Health Care Need are 1) the Enrollee's inability to obtain access to the assigned Contract Dentist's facility because of a physical disability and 2) the Enrollee's inability to comply with the Contract Dentist's instructions during examination

or treatment because of physical disability or mental incapacity.

Specialist Services mean services performed by a Dentist who specializes in the practice of oral surgery, endodontics or periodontics and which must be preauthorized in writing by Delta Dental.

Treatment In Progress means any single dental procedure, as defined by the CDT Code, that has been started while the Enrollee was eligible to receive Benefits, and for which multiple appointments are necessary to complete the procedure whether or not the Enrollee continues to be eligible for Benefits under the DeltaCare USA Program. Examples include: teeth that have been prepared for crowns, root canals where a working length has been established and full or partial dentures for which an impression has been taken.

Urgent Dental Services mean medically necessary services for a condition that requires prompt dental attention but is not an Emergency Dental Condition.

We, Us or Our means Delta Dental of California or the Administrator as appropriate.

Eligibility for Benefits

Individual adults who meet the eligibility requirements defined by the Client are eligible for coverage under the DeltaCare USA Dental HMO Program. Dependent coverage is not available under this Program.

Prepayment Fees/Premiums

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

We may cancel the Contract 30 days after written notice to the Client if monthly premiums are not paid when due. The Client will be given a 30-day grace period, which begins immediately following the last day of paid coverage, to pay the monthly premium. During that time, Delta Dental will continue to provide coverage to Enrollees. If the premium remains unpaid at the end of the 30-day grace period, the Client will notify you that coverage has terminated along with the date of termination.

Please refer to medical plan's Evidence of Coverage for further information regarding premium remittance, monthly premium due, renewal and termination for this plan.

How to use the DeltaCare USA Program - Choice of Contract Dentist

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

Shortly after enrollment you will receive a DeltaCare USA membership packet that tells you the effective date of your Program and the address and telephone number of your Contract Dentist. After the effective date in your membership packet, you may obtain dental services which are Benefits. To make an appointment, simply call your Contract Dentist's facility and identify yourself as a DeltaCare USA Enrollee. Initial appointments should be scheduled within four weeks unless a specific time has been requested.

Inquiries regarding availability of appointments and accessibility of Dentists should be directed to the Customer Service department at 800-422-4234.

YOU MUST GO TO YOUR ASSIGNED CONTRACT DENTIST TO OBTAIN COVERED SERVICES, EXCEPT FOR SERVICES PROVIDED BY A SPECIALIST PREAUTHORIZED IN WRITING BY DELTA DENTAL, OR FOR EMERGENCY DENTAL SERVICES AS PROVIDED IN *EMERGENCY DENTAL SERVICES*. ANY OTHER TREATMENT IS NOT COVERED UNDER THIS PROGRAM.

If your assigned Contract Dentist's agreement with Delta Dental terminates, that Contract Dentist will complete 1) a partial or full denture for which final impressions have been taken, and 2) all work on every tooth upon which work has started (such as completion of root canals in progress and delivery of crowns when teeth have been prepared).

Continuity of Care

Current Members:

You may have the right to the benefit of completion of care with your terminated Dentist for certain acute dental conditions, serious chronic dental conditions and other specified dental conditions. Please call Customer Service at 800-422-4234 to see if you may be eligible for this benefit. You may request a copy of our Continuity of Care Policy. You must make a specific request to continue under the care of your terminated Dentist. We are not required to continue your care with that Dentist if you are not eligible under our policy or if we cannot reach agreement with your terminated Dentist on the terms regarding your care in accordance with California law.

New Members:

You may have the right to the qualified benefit of completion of care with an Out-of-Network Dentist for certain specified dental conditions. Please call the Customer Service department at 800-422-4234 to see if you may be eligible for this benefit. You may request a copy of our Continuity of Care Policy. You must make a specific request to continue under the care of your current Dentist. We are not required to continue your care with that Dentist if you are not eligible under our policy or if we cannot reach agreement with your Dentist on the terms regarding your care in accordance with California law.

Special Needs

If an Enrollee believes they have a Special Health Care Need, the Enrollee should contact Delta Dental's Customer Service department at 800-422-4234. Delta Dental will confirm that a Special Health Care Need exists, and what arrangements can be made to assist the Enrollee in obtaining such Benefits. Delta Dental will not be responsible for the failure of any Contract Dentist to comply with any law or regulation concerning structural office requirements that apply to a Dentist treating persons with Special Health Care Needs.

Facility Accessibility

Many facilities provide Delta Dental with information about special features of their offices, including accessibility information for patients with mobility impairments. To obtain information regarding facility accessibility, contact Delta Dental's Customer Service department at 800-422-4234.

Benefits, Limitations and Exclusions

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

Copayments and Other Charges

You are required to pay any Copayments listed in the *Description of Benefits and Copayments* directly to the Dentist who provides treatment. Charges for broken appointments (unless notice is received by the Dentist at least 24 hours in advance or an emergency prevented such notice), and charges for visits after normal visiting hours are listed in the *Description of Benefits and Copayments*.

Emergency Dental Services

Emergency Dental Services are used for palliative relief, controlling of dental pain, and/or stabilizing the patient's condition. The Enrollee's assigned Contract Dentist's facility maintains a 24 hour emergency dental services system, seven days a week. If the Enrollee is experiencing an Emergency Dental Condition, they can call 911 (where available) or obtain Emergency Dental Services from any dental provider without a referral.

After Emergency Dental Services are provided, further non-emergency treatment is usually needed. Non-emergency treatment must be obtained at the Enrollee's assigned Contract Dentist's facility.

The Enrollee is responsible for any Copayment(s) for Emergency Dental Services received. Non-covered procedures will be the Enrollee's financial responsibility and will not be paid by Delta Dental.

Urgent Dental Services

Inside the Service Area:

An Urgent Dental Service requires prompt dental attention but is not an Emergency Dental Condition. If an Enrollee thinks they may need Urgent Dental Services, the Enrollee can call their Contract Dentist.

Out-of-Area Urgent Care:

If an Enrollee needs Urgent Dental Services due to an unforeseen dental condition or injury, we cover Medically Necessary dental services when prompt attention is

required from an Out-of-Network Dentist if all of the following are true:

The Enrollee receives the Urgent Dental Services from Out-of-Network Dentists while temporarily outside of the Delta Dental Service Area.

A reasonable person would have believed that the Enrollee's health would seriously deteriorate if they delayed treatment until they returned to the Delta Dental Service Area.

Enrollees do not need prior authorization for out-of-area Urgent Dental Services. The out-of-area Urgent Dental Services an Enrollee receives from Out-of-Network Dentists are covered if the Benefits would have been covered if the Enrollee had received them from Contract Dentists.

We do not cover follow-up care from Out-of-Network Dentists after the Enrollee no longer needs Urgent Dental Services. To obtain follow-up care from a Contract Dentist, the Enrollee can call their Contract Dentist. The Enrollee is responsible for any Copayment(s) for Urgent Dental Services received.

Specialist Services

Specialist Services for oral surgery, endodontics or periodontics must be: 1) referred by your assigned Contract Dentist; and 2) authorized by us. You pay the specified Copayment(s). (Refer to the Schedules attached to this Evidence of Coverage.)

If you require Specialist Services and there is no Contract Specialist to provide these services within 35 miles of your home address, your assigned Contract Dentist must receive Authorization from Delta Dental to refer you to an Out-of-Network specialist to provide the Specialist Services. Specialist Services performed by an Out-of-Network specialist that are not authorized by Delta Dental will not be covered. Delta Dental will respond in writing to all Authorization requests for Specialist Services within five days of receipt.

Second Opinion

You may request a second opinion if you disagree with or question the diagnosis and/or treatment plan determination made by your Contract Dentist. Delta Dental may also request that you obtain a second opinion to verify the necessity and appropriateness of dental treatment or the application of Benefits.

Second opinions will be rendered by a licensed Dentist in a timely manner, appropriate to

the nature of your condition. Requests involving cases of an Emergency Dental Condition will be expedited (authorization approved or denied within 72 hours of receipt of the request, whenever possible). For assistance or additional information regarding the procedures and timeframes for second opinion authorizations, contact Delta Dental's Customer Service department at 800-422-4234 or write to Delta Dental.

Second opinions will be provided at another Contract Dentist's facility, unless otherwise authorized by Delta Dental. Delta Dental will authorize a second opinion by an Out-of- Network provider if an appropriately qualified Contract Dentist is not available. Delta Dental will only pay for a second opinion which Delta Dental has approved or authorized. You will be sent a written notification should Delta Dental decide not to authorize a second opinion. If you disagree with this determination, you may file a grievance with Delta Dental or with the Department of Managed Health Care. For information refer to *Enrollee Complaint Procedure*.

Claims for Reimbursement

Claims for covered Emergency Dental Services or preauthorized Specialist Services should be submitted to Delta Dental within 90 days of the end of treatment. Valid claims received after the 90-day period will be reviewed if you can show that it was not reasonably possible to submit the claim within that time. The address for claims submission is: Claims Department, P.O. Box 1810, Alpharetta, GA 30023.

Provider Compensation

A Contract Dentist is compensated by Delta Dental through monthly capitation (an amount based on the number of Enrollees assigned to the Dentist), and by Enrollees through required Copayments for treatment received. A Contract Specialist is compensated by Delta Dental through an agreed-upon amount for each covered procedure, less the applicable Copayment paid by the Enrollee. In no event does Delta Dental pay a Contract Dentist or a specialist any incentive as an inducement to deny, reduce, limit or delay any appropriate treatment.

In the event we fail to pay a Contract Dentist, you will not be liable to that Dentist for any sums owed by us. By statute, the DeltaCare USA provider contract contains a provision prohibiting a Contract Dentist from charging an Enrollee for any sums owed by Delta Dental. Except for the provisions in *Emergency Dental Services*, if you have not received Preauthorization for treatment from an Out-of-Network Dentist, and we fail to pay that Out-of-Network Dentist, you may be liable to that Dentist for the cost of services.

You may obtain further information concerning compensation by calling Delta Dental at the toll-free telephone number shown on the back cover of this booklet.

Processing Policies

The dental care guidelines for the DeltaCare USA Program explain to Contract Dentists what services are covered under the dental Contract. Contract Dentists will use their professional judgment to determine which services are appropriate for the Enrollee.

Services performed by the Contract Dentist that fall under the scope of Benefits of the dental Program are provided subject to any Copayments. If a Contract Dentist believes that an Enrollee should seek treatment from a specialist, the Contract Dentist contacts Delta Dental for a determination of whether the proposed treatment is a covered benefit. Delta Dental will also determine whether the proposed treatment requires

treatment by a specialist. An Enrollee may contact Delta Dental's Customer Service department at 800-422-4234 for information regarding the dental care guidelines for DeltaCare USA.

Coordination of Benefits

This Program provides Benefits without regard to coverage by any other group insurance policy or any other group health benefits program if the other policy or program covers services or expenses in addition to dental care. Otherwise, Benefits provided under this Program by specialists or Out-of-Network Dentists are coordinated with such other group dental insurance policy or any group dental benefits program. The determination of which policy or program is primary will be governed by the rules stated in the Contract.

If this plan is secondary, it will pay the lesser of:

the amount that it would have paid in the absence of any other dental benefit coverage, or

the enrollee's total out-of-pocket cost payable under the primary dental benefit plan as long as the benefits are covered under this plan.

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

Enrollee Complaint Procedure

Delta Dental will provide notification if any dental services or claims are denied, in whole or in part, stating the specific reason or reasons for the denial. If you have any complaint regarding eligibility, the denial of dental services or claims, the policies, procedures or operations of Delta Dental, or the quality of dental services performed by a Contract Dentist, you may call the Customer Service department at 800-422-4234, or the complaint may be addressed in writing to:

Quality Management Department
P.O. Box 6050
Artesia, CA 90702

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

For complaints involving an adverse benefit determination (e.g. a denial, modification or termination of a requested benefit or claim) you may file a request for review (a complaint) with Delta Dental for at least 180 days after receipt of the adverse determination. Delta Dental's review will take into account all information, regardless of whether such information was submitted or considered initially. The review will be conducted by a person who is neither the individual who made the original benefit determination, nor the subordinate of such individual. Upon request and free of charge, Delta Dental will provide you with copies of any pertinent documents that are relevant to the benefit determination, a copy of any internal rule, guideline, protocol, and/or explanation of the scientific or clinical judgment if relied upon in making the benefit determination. If the review of a denial is based in whole or in part on a lack of medical necessity, experimental treatment, or a clinical judgment in applying the terms of the Contract, Delta Dental will consult with a Dentist who has appropriate training and experience. If any

consulting Dentist is involved in the review, the identity of such consulting Dentist will be available upon request.

Within 5 business days of the receipt of any complaint, including adverse benefit determinations as described above, the quality management coordinator will forward to you a written acknowledgment of receipt of the complaint. Certain complaints may require that you be referred to a regional dental consultant for clinical evaluation of the dental services provided. Delta Dental will forward to you a determination, in writing, within 30 days of receipt of a complaint. If the complaint involves an Emergency Dental Condition to a patient's dental health, Delta Dental will provide the Enrollee notification regarding the disposition or pending status of the complaint within a timely fashion appropriate for the nature of the Enrollee's condition, not to exceed 72 hours.

If you have completed Delta Dental's grievance process, or you have been involved in Delta Dental's grievance procedure for more than 30 days, you may file a complaint with the California Department of Managed Health Care. You may file a complaint with the Department immediately if you are experiencing an Emergency Dental Condition.

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at 800-422-4234 and use your health plan's grievance process before contacting the Department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the Department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical

necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The Department also has a toll-free telephone number (1-888-466-2219) and a TDD line (1-877-688-9891) for the hearing and speech impaired. The Department's Internet Web site <http://www.dmhc.ca.gov> has complaint forms, IMR application forms and instructions online.

If the group health plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA), you may contact the U.S. Department of Labor, Employee Benefits Security Administration (EBSA) for further review of the claim or if you have questions about the rights under ERISA. You may also bring a civil action under section 502(a) of ERISA. The address of the U.S. Department of Labor is: U.S. Department of Labor, Employee Benefits Security Administration, 200 Constitution Avenue, N.W. Washington, D.C. 20210.

Public Policy Participation by Enrollees

Delta Dental's Board of Directors includes Enrollees who participate in establishing Delta Dental's public policy regarding Enrollees through periodic review of Delta Dental's Quality Assessment program reports and communication from Enrollees. Enrollees may submit any suggestions regarding Delta Dental's public policy in writing to: Customer Service Department, P.O. Box 1803, Alpharetta, GA 30023.

Renewal and Termination of Benefits

This Program renews on the anniversary of the contract term unless Delta Dental provides notice of a change in premiums or Benefits and the Client does not accept the change. All Benefits terminate for any Enrollee as of the date that this Program is terminated, such

person ceases to be eligible under the terms of this Program, or such person's enrollment is cancelled under the terms of this Program. We are not obligated to continue to provide Benefits to any such person in

such event, except for completion of single procedures commenced while this Program was in effect.

Cancellation of Enrollment

Subject to any continued coverage option, an Eligible Employee's enrollment under this Program may be cancelled, or renewal of enrollment refused, in the following events:

1. immediately:
 - a. upon loss of eligibility as described in this Evidence of Coverage; or
2. upon 30 days written notice if:
 - a. the Contract is terminated or not renewed;
 - b. the premiums are not paid by or on behalf of the Enrollee on the date due. However, the Enrollee may continue to receive Benefits during the 30-day grace period and may be reinstated during the term of this Program upon payment of any unpaid premium; or
 - c. Delta Dental demonstrates that the Enrollee committed fraud or an intentional misrepresentation of material fact in obtaining Benefits under this Program.

Any cancellation is subject to the written notification requirements set forth in the Contract and in California Law.

If you believe that enrollment has been improperly cancelled, rescinded or not renewed you may request a review by the Director of the California Department of Managed Health Care of the State of California. For information refer to *Enrollee Complaint Procedure*.

Continuation of Care

Continued Coverage Under USERRA

As required under the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA), if you are covered by the Contract on the date your USERRA leave of absence begins, you may continue dental

coverage for yourself and any covered dependents. Continuation of coverage under USERRA may not extend beyond the earlier of:

- 24 months, beginning on the date the leave of absence begins; or
- the date you fail to return to work within the time required by USERRA.

For USERRA leave that extends beyond 31 days, the premium for continuation of coverage will be the same as for COBRA coverage.

Optional Continuation of Coverage (COBRA)

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

The federal Consolidated Omnibus Budget Reconciliation Act (or COBRA, pertaining to certain groups having 20 or more Employees) and the California Continuation Benefits Replacement Act (or Cal-COBRA, pertaining to groups with two to 19 Employees), both require that continued health care coverage be made available to “Qualified Beneficiaries” who lose health care coverage under the group plan as a result of a “Qualifying Event.” You may be entitled to continue coverage under this Plan, *at your expense*, if certain conditions are met. The period of continued coverage depends on the Qualifying Event and whether the Enrollee is covered under federal COBRA or Cal-COBRA.

DEFINITIONS

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

Qualified Beneficiary means:

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

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

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

You or your means the Primary Enrollee.

PERIODS OF CONTINUED COVERAGE UNDER FEDERAL COBRA

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

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

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

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

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

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

Under federal COBRA law only, when a Contractholder has filed for bankruptcy under Title 11, United States Code, Benefits may be substantially reduced or eliminated for retired Employees and their Dependents, or the surviving spouse of a deceased retired Employee. If this Benefit reduction or elimination occurs within one year before or one year after filing, it is considered a Qualifying Event. If the Primary Enrollee is a retiree, and has lost coverage because of this Qualifying Event, they may choose to continue coverage until their death. The Primary Enrollee's Dependents who have lost coverage because of this Qualifying Event may choose to continue coverage for up to 36 months following the Primary Enrollee's death.

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

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

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

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

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

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

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

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

ELECTION OF CONTINUED COVERAGE

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

Upon written notice, the Contractholder or administrator will provide a Qualified Beneficiary with the necessary Benefits information, monthly premium charge, enrollment forms and instructions to allow election of continued coverage. Failure to provide this written notice of election to the Contractholder or administrator within 60 days will result in the loss of the right to continue coverage.

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

CONTINUED COVERAGE BENEFITS

The Benefits under the continued coverage will be the same as those provided to active employees and their Dependents who are still enrolled in the dental plan. If the Contractholder changes the coverage for active employees, the continued coverage will change as well. Premiums will be adjusted to reflect the changes made.

TERMINATION OF CONTINUED COVERAGE

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

- 1) the allowable number of consecutive months of continued coverage is reached;
- 2) failure to pay the required premiums in a timely manner;
- 3) the Contractholder ceases to provide any group dental plan to its employees;

- 4) the individual moves out of the Plan's service area;
- 5) the individual first obtains coverage for dental Benefits, after the date of the election of continued coverage, under another group health plan (as a employee or Dependent) which does not contain or apply any exclusion or limitation with respect to any pre-existing condition of such a person, if that pre-existing condition is covered under this Plan; or
- 6) entitlement to Medicare.

Once continued coverage ends, it cannot be reinstated.

Governing Law

This Program is a health care service plan subject to the requirements of Chapter 22 of Division 2 of the California Health & Safety Code and Chapter 1 of Division 1 of Title 28 of the California Code of Regulations. Any provision required to be included in this Disclosure Form/Contract by the above law and regulation binds this Program whether or not stated.

Organ and Tissue Donation

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

Non-Discrimination

Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Company does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Company:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact our Customer Service Center at 800-422-4234.

If you believe that Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance electronically online, over the phone with a Customer Service representative or by mail:

DeltaCare USA
17871 Park Plaza Drive, Ste. 200
Cerritos, CA 90703
Telephone Number: 800-422-4234
Website Address: deltadentalins.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Timely Access to Care

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

- 1) For emergency care, 24 hours a day, 7 day days a week;
- 2) For any urgent care, 72 hours for appointments consistent with the patient's individual needs;
- 3) For any non-urgent care, 36 business days; and
- 4) For any preventative services, 40 business days.

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

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

Should the Enrollee need interpretation services when scheduling an appointment with any of our Contract Dentist and Contract Specialist offices, please call 800-422-4234 for assistance.

SCHEDULE A

Description of Benefits and Copayments

The Benefits shown below are performed as deemed appropriate by the Contract Dentist subject to the *Limitations and Exclusions* of the Plan. Please refer to *Schedule B* for further clarification of Benefits. **You should discuss all treatment options with Your Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of benefits under the DHMO program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2024 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 - comprehensive series of radiographic images - <i>limited to 1 series every 36 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
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
D0330	Panoramic radiographic image - <i>limited to 1 each 36 month period</i>	No Cost
D0396	3D printing of a 3D dental surface scan.....	No Cost
D0419	Assessment of salivary flow by measurement - <i>1 every 12 months</i>	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
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 - comprehensive 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>	\$5.00

D1000-D1999 II. PREVENTIVE

D1110	Prophylaxis <i>cleaning</i> - adult - 1 D1110 or D4346 per 6 month period.....	\$15.00
D1310	Nutritional counseling for control of dental disease.....	No Cost
D1330	Oral hygiene instructions	No Cost

D2000-D2999 III. RESTORATIVE

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

D2140	Amalgam - one surface, primary or permanent	\$27.00
D2150	Amalgam - two surfaces, primary or permanent	\$32.00
D2160	Amalgam - three surfaces, primary or permanent	\$37.00
D2161	Amalgam - four or more surfaces, primary or permanent	\$50.00
D2330	Resin-based composite - one surface, anterior	\$55.00
D2331	Resin-based composite - two surfaces, anterior	\$65.00
D2332	Resin-based composite - three surfaces, anterior	\$75.00
D2335	Resin-based composite - four or more surfaces (anterior).....	\$85.00
D2391	Resin-based composite - one surface, posterior.....	\$75.00
D2392	Resin-based composite - two surfaces, posterior.....	\$80.00
D2393	Resin-based composite - three surfaces, posterior.....	\$85.00
D2394	Resin-based composite - four or more surfaces, posterior.....	\$85.00

D2510	Inlay - metallic - one surface ^{4,7}	\$260.00
D2520	Inlay - metallic - two surfaces ^{4,7}	\$270.00
D2530	Inlay - metallic - three or more surfaces ^{4,7}	\$280.00
D2542	Onlay - metallic - two surfaces ^{4,7}	\$278.00
D2543	Onlay - metallic - three surfaces ^{4,7}	\$290.00
D2544	Onlay - metallic - four or more surfaces ^{4,7}	\$300.00
D2610	Inlay - porcelain/ceramic - one surface ^{2,7}	Optional
D2620	Inlay - porcelain/ceramic - two surfaces ^{2,7}	Optional
D2630	Inlay - porcelain/ceramic - three or more surfaces ^{2,7}	Optional
D2642	Onlay - porcelain/ceramic - two surfaces ^{2,7}	Optional
D2643	Onlay - porcelain/ceramic - three surfaces ^{2,7}	Optional
D2644	Onlay - porcelain/ceramic - four or more surfaces ^{2,7}	Optional
D2650	Inlay - resin-based composite - one surface ^{2,7}	Optional
D2651	Inlay - resin-based composite - two surfaces ^{2,7}	Optional
D2652	Inlay - resin-based composite - three or more surfaces ^{2,7}	Optional
D2662	Onlay - resin-based composite - two surfaces ^{2,7}	Optional
D2663	Onlay - resin-based composite - three surfaces ^{2,7}	Optional
D2664	Onlay - resin-based composite - four or more surfaces ^{2,7}	Optional
D2710	Crown - resin-based composite (indirect) ^{1,7}	\$125.00
D2712	Crown - 3/4 resin-based composite (indirect) ^{1,7}	\$125.00
D2720	Crown - resin with high noble metal ^{1,7}	\$395.00
D2721	Crown - resin with predominantly base metal ^{1,7}	\$315.00
D2722	Crown - resin with noble metal ^{1,7}	\$350.00
D2740	Crown - porcelain/ceramic ^{1,7}	\$300.00
D2750	Crown - porcelain fused to high noble metal ^{1,7}	\$395.00
D2751	Crown - porcelain fused to predominantly base metal ^{1,7}	\$315.00
D2752	Crown - porcelain fused to noble metal ^{1,7}	\$350.00
D2753	Crown - porcelain fused to titanium and titanium alloys.....	\$395.00
D2780	Crown - 3/4 cast high noble metal ⁷	\$335.00

D2781	Crown - 3/4 cast predominantly base metal ⁷	\$300.00
D2782	Crown - 3/4 cast noble metal ⁷	\$335.00
D2790	Crown - full cast high noble metal ⁷	\$365.00
D2791	Crown - full cast predominantly base metal ⁷	\$300.00
D2792	Crown - full cast noble metal ⁷	\$335.00
D2794	Crown - titanium and titanium alloys ⁷	\$365.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$20.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$20.00
D2920	Re-cement or re-bond crown	\$20.00
D2921	Reattachment of tooth fragment, incisal edge or cusp (<i>anterior</i>)	\$85.00
D2932	Prefabricated resin crown	\$60.00
D2940	Protective restoration	No Cost
D2941	Interim therapeutic restoration - primary dentition	No Cost
D2949	Restorative foundation for an indirect restoration	\$50.00
D2950	Core buildup, including any pins when required	\$50.00
D2951	Pin retention - per tooth, in addition to restoration	\$25.00
D2952	Post and core in addition to crown, indirectly fabricated - <i>includes</i> <i>canal preparation</i> ⁴	\$95.00
D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i> ⁴	\$95.00
D2954	Prefabricated post and core in addition to crown - <i>base metal post; includes</i> <i>canal preparation</i>	\$70.00
D2957	Each additional prefabricated post - same tooth - <i>base metal post; includes</i> <i>canal preparation</i>	\$70.00
D2976	Band stabilization - per tooth - <i>limited to</i> <i>once in a lifetime per tooth</i>	\$37.00
D2980	Crown repair necessitated by restorative material failure	\$45.00
D2981	Inlay repair necessitated by restorative material failure	\$45.00
D2982	Onlay repair necessitated by restorative material failure	\$45.00

D2983	Veneer repair necessitated by restorative material failure.....	\$45.00
D2989	Excavation of a tooth resulting in the determination of non-restorability	No Cost

D3000-D3999 IV. ENDODONTICS

D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament.....	No Cost
D3221	Pulpal debridement, primary and permanent teeth.....	\$35.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development.....	No Cost
D3310	<i>Root canal</i> - endodontic therapy, anterior tooth (excluding final restoration) ⁵	\$180.00
D3320	<i>Root canal</i> - endodontic therapy, premolar tooth (excluding final restoration) ⁵	\$230.00
D3330	<i>Root canal</i> - endodontic therapy, molar tooth (excluding final restoration) ⁵	\$375.00
D3346	Retreatment of previous root canal therapy - anterior ⁵	\$280.00
D3347	Retreatment of previous root canal therapy - premolar ⁵	\$330.00
D3348	Retreatment of previous root canal therapy - molar ⁵	\$475.00
D3410	Apicoectomy - anterior ⁵	\$270.00
D3421	Apicoectomy - premolar (first root) ⁵	\$335.00
D3425	Apicoectomy - molar (first root) ⁵	\$380.00
D3426	Apicoectomy (each additional root) ⁵	\$105.00
D3430	Retrograde filling - per root ⁵	\$25.00
D3450	Root amputation, per root - <i>not covered in conjunction with a hemisection</i> ⁵	\$75.00
D3471	Surgical repair of root resorption - anterior	\$270.00
D3472	Surgical repair of root resorption - premolar...	\$270.00
D3473	Surgical repair of root resorption - molar.....	\$270.00
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	\$270.00
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar.....	\$270.00

D3503 Surgical exposure of root surface without apicoectomy or repair of root resorption - molar\$270.00

D4000-D4999 V. PERIODONTICS

- Includes pre-operative and post-operative evaluations and treatment under a local anesthetic.

D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant..... \$300.00

D4211 Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant..... \$50.00

D4212 Gingivectomy or gingivoplasty to allow access for restorative procedure, per toothNo Cost

D4240 Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant..... \$300.00

D4241 Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant..... \$300.00

D4260 Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant.....\$450.00

D4261 Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant.....\$450.00

D4341 Periodontal scaling and root planing - four or more teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months*\$55.00

D4342 Periodontal scaling and root planing - one to three teeth per quadrant - *limited to 4 quadrants during any 12 consecutive months*\$55.00

D4346 Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - *1 D1110 or D4346 per 6 month period*.....\$15.00

D4355	Full mouth debridement to enable a comprehensive periodontal 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>	\$45.00
D4921	Gingival irrigation with a medicinal agent - per quadrant.....	No Cost

D5000-D5899 VI. PROSTHODONTICS (removable)

D5110	Complete denture - maxillary ^{8,9}	\$395.00
D5120	Complete denture - mandibular ^{8,9}	\$395.00
D5130	Immediate denture - maxillary ^{8,9}	\$495.00
D5140	Immediate denture - mandibular ^{8,9}	\$495.00
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) ^{8,9}	\$300.00
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) ^{8,9}	\$300.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) ^{8,9}	\$395.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth) ^{8,9}	\$395.00
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth).....	\$300.00
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth).....	\$300.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).....	\$395.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).....	\$395.00
D5410	Adjust complete denture - maxillary ⁸	\$20.00
D5411	Adjust complete denture - mandibular ⁸	\$20.00

D5421	Adjust partial denture - maxillary ⁸	\$20.00
D5422	Adjust partial denture - mandibular ⁸	\$20.00
D5511	Repair broken complete denture base, mandibular	\$50.00
D5512	Repair broken complete denture base, maxillary	\$50.00
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.....	\$90.00
D5622	Repair cast partial framework, maxillary.....	\$90.00
D5630	Repair or replace broken retentive/clasping materials - per tooth.....	\$45.00
D5640	Replace broken teeth - per tooth	\$25.00
D5650	Add tooth to existing partial denture.....	\$45.00
D5660	Add clasp to existing partial denture - per tooth.....	\$45.00
D5710	Rebase complete maxillary denture ³	\$130.00
D5711	Rebase complete mandibular denture ³	\$130.00
D5720	Rebase maxillary partial denture ³	\$130.00
D5721	Rebase mandibular partial denture ³	\$130.00
D5725	Rebase hybrid prosthesis.....	\$130.00
D5730	Reline complete maxillary denture (chairside) ³	\$50.00
D5731	Reline complete mandibular denture (chairside) ³	\$50.00
D5740	Reline maxillary partial denture (chairside) ³	\$50.00
D5741	Reline mandibular partial denture (chairside) ³	\$50.00
D5750	Reline complete maxillary denture (laboratory) ³	\$150.00
D5751	Reline complete mandibular denture (laboratory) ³	\$150.00
D5760	Reline maxillary partial denture (laboratory) ³	\$150.00
D5761	Reline mandibular partial denture (laboratory) ³	\$150.00
D5765	Soft liner for complete or partial removable denture - indirect	\$150.00

D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary - <i>limited to initial placement of interim partial denture/stayplate to replace extracted anterior teeth during healing</i> ⁸	\$55.00
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular - <i>limited to initial placement of interim partial denture/stayplate to replace extracted anterior teeth during healing</i> ⁸	\$55.00
D5850	Tissue conditioning, maxillary ^{3,8}	\$30.00
D5851	Tissue conditioning, mandibular ^{3,8}	\$30.00
D5863	Overdenture - complete maxillary	Optional
D5864	Overdenture - partial maxillary	Optional
D5865	Overdenture - complete mandibular	Optional
D5866	Overdenture - partial mandibular	Optional

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered

D6000-D6199 VIII. IMPLANT SERVICES - Not Covered

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

D6210	Pontic - cast high noble metal ⁶	\$365.00
D6211	Pontic - cast predominantly base metal ⁶	\$300.00
D6212	Pontic - cast noble metal ⁶	\$300.00
D6240	Pontic - porcelain fused to high noble metal ^{1,6}	\$395.00
D6241	Pontic - porcelain fused to predominantly base metal ^{1,6}	\$315.00
D6242	Pontic - porcelain fused to noble metal ^{1,6}	\$350.00
D6243	Pontic - porcelain fused to titanium and titanium alloys	\$350.00
D6245	Pontic - porcelain/ceramic ^{2,6}	Optional
D6250	Pontic - resin with high noble metal ^{1,6}	\$395.00
D6251	Pontic - resin with predominantly base metal ^{1,6}	\$315.00
D6252	Pontic - resin with noble metal ^{1,6}	\$350.00
D6600	Retainer inlay - porcelain/ceramic, two surfaces ^{2,6}	Optional

D6601	Retainer inlay - porcelain/ceramic, three or more surfaces ^{2,6}	Optional
D6602	Retainer inlay - cast high noble metal, two surfaces ^{4,6}	\$270.00
D6603	Retainer inlay - cast high noble metal, three or more surfaces ^{4,6}	\$280.00
D6604	Retainer inlay - cast predominantly base metal, two surfaces ⁶	\$270.00
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces ⁶	\$280.00
D6606	Retainer inlay - cast noble metal, two surfaces ⁶	\$270.00
D6607	Retainer inlay - cast noble metal, three or more surfaces ⁶	\$280.00
D6608	Retainer onlay - porcelain/ceramic, two surfaces ^{2,6}	Optional
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces ^{2,6}	Optional
D6610	Retainer onlay - cast high noble metal, two surfaces ^{4,6}	\$290.00
D6611	Retainer onlay - cast high noble metal, three or more surfaces ^{4,6}	\$290.00
D6612	Retainer onlay - cast predominantly base metal, two surfaces ⁶	\$290.00
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces ⁶	\$290.00
D6614	Retainer onlay - cast noble metal, two surfaces ⁶	\$290.00
D6615	Retainer onlay - cast noble metal, three or more surfaces ⁶	\$290.00
D6720	Retainer crown - resin with high noble metal ^{1,6}	\$395.00
D6721	Retainer crown - resin with predominantly base metal ^{1,6}	\$315.00
D6722	Retainer crown - resin with noble metal ^{1,6}	\$350.00
D6740	Retainer crown - porcelain/ceramic ^{2,6}	Optional
D6750	Retainer crown - porcelain fused to high noble metal ^{1,6}	\$395.00
D6751	Retainer crown - porcelain fused to predominantly base metal ^{1,6}	\$315.00
D6752	Retainer crown - porcelain fused to noble metal ^{1,6}	\$350.00
D6753	Retainer crown - porcelain fused to titanium and titanium alloys.....	\$395.00

D6780	Retainer crown - 3/4 cast high noble metal ⁶ ...	\$335.00
D6781	Retainer crown - 3/4 cast predominantly base metal ⁶	\$300.00
D6782	Retainer crown - 3/4 cast noble metal ⁶	\$335.00
D6784	Retainer crown - 3/4 titanium and titanium alloys.....	\$365.00
D6790	Retainer crown - full cast high noble metal ⁶ ...	\$365.00
D6791	Retainer crown - full cast predominantly base metal ⁶	\$300.00
D6792	Retainer crown - full cast noble metal ⁶	\$335.00
D6930	Re-cement or re-bond fixed partial denture	\$30.00
D6940	Stress breaker ⁶	\$50.00
D6980	Fixed partial denture repair necessitated by restorative material failure	\$45.00

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

- *Includes pre-operative and post-operative evaluations and treatment under a local anesthetic.*

D7111	Extraction, coronal remnants - primary tooth	\$35.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal).....	\$35.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$65.00
D7220	Removal of impacted tooth - soft tissue.....	\$75.00
D7230	Removal of impacted tooth - partially bony.....	\$100.00
D7240	Removal of impacted tooth - completely bony	\$140.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications.....	\$160.00
D7250	Removal of residual tooth roots (cutting procedure)	\$65.00
D7251	Coronectomy - intentional partial tooth removal, impacted teeth only	\$160.00
D7284	Excisional biopsy of minor salivary glands - <i>does not include pathology laboratory procedures</i>	\$60.00
D7286	Incisional biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i> ...	\$60.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.....	\$50.00

D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$50.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$105.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$105.00
D7471	Removal of lateral exostosis (maxilla or mandible).....	\$200.00
D7510	Incision and drainage of abscess - intraoral soft tissue	\$35.00
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	No Cost
D7961	Buccal/labial frenectomy (frenulectomy).....	No Cost
D7962	Lingual frenectomy (frenulectomy).....	No Cost

D8000-D8999 XI. ORTHODONTICS - Not Covered

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

D9110	Palliative treatment of dental pain - per visit.....	\$35.00
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
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	\$35.00
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.....	\$50.00
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
D9986	Missed appointment - <i>without 24 hour notice - per 15 minutes of appointment time - up to an overall maximum of \$40.00</i>	\$10.00
D9987	Canceled appointment - <i>without 24 hour notice - per 15 minutes of appointment time - up to an overall maximum of \$40.00</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

FOOTNOTES

- ¹ *Porcelain and other tooth-colored materials on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$75.00.*
- ² *Optional is defined as any alternative procedure presented by the Contract Dentist that satisfies the same dental need as a covered procedure, is chosen by the Enrollee, and is subject to the Limitations and Exclusions of the program. The applicable charge to the Enrollee is the difference between the Contract Dentist's "filed fee" for the Optional procedure and the "filed fee" for the covered procedure, plus any applicable Copayment for the covered procedure. "Filed fees" means the Contract Dentist's fees on file with Delta Dental. Questions regarding the DeltaCare USA program should be directed to Delta Dental's Customer Service department at 800-422-4234.*
- ³ *Limited to 1 per denture during any 12 consecutive months.*

- 4 Base or noble metal is the benefit. High noble metal (precious), if used, will be charged to the Enrollee at the additional maximum cost to the Enrollee of \$100.00 per tooth. If an indirectly fabricated post and core is made of high noble metal, an additional fee up to \$100.00 per tooth will be charged for the upgrade. This charge also applies to a titanium crown.*
- 5 A Benefit for permanent teeth only.*
- 6 Replacement is subject to a limitation requiring the existing bridge to be 5+ years old.*
- 7 Replacement is subject to a limitation requiring the existing restoration to be 5+ years old.*
- 8 Includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. For all listed immediate dentures and immediate removable partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for three (3) months following installation, if the You continue to be eligible and the service is provided at the Contract Dentist's facility where the denture was originally delivered.*
- 9 Replacement is subject to a limitation requiring the existing denture to be 5+ years old.*

SCHEDULE B

Limitations of Benefits

1. Full mouth x-rays are limited to one set every 36 consecutive months and include any combination of periapicals, bitewings and/or panoramic film.
2. Bitewing x-rays are limited to not more than one series of four films in any six month period.
3. Diagnostic casts are limited to aid in diagnosis by the Contract Dentist for covered Benefits.
4. If a biopsy is preauthorized by Delta Dental for an oral surgeon, then examination of the resulting biopsy specimen is covered under codes D0472, D0473 or D0474 and available at no additional cost.
5. Prophylaxis or periodontal maintenance is limited to one procedure each six month period.
6. A filling is a benefit for the removal of decay, for minor repairs of tooth structure or to replace a lost filling.
7. A crown is a benefit when there is insufficient tooth structure to support a filling or to replace an existing crown that is non-functional or non-restorable and meets the five year limitation (Limitation #11).
8. A covered metallic inlay or onlay using base or noble metal is available for listed Copayment(s). If the Enrollee elects to have high noble metal used instead, the maximum additional cost of this material upgrade is \$100.00 per tooth. For an indirectly fabricated post and core, the benefit is for base or noble metal. If the Enrollee elects to have a high noble metal indirectly fabricated post and core instead, the maximum additional cost of this material upgrade is \$100.00 per tooth.
9. For molars, a covered crown or unit of a fixed partial denture (bridge) is a full cast metal restoration without porcelain or other tooth-colored material. If the Enrollee elects to have porcelain, porcelain-fused-to-metal, resin or resin-with-metal used instead, the maximum additional cost for this tooth-colored material upgrade is \$75.00 per molar.

10. If a porcelain margin is also chosen by You for a covered porcelain-fused-to-metal crown, the maximum additional cost for this laboratory upgrade is \$75.00.
11. The replacement of an existing inlay, onlay, crown, fixed partial denture (bridge) or a removable full or partial denture is covered when:
 - a. The existing restoration/bridge/denture is no longer functional and cannot be made functional by repair or adjustment, **and**
 - b. One of the following:
 - The existing non-functional restoration/bridge/denture was placed five or more years prior to its replacement, **or**
 - If an existing partial denture is less than five years old, but must be replaced by a new partial denture due to the loss of a natural tooth, which cannot be replaced by adding another tooth to the existing partial denture.
12. A therapeutic pulpotomy on a permanent tooth is limited to palliative treatment when the Contract Dentist is not performing root canal therapy.
13. Periodontal scaling and root planing are limited to four quadrants during any 12 month period.
14. Full mouth debridement (gross scale) is limited to one treatment in any 12 month period.
15. The benefit for the replacement of a missing posterior tooth (or teeth) is a removable partial denture. Coverage for the placement of a fixed partial denture (bridge) is optional except in the following cases:
 - The sole tooth to be replaced in the arch is a permanent anterior tooth, provided that it is not in conjunction with a partial denture on the same arch. A cantilever bridge is a benefit at the professional discretion of the Contract Dentist for the replacement of one missing permanent anterior tooth only; **or**

- The new bridge would replace an existing, non-functional bridge utilizing the same abutment teeth, with no additional abutments or pontics with the exception of posterior cantilever bridges (see Limitation #11).
 - The abutment teeth are not being crowned solely for the purpose of supporting a pontic (each abutment tooth to be crowned must meet Limitation #7).
16. Relines, tissue conditioning and rebases are limited to one per denture during any 12 consecutive months.
17. Interim partial dentures (stayplates), in conjunction with fixed or removable appliances, are limited to:
- The replacement of extracted anterior teeth for adults during a healing period when the teeth cannot be added to an existing partial denture.
18. Excision of the frenum is a benefit only when it results in limited mobility of the tongue, it causes a large diastema between teeth or it interferes with a prosthetic appliance.
19. In cases of accidental injury, benefits available are described in *Schedule B, Accident Injury Benefit*. Damages to the hard and soft tissues of the oral cavity from normal masticatory (chewing) function, exclusive attrition and normal wear, will be covered as described in *Schedules A, Description of Benefits and Copayments; and B, Limitations and Exclusions of Benefits*.
20. Benefits for a soft tissue management program are limited to those parts, which are listed covered services listed on *Schedule A*. If You declined non-covered services within a soft tissue management program, it does not eliminate or alter other covered benefits.

21. A new removable partial or complete denture includes after delivery adjustments and tissue conditioning at no additional cost for the first six months after placement if You continue to be eligible and the service is provided at the Contract Dentist's facility where the denture was originally delivered. Immediate dentures and immediate removable partial dentures include after delivery adjustments and tissue conditioning at no additional cost for the first three (3) months after placement.
22. Benefits are limited to either an intraoral comprehensive series radiographic images (D0210) or panoramic radiographic image (D0330) in the frequency limitation period specified by the plan. Comprehensive intraoral images may include any combination of periapicals and bitewings. Panoramic images are not considered part of a comprehensive intraoral series. Bitewings of any type are disallowed within 6 months of an intraoral comprehensive intraoral series unless warranted by special circumstances.
23. Cleaning of a denture is a benefit only when the patient is fully edentulous. If partially edentulous, this service is included in the fee for procedure D1110, D1120, D4346 or D4910.
24. An Optional procedure is defined as any alternative procedure presented by the Contract Dentist that satisfies the same dental need as a covered procedure, is chosen by the Enrollee, and is subject to the limitations and exclusions of the program. The applicable charge to the Enrollee is the difference between the Contract Dentist's "filed fees" for the Optional procedure and the "filed fees" for the covered procedure, plus any applicable Copayment for the covered procedure. Optional treatment does not apply when alternative choices are benefits. Optional procedures include:
 - The use of a tooth-colored material when restoring a posterior tooth with a filling, inlay or onlay; and

- Units in a fixed partial denture (bridge) made of porcelain/ceramic, which is not fused to and supported by underlying cast metal.

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

Exclusions of Benefits

1. Any procedure that is not specifically listed under *Schedule A, Description of Benefits and Copayments*.
2. Dental conditions arising out of and due to Enrollee's employment for which Workers' Compensation is paid. Services which are provided to the Enrollee by state government or agency thereof, or are provided without cost to the Enrollee by any municipality, county or other subdivision, except as provided in Section 1373(a) of the California Health and Safety Code.
3. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
4. Loss or theft of full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).
5. Dental expenses incurred in connection with any dental procedures started after termination of eligibility for coverage.
6. Dental expenses incurred in connection with any dental procedure started before the Enrollee's eligibility with the DHMO program. Examples include: teeth prepared for crowns, root canals in progress, orthodontics.
7. Congenital malformations (e.g. congenitally missing teeth, supernumerary teeth, enamel and dentinal dysplasias, etc.).
8. Dispensing of drugs not normally utilized in the delivery of dental services.
9. 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.

10. Dental services received from any dental facility other than the assigned Contract Dentist including the services of a dental specialist, unless expressly authorized in writing by Delta Dental or as cited under *Emergency Services*. To obtain written authorization, the Enrollee should call Delta Dental's Customer Service department at 800-422-4234.
11. Consultations for non-covered Benefits.
12. Implant placement or removal, appliances placed on or services associated with implants, including but not limited to prophylaxis and periodontal treatment.
13. Restorations placed solely due to cosmetics, abrasions, attrition, erosion, restoring or altering vertical dimension, congenital or developmental malformation of teeth or the anticipation of future fractures.
14. Appliances or restorations necessary to increase vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth, periodontal splinting, gnathologic recordings, equilibration or treatment of disturbances of the temporomandibular joint (TMJ).
15. An initial treatment plan which involves the removal and reestablishment of the occlusal contacts of 10 or more teeth with crowns, onlays, fixed partial dentures (bridges), or any combination of these is considered to be full mouth reconstruction under the DHMO program. Crowns, onlays and fixed partial dentures associated with such a treatment plan are not covered Benefits. This exclusion does not eliminate the benefit for other covered services.
16. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
17. Extraction of teeth, when teeth are asymptomatic/ non-pathologic (no signs or symptoms of pathology or infection), including but not limited to the removal of third molars and orthodontic extractions.

18. Treatment or extraction of primary teeth.
19. A Maryland bridge is considered a specialized technique and is not a Benefit. Recementation, repair or replacement of an existing Maryland bridge is not a Benefit.
20. Orthodontic treatment must be provided by a licensed Dentist. Self-administered orthodontics are not covered.
21. The removal of fixed orthodontic appliances for reasons other than completion of treatment is not a covered benefit.

Accident Injury Benefit

An accidental injury is damage to the hard and soft tissue of the mouth caused directly and independently of all other causes by external forces. Damage to the hard and soft tissue of the mouth from normal chewing function is covered under *Schedule A, Description of Benefits and Copayments*.

Delta Dental will pay up to 100 percent of the Contract Dentist's "filed fees," for expenses an Enrollee incurs for an accident injury, less any applicable Copayment(s), up to a Maximum of \$1,600.00 in any 12 month period.

Accident injury benefits include the following procedure in addition to those listed in *Schedule A, Description of Benefits and Copayments*.

CODE

D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus - includes splinting and/or stabilization.

Payment of accident injury benefits is subject to *Schedule B, Limitations and Exclusions of Benefits*, in addition to the following provisions:

MAXIMUM

Accident injury benefits will be provided for each Enrollee up to a maximum of \$1,600.00 in any 12 month period.

LIMITATION

Accident injury benefits are limited to services provided as a result of an accident which occurred (a) while the Enrollee was covered under the DHMO program, or (b) while the Enrollee was covered under another DHMO program, and if the benefits for the expenses incurred would have been paid if the Enrollee had remained covered under that program.

EXCLUSIONS

In addition to *Schedule B*, limitations #12, #17, and #19 and exclusions #1-9, #11-14 and #17-19, the following exclusions apply:

1. Prophylaxis.
2. Extra-oral grafts (grafting of tissues from outside the mouth to oral tissue).
3. Replacement of existing restorations due to decay.
4. Orthodontic services (treatment of malalignment of teeth and/or jaws).
5. Replacement of existing restorations, crowns, bridges, dentures and other dental or orthodontic appliances damaged by accident injury.

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

Non-Discrimination Disclosure

Discrimination is Against the Law

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

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

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

if such denial or limitation results in discriminating against a transgender individual.

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

Delta Dental
PO Box 997330
Sacramento, CA 95899-7330
1-866-530-9675
deltadentalins.com

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

We provide free aids and services to people with disabilities to communicate effectively with us, such as:

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

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

- qualified interpreters
- information written in other languages

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

Can you read this document? If not, we can have somebody help you read it. You may also be able to get this document written in your language. For free help, please call 1-800-422-4234 (TTY: 711).

¿Puede leer este documento? Si no, podemos encontrar a alguien que lo ayude a leerlo. También puede obtener este documento escrito en su idioma. Para obtener ayuda gratuita, llame al 1-800-422-4234 (servicio de retransmisión TTY deben llamar al 711). (Spanish)

您能自行閱讀本文件嗎？如果不能，我們可請人幫助您閱讀。您還可以請人以您的語言撰寫本文件。如需免費幫助，請致電 1-800-422-4234 (TTY: 711)。(Chinese)

Nababasa mo ba ang dokumentong ito? Kung hindi, may tao kaming makakatulong sa iyong basahin ito. Maaari mo ring makuha ang dokumentong ito nang nakasulat sa iyong wika. Para sa lib्रेng tulong, pakitawagan ang 1-800-422-4234 (TTY: 711). (Tagalog)

Bạn có đọc được tài liệu này không? Nếu không, chúng tôi sẽ cử một ai đó giúp bạn đọc. Bạn cũng có thể nhận được tài liệu này viết bằng ngôn ngữ của bạn. Để nhận được trợ giúp miễn phí, vui lòng gọi 1-800-422-4234 (TTY: 711). (Vietnamese)

이 문서를 읽으실 수 있습니까? 읽으실 수 없으면 다른 사람이 대신 읽어드릴 수 있습니다. 한국어로 번역된 문서를 받으실 수도 있습니다. 무료로 도움을 받기를 원하시면 1-800-422-4234 (TTY: 711)번으로 연락하십시오. (Korean)

Դուք կարո՞ղ եք կարդալ այս փաստաթուղթը: Եթե ոչ, մենք որևէ մեկին կգտնենք, ով կօգնի ձեզ կարդալ: Դուք կարո՞ղ եք նաև այս փաստաթուղթը ստանալ գրված ձեր լեզվով: Անվճար օգնության համար ինդրում ենք զանգահարել 1-800-422-4234 (TTY: 711): (Armenian)

آیا می توانید این متن را بخوانید؟ در صورتی که نمی توانید، ما قادریم از شخصی بخواهیم تا در خواندن این متن به شما کمک کند. همچنین ممکن است بتوانید این متن را به زبان خود دریافت کنید. برای کمک رایگان با این شماره تماس بگیرید: 1-800-422-4234 (TTY: 711). (Persian Farsi)

هل تستطيع قراءة هذا المستند؟ إذا كنت لا تستطيع، يمكننا أن نوفر لك من يساعدك في قراءتها. ربما يمكنك أيضًا الحصول على هذا المستند مكتوبًا بلغتك للمساعدة المجانية اتصل بـ 1-800-422-4234 (TTY: 711). (Arabic)

Вы можете прочитать этот документ? Если нет, мы можем предоставить вам кого-нибудь, кто поможет вам прочитать его. Вы также можете получить этот документ на своем языке. Для получения бесплатной помощи, просьба звонить по номеру 1-800-422-4234 (телетайп: 711). (Russian)

क्या आप इस दस्तावेज़ को पढ़ सकते हैं? यदि नहीं, तो हम इसे पढ़ने में आपकी सहायता करने हेतु किसी की व्यवस्था कर सकते हैं। आप इस दस्तावेज़ को अपनी भाषा में लिखा हुआ भी प्राप्त कर सकते हैं। निशुल्क सहायता के लिए, कृपया यहाँ कॉल करें 1-800-422-4234 (TTY: 711)। (Hindi)

この文書をお読みになれますか?お読みになれない場合には音読ボランティアを手配させていただきます。この文書をご希望の言語に訳したものをお送りできる場合もあります。無料のサポートについては、1-800-422-4234 (TTY: 711) までお問い合わせください。(Japanese)

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

Koj nyeem puas tau daim ntawv no? Yog koj nyeem tsis tau, peb muaj neeg pab nyeem rau koj. Tsis tas li ntawd xwb, tej zaum kuj muab daim ntawv no sau ua koj hom lus tau thiab. Yog yuav thov kev pab dawb, thov hu rau 1-800-422-4234 (TTY: 711). (Hmong)

តើលោកអ្នកអាចអានឯកសារនេះបានទេ? បើសិនមិនអាចទេ យើងអាចឱ្យនរណាម្នាក់ជួយអានឱ្យលោកអ្នក។ លោកអ្នកក៏អាចទទួលបានឯកសារនេះជាលាយលក្ខណ៍អក្សរជាភាសាបស់លោកអ្នកផងដែរ។ សម្រាប់ជំនួយឥតគិតថ្លៃ សូមទូរស័ព្ទទៅ 1-800-422-4234 (TTY: 711)។ (Cambodian)

คุณสามารถอ่านเอกสารนี้ได้หรือไม่? หากไม่ได้ เราสามารถหาคนมาช่วยคุณอ่านได้ นอกจากนี้ คุณยังสามารถรับเอกสารนี้ที่เขียนในภาษาของคุณได้อีกด้วย รับความช่วยเหลือฟรีได้โดยโทรไปที่ 1-800-422-4234 (TTY: 711) (Thai)

If you have any questions or need additional information,
call or write:

Toll Free
800-422-4234

Administrator:
Delta Dental Insurance Company
P.O. Box 1803
Alpharetta, GA 30023
deltadentalins.com