Individual Family or Child Only Plan
with
Pediatric Oral Essential Health Benefit

WELCOME

Delta Dental is pleased to provide important dental Benefits to all persons who need coverage for their families or children that include the pediatric essential health benefit. This policy includes coverage of pediatric dental services as required under the federal Patient Protection and Affordable Care Act.

This Policy is issued by Delta Dental of Arizona and delivered in Arizona. All terms, conditions and other provisions of this Policy are governed by Arizona law and applicable Federal law. All Benefits are paid according to the terms, conditions, and provisions of this Policy. Delta Dental settles claims based upon a methodology which may be less than the provider's billed charge. Please read this Policy carefully and completely and refer to it should You have questions about the dental coverage provided under the Policy. This Policy, along with your application and the declaration page, is Our complete agreement with You and will govern the Benefits provided to Covered Persons under this Policy. Each term in this Policy that is capitalized has a special meaning and is defined in the "Definitions" section.

SPECIAL NOTE IF THIS POLICY WAS PURCHASED ON THE FEDERAL MARKETPLACE EXCHANGE

If this dental coverage was purchased on the Federal Marketplace Exchange, rules and standards set by the Exchange apply and may alter certain provisions of this Policy. Please contact Delta Dental of Arizona or visit www.healthcare.gov for additional information.

Important Notice Concerning Statements in the Application for Your Policy. Your application is a part of this Policy and is attached. If the application is not complete or has an error, please let Us know. If Your answers are incorrect or untrue, We may have the right to deny Benefits or rescind Your Policy.

Your Right to Return this Policy. Please read this Policy immediately. If You are not satisfied with it for any reason, You may notify Us within ten days of receiving it and any Premium paid will be refunded. This Policy will then be void from the start.

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YOUR CHOICE OF PROVIDER

Delta Dental PPO plus Premier

All Benefits under this Policy are based on a Fee schedule for services in or out of network. We will never pay more than the Fee minus the applicable Deductible and Coinsurance. The Covered Person will be responsible for the applicable Deductible and Coinsurance Percentage shown in the Summary of Benefits. The Covered Person will also be responsible for payment of any Dental Procedures that are not Benefits under the Policy, regardless of whether they were provided by a Delta Dental Provider.

Delta Dental Providers have agreed to accept the Fee as the full fee for the Benefit provided and will not charge the Covered Person any fees other than his/her Deductible and Coinsurance obligations under the Policy. In addition, Delta Dental Providers will submit claims directly to Delta Dental and Delta Dental will issue payment directly to the Delta Dental Provider.

If the Covered Person receives services from a Dentist who is not a Delta Dental Network Provider, the Covered Person will be responsible for any additional cost of treatment over the Fee.

For information on Delta Dental PPO Providers, visit Delta Dental's web site at www.deltadentalcoversme.com/dentistsearch.

SUMMARY OF BENEFITS

The Effective Date of this Policy will be determined by the date Delta Dental receives Your application for coverage but no earlier than January 1, 2015.

- If received between the first and fifteenth days of the month, the effective date will the first day of the following month.
- If received between the sixteenth and the last day of the month, the effective date will be the first day of the second following month.

Additional special effective dates are included under the eligibility section of this contract.

For those Policyholders who have purchased this Policy on the Exchange, the effective date will be determined by the exchange rules.

Deductible Limitations

The deductible for dental procedures is shown in the list of benefits below for you and for each covered dependent. The deductible period starts when your policy starts and continues through the end of the Benefit Accumulation Period.

Orthodontic Benefits

This Policy does not provide an orthodontic Benefit except for the Medically Necessary Orthodontic Services Benefit only for Covered Persons under the age of 19. There is no maximum benefit for Medically Necessary Orthodontic Services is not subject to limitation; however, the deductible will apply.

Maximum Benefit

When you see a dentist in the PPO network, the maximum total Benefit for each Benefit Accumulation Period for Dental Procedures is $1,000 for Covered Persons over the age of 18. When you see a dentist outside the PPO network, the maximum total Benefit for each Benefit Accumulation Period for Dental Procedures is $750 for Covered Persons over the age of 18. There is no maximum benefit for Covered Persons 18 and under.

Member Out-of-Pocket Costs

Your total out-of-pocket costs for services rendered to a Covered Person under the age of 19 from a Network dentist, will not exceed $350 per Benefit Accumulation Period. If there are two or more Covered Persons under the age of 19 receiving Benefits under this Policy, the out-of-pocket maximum for those Covered Persons is $700 per Benefit Accumulation Period. Only deductibles and Coinsurance paid for the Covered Person under the age of 19 will count toward the out-of-pocket maximum. Amounts paid for Optional Procedures, non-covered benefits, and balance billing do not count towards the out-of-pocket maximum. There is no out-of-pocket maximum for Covered Persons over the age of 18.

Schedule of Benefits, Limitations, Coverage, and Coinsurance Percentages

You are responsible for paying the deductible in each Benefit Accumulation Period.

This policy provides benefits according to the Coverage Percentage listed in the following chart, after the deductible is paid.

In the following chart, if the Coverage Percentage shown is “80%,” Delta Dental will pay 80% of the amount Delta Dental allows, after any deductibles are paid. In this case, the Coinsurance — the amount the patient must pay – is 20%.

SCHEDULE OF BENEFITS

- Benefits and coverage may vary based on patient's age at date of service.
- A number of the services listed may be subject to Dental Review or an Alternate Benefit may be paid. Please refer to the Optional Procedures section.
- All benefits are subject to the definitions, limitations, and exclusions in this policy and are payable only when Delta Dental determines they are necessary for the care of treatment of a covered condition and meet generally accepted dental protocols.
- Fixed bridges, partial/complete dentures or implants are provided where chewing function is impaired due to missing teeth, limited to one per 60 months. A fixed bridge or implant and implant-related procedures may be a Benefit if no more than two teeth are missing in the dental arch in which the bridge is proposed. Delta Dental will provide for replacement of missing teeth with the least elaborate procedure when three or more teeth are missing in the dental arch.

Delta Dental Essential-Family or Child Only (Low option plan)	
Deductible Amount	**Applies to each covered person per benefit accumulation period for Class I, Class II, Class III and Class IV Services**
$75	Children under age 19 (in or out of network)
$75	Adults and children age 19 and older (PPO network)
$100	Adults and children age 19 and older (non-PPO network)

Coverage Percentage Children under age 19	Class I Services (deductible applies to these services)	Coverage Percentage Adults and Children age 19 and older

In and out of network	Benefit	In PPO network	Out of PPO network
100%		100%	80%
D0120 Periodic oral evaluation - 6 month interval, combined with all exam codes			
D0140 Limited oral evaluation - problem focused - 6 month interval, combined with all exam codes			
D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver – 6 month interval, combined with all exam codes			
D0150 Comprehensive oral evaluation - 6 month interval, combined with all exam codes			
D0180 Comprehensive periodontal evaluation - 6 month interval, combined with all exam codes			
D0210 Intraoral – complete series (including bitewings) 60 month interval, either individual films or panoramic films			
D0220 Intraoral - periapical first film, applies against cost of full mouth series or when done as part of root canal			
D0230 Intraoral - periapical - each additional film, applies against cost of full mouth series or when done as part of root canal			
D0240 Intraoral - occlusal film, applies against cost of full mouth series or when done as part of root canal			
D0270 Bitewing – single film, Adult-1 set every 12 months / Children – 1 set every 6 months			
D0272 Bitewings - two films, Adult-1 set every 12 months / Children – 1 set every 6 months			
D0273 Bitewings - three films, Adult-1 set every 12 months / Children – 1 set every 6 months			
D0274 Bitewings - four films, Adult-1 set every 12 months / Children – 1 set every 6 months			

Coverage Percentage Children under age 19	Class I Services (deductible applies to these services)	Coverage Percentage Adults and Children age 19 and older	
In and out of network	Benefit	In PPO network	Out of PPO network
100%		100%	80%
D0277 Vertical bitewings – 7 to 8 films, Adult-1 set every 12 months / Children – 1 set every 6 months			
D0330 Panoramic film, 60 month interval, either individual films or panoramic film			
D0340 Cephalometric x-ray, once/lifetime, in conjunction with medically necessary orthodontic treatment only			
D0350 2D Oral/facial photographic images, once/lifetime, in conjunction with medically necessary orthodontic treatment only			
D0391 Interpretation of diagnostic image by practitioner not associated with capture of the image, including report, no frequency limit, but subject to policy			
D0460 Pulp vitality tests			
D0470 Diagnostic casts, in conjunction with medically necessary orthodontic treatment only			
D0601 Caries risk assessment and documentation, with a finding of low risk			
D0602 Caries risk assessment and documentation, with a finding of moderate risk			
D0603 Caries risk assessment and documentation, with a finding of high risk disease			
D1110 Prophylaxis – Adult, 6 month interval, combined with periodontal maintenance			
D1120 Prophylaxis – Child, 6 month interval, combined with periodontal maintenance			
D1206 Topical fluoride varnish – Child, 6 month interval, limited to children under age 19			
D1208 Topical application of fluoride – excluding varnish– Child, 6 month interval, limited to children under age 19			
D1351 Sealant - per tooth, limited to the occlusal surface of permanent molars – Child, one application per tooth every 36 months, limited to children under age 19			
D1352 Preventive Resin Restoration			
D1353 Sealant repair – per tooth			
D1510 Space maintainer – fixed – unilateral - Limited to children under age 19 (pediatric coverage)			
D1515 Space maintainer – fixed – bilateral - Limited to children under age 19 (pediatric coverage)			
D1520 Space maintainer - removable – unilateral - Limited to children under age 19 (pediatric coverage)			
D1525 Space maintainer - removable – bilateral - Limited to children under age 19 (pediatric coverage)			
D1550 Re-cement or re-bond space maintainer Limited to children under age 19 (pediatric coverage)			

Services Not Covered
D0170 Re-evaluation - limited, problem focused (established patient; not post-operative visit)
D0190 Screening of a patient
D0191 Assessment of a patient
D0250 Extraoral - first film, applies against cost of full mouth series or when done as part of root canal
D0251 Estra-oral posterior ental radiographic image
D0290 Posterior-anterior or lateral skull and facial bone survey film, once/lifetime
D0310 Sialography
D0320 Temporomandibular joint arthrogram, including injection
D0321 Other temporomandibular joint radiographic images, by report
D0322 Tomographic survey
D0364 Cone beam CT capture and interpretation with limited field of view- less than one whole jaw
D0365 Cone beam CT capture and interpretation with field of view of one full dental arch-mandible
D0366 Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium
D0367 Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium
D0368 Cone beam CT capture and interpretation for TMJ series including two or more exposures
D0369 Maxillofacial MRI capture and interpretation
D0370 Maxillofacial ultrasound capture and interpretation
D0371 Sialoendoscopy capture and interpretation
D0380 Cone beam CT image capture with limited field of view – less than one whole jaw
D0381 Cone beam CT image capture with field of view of once full dental arch - mandible
D0382 Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium
D0383 Cone beam CT image capture with field of view of both jaws, with or without cranium
D0384 Cone beam CT image capture for TMJ series including two or more exposures.
D0385 Maxillofacial MRI image capture
D0386 Maxillofacial ultrasound image capture
D0393 Treatment simulation using 3D image volume
D0394 Digital subtraction of two or more images or image volumes of the same modality
D0395 Fusion of two or more 3D image volumes of one or more modalities
D0415 Bacteriologic studies for determination of pathologic agents
D0416 Viral culture

Services Not Covered
D0417 Collection and preparation of saliva sample for laboratory diagnostic testing
D0418 Analysis of saliva sample
D0421 Genetic test for susceptibility to periodontal disease
D0422 Collection and preparation of genetric sample material for laboratory analysis and report
D0423 Genetic test for susceptibility to diseases – specimen analysis
D0425 Caries susceptibility tests
D0431 Adjunctive diagnostic test that aids in detection of mucosal abnormalities including premalignant, not to include cytology or biopsy procedures
D0472 Accession of tissue, gross examination, preparation and transmission of written report
D0473 Accession of tissue, gross and microscopic examination, preparation and transmission of written report
D0474 Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report
D0475 Decalcification procedure
D0476 Special stains for microorganisms
D0477 Special stains, not for microorganisms
D0478 Immunohistochemical stains
D0479 Tissue in situ hybridization, including interpretation
D0480 Processing and interpretation of cytologic smears, including the preparation and transmission of written report
D0481 Electron microscopy-diagnostic
D0482 Direct immunofluorescence
D0483 Indirect immunofluorescence
D0484 Consultation on slides prepared elsewhere
D0485 Consultation, including preparation of slides from biopsy material supplied by referring source
D0486 Accession of brush biopsy sample, microscopic examination, preparation and transmission of written report
D0502 Other oral pathology procedures, by report
D0999 Unspecified diagnostic procedure, by report
D1310 Nutritional counseling for control of dental
D1320 Tobacco counseling for the control and prevention of oral disease
D1330 Oral hygiene instructions
D1354 Interim caries arresting medicament application
D1555 Removal of fixed space maintainer
D1999 Unspecified preventive procedure, by report

Coverage Percentage Children under age 19	Class II Services (deductible applies to these services)	Coverage Percentage Adults and Children age 19 and older	
In and out of network	Benefit	In PPO network	Out of PPO network
60%		60%	50%
Class II restorative treatment is only a covered benefit when the services performed meet generally accepted standards of dental care.			
D2140 Amalgam - one surface, primary or permanent			
D2150 Amalgam - two surfaces, primary or permanent			
D2160 Amalgam - three surfaces, primary or permanent			
D2161 Amalgam - four or more surfaces, primary or permanent			
D2330 Resin–based composite - one surface, anterior			
D2331 Resin-based composite - two surfaces, anterior			
D2332 Resin-based composite - three surfaces, anterior			
D2335 Resin-based composite - four or more surfaces or involving incisal angle (anterior)			
D2390 Resin-based composite crown, anterior- 2-year interval, same tooth surface			
D2391 Resin-based composite - one surface, posterior - 2-year interval, same tooth surface , an alternate benefit will be provided			
D2392 Resin-based composite - two surfaces, posterior - 2-year interval, same tooth surface, an alternate benefit will be provided			
D2393 Resin-based composite - three surfaces, posterior - 2-year interval, same tooth surface, an alternate benefit will be provided			
D2394 Resin-based composite - four or more surfaces, posterior – 2-year interval, same tooth surface, an alternate benefit will be provided			
D9110 Palliative (emergency) treatment of dental pain – minor procedure			
D9310 Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment), 6 month interval, combined with all exam codes			
D9610 Therapeutic parenteral drug, single administration			
D9930 Treatment of complications (post-surgical) – unusual circumstances, by report			

Services Not Covered
D2410 Gold foil - one surface
D2420 Gold foil - two surfaces
D2430 Gold foil - three surfaces
D9120 Fixed partial denture sectioning
D9430 Office visit for observation (during regularly scheduled hours) – no other services performed
D9440 Office visit – after regularly scheduled hours
D9612 Therapeutic parenteral drugs, two or more administrations, different medications
D9630 Other drugs and/or medicaments, by report
D9910 Application of desensitizing medicament
D9911 Application of desensitizing resin for cervical and/or root surface, per tooth
D9920 Behavior management, by report

Coverage Percentage Children under age 19	Class III Services (deductible applies to these services)	Coverage Percentage Adults and Children age 19 and older	
In and out of network	Benefit	In PPO network	Out of PPO network
50%		Not Covered	Not Covered
Class III restorative treatment is only a covered benefit when the services performed meet generally accepted standards of dental care			
Class III prosthetic services are a covered benefit once every 60 months. This includes replacement.			
D0160 Detailed and extensive oral evaluation - problem focused, by report 6 month interval, combined with all exam codes			
D2510 Inlay - metallic – one surface, one per 60 months, including replacement, an alternate benefit will be provided			
D2520 Inlay - metallic – two surfaces, one per 60 months, including replacement, an alternate benefit will be provided			
D2530 Inlay - metallic – three surfaces, one per 60 months, including replacement, an alternate benefit will be provided			
D2542 Onlay - metallic - two surfaces, one per 60 months, including replacement			
D2543 Onlay - metallic - three surfaces, one per 60 months, including replacement			
D2544 Onlay - metallic - four or more surfaces, one per 60 months, including replacement			
D2610 Inlay - porcelain/ceramic - one surface, one per 60 months, including replacement, an alternate benefit will be provided			
D2620 Inlay - porcelain/ceramic - two surfaces, one per 60 months, including replacement, an alternate benefit will be provided			
D2630 Inlay - porcelain/ceramic - three or more surfaces, one per 60 months, including replacement, an alternate benefit will be provided			
D2642 Onlay - porcelain/ceramic - two surfaces, one per 60 months, including replacement			
D2643 Onlay - porcelain/ceramic - three surfaces, one per 60 months, including replacement			
D2644 Onlay - porcelain/ceramic - four or more surfaces, one per 60 months, including replacement			
D2650 Inlay - resin-based composite - one surface, one per 60 months, including replacement, an alternate benefit will be provided			
D2651 Inlay - resin-based composite - two surfaces, one per 60 months, including replacement, an alternate benefit will be provided			

Coverage Percentage Children under age 19	Class III Services (deductible applies to these services)	Coverage Percentage Adults and Children age 19 and older	
In and out of network	Benefit	In PPO network	Out of PPO network
50%		Not Covered	Not Covered
D2652 Inlay - resin-based composite - three or more surfaces, one per 60 months, including replacement, an alternate benefit will be provided			
D2662 Onlay - resin-based composite - two surfaces, one per 60 months, including replacement			
D2663 Onlay - resin-based composite - three surfaces, one per 60 months, including replacement			
D2664 Onlay - resin-based composite - four or more surfaces, one per 60 months, including replacement			
D2710 Crown - resin (indirect), one per 60 months, including replacement			
D2712 Crown - 3/4 resin-based composite (indirect), one per 60 months, including replacement			
D2720 Crown - resin with high noble metal,one per 60 months, including replacement			
D2721 Crown - resin with predominantly base metal, one per 60 months, including replacement			
D2722 Crown - resin with noble metal, one per 60 months, including replacement			
D2740 Crown - porcelain/ceramic substrate, one per 60 months, including replacement			
D2750 Crown - porcelain fused to high noble metal, one per 60 months, including replacement			
D2751 Crown - porcelain fused to predominately base metal, one per 60 months, including replacement			
D2752 Crown - porcelain fused to noble metal, one per 60 months, including replacement			
D2780 Crown - 3/4 cast high noble metal, one per 60 months, including replacement			
D2781 Crown - 3/4 cast predominately base metal, one per 60 months, including replacement			
D2782 Crown - 3/4 cast noble metal, one per 60 months, including replacement			
D2783 Crown - 3/4 porcelain/ceramic, one per 60 months, including replacement			
D2790 Crown - full cast high noble metal, one per 60 months, including replacement			
D2791 Crown - full cast predominately base metal, one per 60 months, including replacement			
D2792 Crown - full cast noble metal, one per 60 months, including replacement			
D2794 Crown – titanium, one per 60 months, including replacement			
D2910 Recement or re-bond inlay			
D2915 Recement or re-bond cast or prefabricated post and core			
D2920 Recement or re-bond crown			

Coverage Percentage Children under age 19	Class III Services (deductible applies to these services)	Coverage Percentage Adults and Children age 19 and older	
In and out of network	Benefit	In PPO network	Out of PPO network
50%		Not Covered	Not Covered
D2921 Reattachment of tooth fragment, incisal edge or cusp			
D2929 Prefabricated porcelain/ceramic crown – primary tooth, one per tooth per 3 year period			
D2930 Prefabricated stainless steel crown - primary tooth, one per tooth per 3 year period			
D2931 Prefabricated stainless steel crown - permanent tooth, one per tooth per 3 year period			
D2932 Prefabricated resin crown, one per tooth per 3 year period			
D2933 Prefabricated stainless steel crown with resin window, one per tooth per 3 year period			
D2934 Prefabricated esthetic coated stainless steel crown - primary tooth, one per tooth per 3 year period			
D2940 Protective Restoration			
D2941 Interim therapeutic restoration-primary dentition			
D2950 Core buildup, including any pins when required			
D2951 Pin retention - per tooth, in addition to restoration			
D2952 Cast post and core in addition to crown			
D2954 Prefabricated post and core, in addition to crown			
D2971 Additional procedures to construct new crown under existing partial denture framework			
D2980 Crown repair, necessitated by restorative material failure			
D2981 Inlay repair, necessitated by restorative material failure			
D2982 Onlay repair, necessitated by restorative material failure			
D2983 Veneer repair, necessitated by restorative material failure			
D2990 Resin infiltration of incipient smooth surface lesions.			
D3220 Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament, limited to primary teeth			
D3221 Pulpal debridement, primary and permanent teeth			
D3222 Partial pulpotomy for apexogenesis-permanent tooth with incomplete root development			
D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration), limited to primary teeth			
D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)			

Coverage Percentage Children under age 19	Class III Services (deductible applies to these services)	Coverage Percentage Adults and Children age 19 and older	
In and out of network	Benefit	In PPO network	Out of PPO network
50%		Not Covered	Not Covered
D3310 Anterior root canal (excluding final restoration)			
D3320 Bicuspid root canal (excluding final restoration)			
D3330 Molar root canal (excluding final restoration)			
D3333 Internal root repair of perforation defects			
D3346 Retreatment of previous root canal therapy-anterior			
D3347 Retreatment of previous root canal therapy-bicuspid			
D3348 Retreatment of previous root canal therapy-molar			
D3351 Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.)			
D3352 Apexification/recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)			
D3353 Apexification/recalcification - final visit (includes completed root canal therapy, apical closure/calcific repair of perforations, root resorption, etc.)			
D3355 Pulpal regeneration – initial visit			
D3356 Pulpal regeneration – interim medication replacement			
D3357 Pulpal regeneration – completion of treatment			
D3410 Apicoectomy/periradicular surgery - anterior			
D3421 Apicoectomy/periradicular surgery - bicuspid (first root)			
D3425 Apicoectomy/periradicular surgery - molar (first root)			
D3426 Apicoectomy/periradicular surgery (each additional root)			
D3430 Retrograde filling - per root			
D3450 Root amputation - per root			
D3920 Hemisection (including any root removal) - not including root canal therapy			
D4210 Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces, once per quadrant per 36 months			
D4211 Gingivectomy or gingivoplasty - one to three teeth, once per quadrant per 36 months			

Coverage Percentage Children under age 19	Class III Services (deductible applies to these services)	Coverage Percentage Adults and Children age 19 and older	
In and out of network	Benefit	In PPO network	Out of PPO network
50%		Not Covered	Not Covered
D4212 Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth, once per quadrant per 36 months			
D4240 Gingival flap procedure, four or more teeth, once per quadrant per 36 months			
D4241 Gingival flap procedure, including root planing - one to three teeth, per quadrant, once per quadrant per 36 months			
D4245 Apically positioned flap, once per quadrant per 36 months			
D4249 Clinical crown lengthening-hard tissue.			
D4260 Osseous surgery (including elevation of full thickness flap closure), four or more contiguous teeth or bounded teeth spaces per quadrant, once per quadrant per 36 months			
D4261 Osseous surgery (including elevation of a full thickness flap closure) - one to three teeth, per quadrant, once per quadrant per 36 months			
D4263 Bone replacement graft - first site in quadrant, once per quadrant per 36 months			
D4264 Bone replacement graft - each additional site in quadrant, once per quadrant per 36 months			
D4265 Biologic materials to aid in soft and osseous tissue regeneration, once per quadrant per 36 months			
D4266 Guided tissue regeneration - resorbable barrier, per site, once per quadrant per 36 months			
D4267 Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal), once per quadrant per 36 months			
D4270 Pedicle soft tissue graft procedure.			
D4273 Subepithelial connective tissue graft procedures (including donor site surgery).			
D4274 Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area), once per quadrant per 36 months			
D4275 Soft tissue allograft, once per quadrant per 36 months			
D4276 Combined connective tissue and double pedicle graft, once per quadrant per 36 months			
D4277 Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft.			
D4278 free soft tissue graft procedure (including donor site surgery), each additional			

Coverage Percentage Children under age 19	Class III Services (deductible applies to these services)	Coverage Percentage Adults and Children age 19 and older	
In and out of network	Benefit	In PPO network	Out of PPO network
50%		Not Covered	Not Covered
contiguous tooth or edentulous tooth position in same graft site.			
D4283 Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position Once per quadrant per 36 months			
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 Once per quadrant per 36 months			
D4341 Periodontal scaling and root planning-four or more teeth per quadrant, once per quadrant per 24 months			
D4342 Periodontal scaling and root planning-one to three teeth, per quadrant, once per quadrant per 24 months			
D4355 Full mouth debridement to enable comprehensive evaluation and diagnosis, one per lifetime			
D4910 Periodontal maintenance Adults: 6 month interval, combined with periodontal maintenance or regular adult prophylaxis Pediatric: 4 in 12 months combined with prophylaxis, after completion of active periodontal therapy			
D4920 Unscheduled dressing change (by someone other than the treating dentist or their staff)			
D5110 Complete denture – maxillary, one per 60 months, including replacement			
D5120 Complete denture – mandibular, one per 60 months, including replacement			
D5130 Immediate denture – maxillary, one per 60 months, including replacement			
D5140 Immediate denture – mandibular, one per 60 months, including replacement			
D5211 Maxillary partial denture - resin base (including any conventional clasps, rests and teeth), one per 60 months, including replacement			
D5212 Mandibular partial denture - resin base (including any conventional clasps, rests and teeth), one per 60 months, including replacement			
D5213 Maxillary partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth), one per 60 months, including replacement			
D5214 Mandibular partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth), one per 60 months, including replacement			
D5221 Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth) one per 60 months, including replacement			

Coverage Percentage Children under age 19	Class III Services (deductible applies to these services)	Coverage Percentage Adults and Children age 19 and older	
In and out of network	Benefit	In PPO network	Out of PPO network
50%		Not Covered	Not Covered
D5222 Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth) one per 60 months, including replacement			
D5223 Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) one per 60 months, including replacement			
D5224 Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) one per 60 months, including replacement			
D5225 Maxillary partial denture - flexible base (including any clasps, rests and teeth), one per 60 months, including replacement			
D5226 Mandibular partial denture - flexible base (including any clasps, rests and teeth), one per 60 months, including replacement			
D5281 Removable unilateral partial denture-one piece cast metal (including clasps and teeth), one per 60 months, including replacement			
D5410 Adjust complete denture – maxillary			
D5411 Adjust complete denture – mandibular			
D5421 Adjust partial denture – maxillary			
D5422 Adjust partial denture – mandibular			
D5510 Repair broken complete denture base			
D5520 Replace missing or broken teeth - complete denture (each tooth			
D5610 Repair resin denture base			
D5620 Repair cast framework			
D5630 Repair or replace broken clasp			
D5640 Replace broken teeth - per tooth			
D5650 Add tooth to existing partial denture			
D5660 Add clasp to existing partial denture			
D5670 Replace all teeth and acrylic on cast metal framework (maxillary), one per 60 months, including replacement			
D5671 Replace all teeth and acrylic on cast metal framework (mandibular), one per 60 months, including replacement			
D5710 Rebase complete maxillary denture, once per 36 months			

Coverage Percentage Children under age 19	Class III Services (deductible applies to these services)	Coverage Percentage Adults and Children age 19 and older	
In and out of network	Benefit	In PPO network	Out of PPO network
50%		Not Covered	Not Covered
D5711 Rebase complete mandibular denture, once per 36 months			
D5720 Rebase maxillary partial denture, once per 36 months			
D5721 Rebase mandibular partial denture, once per 36 months			
D5730 Reline complete maxillary denture (chairside), once per 36 months			
D5731 Reline complete mandibular denture (chairside), once per 36 months			
D5740 Reline maxillary partial denture (chairside), once per 36 months			
D5741 Reline mandibular partial denture, (chairside), once per 36 months			
D5750 Reline complete maxillary denture (laboratory), once per 36 months			
D5751 Reline complete mandibular denture (laboratory), once per 36 months			
D5760 Reline maxillary partial denture (laboratory), once per 36 months			
D5761 Reline mandibular partial denture (laboratory), once per 36 months			
D5850 Tissue conditioning, maxillary, twice in 36 months			
D5851 Tissue conditioning, mandibular, twice in 36 months			
D6010 Endosteal Implant, one per 60 months, including replacement			
D6012 Surgical placement of interim implant body, one per 60 months, including replacement			
D6013 Surgical placement of mini implant, one per 60 months, including replacement			
D6040 Eposteal implant, one per 60 months, including replacement			
D6050 Transosteal I\implant, Including hardware, one per 60 months, including replacement			
D6055 Connecting bar – implant or abutment supported, one per 60 months, including replacement			
D6056 Prefabricated abutment, one per 60 months, including replacement			
D6057 Custom fabricated abutment – includes placement one per 60 months, including replacement			
D6058 Abutment supported porcelain/ceramic crown, one per 60 months, including replacement			
D6059 Abutment supported porcelain fused to metal crown (high noble metal), one per 60 months, including replacement			

Coverage Percentage Children under age 19	Class III Services (deductible applies to these services)	Coverage Percentage Adults and Children age 19 and older	
In and out of network	Benefit	In PPO network	Out of PPO network
50%		Not Covered	Not Covered
D6060 Abutment supported porcelain fused to metal crown (predominantly base metal), one per 60 months, including replacement			
D6061 Abutment supported porcelain fused to metal crown (noble metal), one per 60 months, including replacement			
D6062 Abutment supported cast metal crown (high noble metal), one per 60 months, including replacement			
D6063 Abutment supported cast metal crown (predominantly base metal), one per 60 months, including replacement			
D6064 Abutment supported cast metal crown (noble metal), one per 60 months, including replacement			
D6065 Implant supported porcelain/ceramic crown, one per 60 months, including replacement			
D6066 Implant supported porcelain fused to high metal crown, one per 60 months, including replacement			
D6067 Implant supported metal crown, one per 60 months, including replacement			
D6068 Abutment supported retainer for porcelain/ceramic fixed partial denture, one per 60 months, including replacement			
D6069 Abutment supported retainer for porcelain fused to high noble metal fixed partial denture, one per 60 months, including replacement			
D6070 Abutment supported retainer for porcelain fused to predominately base metal fixed partial denture, one per 60 months, including replacement			
D6071 Abutment supported retainer for porcelain fused to noble metal fixed partial denture, one per 60 months, including replacement			
D6072 Abutment supported retainer for cast high noble metal fixed partial denture, one per 60 months, including replacement			
D6073 Abutment supported retainer for predominately base metal fixed partial denture, one per 60 months, including replacement			
D6074 Abutment supported retainer for cast noble metal fixed partial denture, one per 60 months, including replacement			
D6075 Implant supported retainer for ceramic fixed partial denture, one per 60 months, including replacement			

Coverage Percentage Children under age 19	Class III Services (deductible applies to these services)	Coverage Percentage Adults and Children age 19 and older	
In and out of network	Benefit	In PPO network	Out of PPO network
50%		Not Covered	Not Covered
D6076 Implant supported retainer for porcelain fused to high noble metal fixed partial denture, one per 60 months, including replacement			
D6077 Implant supported retainer for cast metal fixed partial denture, one per 60 months, including replacement			
D6080 Implant maintenance procedures, one per 60 months, including replacement			
D6090 Repair implant prosthesis, by report			
D6091 Replacement of semi-precision or precision attachment, one per 60 months, including replacement			
D6092 Recement or re-bond implant/abutment supported crown, one by same dental office after 6 months			
D6093 Recement or re-bond implant/abutment supported fixed partial denture, one by same dental office after 6 months			
D6094 Abutment supported crown – titanium, one per 60 months, including replacement			
D6095 Repair implant abutment			
D6100 Implant removal			
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, one per 36 months			
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, one per 36 months			
D6103 bone graft for repair of peri-implant defect – does not include flap entry and closure. Placement of a barrier membrane or biologic materials to aid in osseous regeneration are reported separately			
D6104 Bone graft at time of placement			
D6110 Implant / abutment supported removable denture for edentulous arch - maxillary			
D6111 Implant / abutment supported removable denture for edentulous arch - mandibular			
D6112 Implant / abutment supported removable denture for partially edentulous arch - maxillary			

Coverage Percentage Children under age 19	Class III Services (deductible applies to these services)	Coverage Percentage Adults and Children age 19 and older	
In and out of network	Benefit	In PPO network	Out of PPO network
50%		Not Covered	Not Covered
D6113 Implant / abutment supported removable denture for partially edentulous arch - mandibular			
D6114 Implant / abutment supported fixed denture for edentulous arch - maxillary			
D6115 Implant / abutment supported fixed denture for edentulous arch - mandibular			
D6116 Implant / abutment supported fixed denture for partially edentulous arch - maxillary			
D6117 Implant / abutment supported fixed denture for partially edentulous arch - mandibular			
D6190 Implant Index, one per 60 months, including replacement			
D6194 Abutment supported retainer crown for fixed partial denture – titanium, one per 60 months, including replacement			
D6205 Pontic - indirect resin based composite, one per 60 months, including replacement			
D6210 Pontic - cast high noble metal, one per 60 months, including replacement			
D6211 Pontic - cast predominately base metal, one per 60 months, including replacement			
D6212 Pontic - cast noble metal, one per 60 months, including replacement			
D6214 Pontic – titanium, one per 60 months, including replacement			
D6240 Pontic - porcelain fused to high noble metal, one per 60 months, including replacement			
D6241 Pontic - porcelain fused to predominately base metal, one per 60 months, including replacement			
D6242 Pontic - porcelain fused to noble metal, one per 60 months, including replacement			
D6245 Pontic - porcelain/ceramic, one per 60 months, including replacement			
D6250 Pontic - resin with high noble metal, one per 60 months, including replacement			
D6251 Pontic - resin with predominantly base metal, one per 60 months, including replacement			
D6252 Pontic - resin with noble metal, one per 60 months, including replacement			
D6545 Retainer - cast metal for resin bonded fixed prosthesis, one per 60 months, including replacement			
D6548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis, one per 60 months, including replacement			
D6600 Inlay - porcelain/ceramic, two surfaces, one per 60 months, including replacement, an alternate benefit will be provided			

Coverage Percentage Children under age 19	Class III Services (deductible applies to these services)	Coverage Percentage Adults and Children age 19 and older	
In and out of network	Benefit	In PPO network	Out of PPO network
50%		Not Covered	Not Covered
D6601 Inlay - porcelain/ceramic, three or more surfaces, one per 60 months, including replacement, an alternate benefit will be provided			
D6602 Inlay - cast high noble metal, two surfaces, one per 60 months, including replacement, an alternate benefit will be provided			
D6603 Inlay - cast high noble metal, three or more surfaces, one per 60 months, including replacement, an alternate benefit will be provided			
D6604 Inlay - cast predominantly base metal, two surfaces, one per 60 months, including replacement, an alternate benefit will be provided			
D6605 Inlay - cast predominantly base metal, three or more surfaces, one per 60 months, including replacement, an alternate benefit will be provided			
D6606 Inlay - cast noble metal, two surfaces, one per 60 months, including replacement, an alternate benefit will be provided			
D6607 Inlay - cast noble metal, three or more surfaces, one per 60 months, including replacement, an alternate benefit will be provided			
D6608 Onlay - porcelain/ceramic, two surfaces, one per 60 months, including replacement			
D6609 Onlay - porcelain/ceramic, three or more surfaces, one per 60 months, including replacement			
D6610 Onlay - cast high noble metal, two surfaces, one per 60 months, including replacement			
D6611 Onlay - cast high noble metal, three or more surfaces, one per 60 months, including replacement			
D6612 Onlay - cast predominantly base metal, two surfaces, one per 60 months, including replacement			
D6613 Onlay - cast predominantly base metal, three or more surfaces, one per 60 months, including replacement			
D6614 Onlay - cast noble metal, two surfaces, one per 60 months, including replacement			
D6615 Onlay - cast noble metal, three or more surfaces, one per 60 months, including replacement			
D6624 Inlay – titanium, one per 60 months, including replacement, an alternate benefit will be provided			
D6634 Onlay – titanium, one per 60 months, including replacement			
D6710 Crown - indirect resin based composite, one per 60 months, including replacement			

Coverage Percentage Children under age 19	Class III Services (deductible applies to these services)	Coverage Percentage Adults and Children age 19 and older	
In and out of network	Benefit	In PPO network	Out of PPO network
50%		Not Covered	Not Covered
D6720 Crown - resin with high noble metal, one per 60 months, including replacement			
D6721 Crown - resin with predominantly base metal, one per 60 months, including replacement			
D6722 Crown - resin with noble metal, one per 60 months, including replacement			
D6740 Crown - porcelain/ceramic, one per 60 months, including replacement			
D6750 Crown - porcelain fused to high noble metal, one per 60 months, including replacement			
D6751 Crown - porcelain fused to predominately base metal, one per 60 months, including replacement			
D6752 Crown - porcelain fused to noble metal, one per 60 months, including replacement			
D6780 Crown - 3/4 cast high noble metal, one per 60 months, including replacement			
D6781 Crown - 3/4 cast predominately base metal, one per 60 months, including replacement			
D6782 Crown - 3/4 cast noble metal, one per 60 months, including replacement			
D6783 Crown - 3/4 porcelain/ceramic, one per 60 months, including replacement			
D6790 Crown - full cast high noble metal, one per 60 months, including replacement			
D6791 Crown - full cast predominately base metal, one per 60 months, including replacement			
D6792 Crown - full cast noble metal, one per 60 months, including replacement			
D6794 Crown – titanium, one per 60 months, including replacement			
D6930 Recement or re-bond fixed partial denture			
D6980 Fixed partial denture repair			
D7111 Coronal remnants - deciduous tooth			
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)			
D7210 Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated			
D7220 Removal of impacted tooth - soft tissue			
D7230 Removal of impacted tooth - partially bony			
D7240 Removal of impacted tooth - completely bony			
D7241 Removal of impacted tooth - completely bony, with unusual surgical complications			
D7250 Surgical removal of residual tooth roots (cutting procedure)			

Coverage Percentage Children under age 19	Class III Services (deductible applies to these services)	Coverage Percentage Adults and Children age 19 and older	
In and out of network	Benefit	In PPO network	Out of PPO network
50%		Not Covered	Not Covered
D7251 Coronectomy - intentional partial tooth removal			
D7260 Oroantral fistula closure			
D7270 Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth			
D7280 Surgical access of an unerupted tooth			
D7310 Alveoloplasty in conjunction with extractions - per quadrant			
D7311 Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant			
D7320 Alveoloplasty not in conjunction with extractions - per quadrant			
D7321 Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant			
D7471 Removal of lateral exostosis (maxilla or mandible)			
D7510 Incision and drainage of abscess - intraoral soft tissue			
D7511 Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)			
D7520 Incision and drainage of abscess - extraoral soft tissue			
D7521 Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)			
D7910 Suture of recent small wounds up to 5 cm			
D7921 Collection and application of autologous blood concentrate			
D7953 Bone replacement graft for ridge preservation – per site			
D7960 Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure			
D7963 frenuloplasty			
D7970 Excision of hyperplastic tissue - per arch			
D7971 Excision of pericoronal gingiva			
D7972 Surgical reduction of fibrous tuberosity			
D9220 Deep sedation/general anesthesia - first 30 minutes			
D9221 Deep sedation/general anesthesia - each additional 15 minutes			
D9223 Deep sedation / general anesthesia – each 15 minute increment			

Coverage Percentage Children under age 19	Class III Services (deductible applies to these services)	Coverage Percentage Adults and Children age 19 and older	
In and out of network	Benefit	In PPO network	Out of PPO network
50%		Not Covered	Not Covered
D9241 Intravenous moderate conscious sedation/analgesia - first 30 minutes			
D9242 Intravenous moderate conscious sedation/analgesia - each additional 15 minutes			
D9243 Intravenous moderate (conscious) sedation/analgesia – each 15 minute interval			
D9940 Occlusal guard, by report – 1 in 12 months for patients 13 and older			
D9942 Repair and/or reline of occlusal guard			
D9943 occusal guard adjustment			
D9999 Unspecified adjunctive procedure, by report			

Services Not Covered
D2799 Provisional crown
D2949 Restorative foundation for an indirect restoration
D2953 Each additional cast post - same tooth
D2955 Post removal

Services Not Covered
D2957 Each additional prefabricated post - same tooth
D2960 Labial veneer (resin laminate) – chairside, one per 60 months, including replacement; must meet the criteria for a crown
D2961 Labial veneer (resin laminate) – laboratory, one per 60 months, including replacement; must meet the criteria for a crown
D2962 Labial veneer (porcelain laminate) - laboratory
D2970 Temporary crown (fractured tooth)
D2975 Coping
D2999 Unspecified restorative procedure, by report
D3110 Pulp cap - direct (excluding final restoration)
D3120 Pulp cap - indirect (excluding final restoration)
D3331 Treatment of root canal obstruction; non-surgical access
D3332 Incomplete endodontic therapy; inoperable or fractured tooth
D3427 Periradicular surgery without apicoectomy
D3428 Bone graft in conjunction with periradicular surgery - per tooth; single site
D3429 Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in same surgical site
D3431 Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery
D3432 Guided tissue regeneration, resorbable barrier, per site in conjunction with periradicular surgery
D3460 Endodontic implant
D3470 Intentional reimplantation
D3910 Surgical procedure for isolation of tooth
D3950 Canal preparation
D3999 Unspecified endodontic procedure, by report
D4230 Anatomical crown exposure 4 or more teeth
D4231 Anatomical crown exposure 1-3 teeth
D4268 Surgical revision procedure, per tooth, once per quadrant per 36 months
D4320 Provisional splinting – intracoronal
D4321 Provisional splinting – extracoronal
D4381 Localized delivery of chemotherapeutic agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report
D4921 Gingival irrgation - per quadrant
D4999 Unspecified periodontal procedure, by report

Services Not Covered
D5810 Interim complete denture (maxillary)
D5811 Interim complete denture (mandibular)
D5820 Interim partial denture (maxillary)
D5821 Interim partial denture (mandibular)
D5862 Precision attachment
D5863 Overdenture - complete maxillary
D5864 Overdenture - partial maxillary
D5865 Overdenture - complete mandibular
D5866 Overdenture - partial mandibular
D5867 Replacement Precision Attachment
D5875 Modification of removable prosthesis following implant surgery
D5899 Unspecified removable prosthodontic procedure, by report
D5911 Facial moulage (sectional)
D5912 Facial moulage (complete)
D5913 Nasal prosthesis
D5914 Auricular prosthesis
D5915 Orbital prosthesis
D5916 Ocular prosthesis
D5919 Facial prosthesis
D5922 Nasal septal prosthesis
D5923 Ocular prosthesis, interim
D5924 Cranial prosthesis
D5925 Facial augmentation implant
D5926 Nasal prosthesis, replacement
D5927 Auricular prosthesis, replacement
D5928 Orbital prosthesis, replacement
D5929 Facial prosthesis, replacement
D5931 Obturator prosthesis, surgical
D5932 Obturator prosthesis, definitive
D5933 Obturator prosthesis, modification
D5934 Mandibular resection prosthesis with guide flange
D5935 Mandibular resection prosthesis without guide flange
D5936 Obturator prosthesis, interim
D5937 Trismus appliance
D5951 Feeding aid
D5952 Speech aid prosthesis, pediatric
D5953 Speech aid prosthesis, adult

Services Not Covered
D5954 Palatal augmentation prosthesis
D5955 Palatal lift prosthesis, definitive
D5958 Palatal lift prosthesis, interim
D5959 Palatal lift prosthesis, modification
D5960 Speech aid prosthesis, modification
D5982 Surgical stent
D5983 Radiation carrier
D5984 Radiation shield
D5985 Radiation cone locator
D5986 Fluoride gel carrier
D5987 Commissure splint
D5988 Surgical splint
D5991 Vesiculobullous disease medicament carrier
D5992 Adjust maxillofacial prosthetic appliance, by report
D5993 Maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report
D5994 Periodontal medicament carrier with peripheral seal - laboratory processed
D5999 Unspecified maxillofacial prosthesis, by report
D6011 Second stage implant surgery
D6051 Interim abutment
D6052 Semi-precision attachment abutment
D6199 Unspecified implant procedure, by report
D6253 Provisional pontic
D6793 Provisional retainer crown – further treatment or completion of diagnosis necessary prior to final impression
D6920 Connector bar
D6940 Stress breaker
D6950 Precision attachment
D6975 Coping-metal
D6985 Pediatric partial denture, fixed, one per 60 months, including replacement
D6999 Unspecified fixed prosthodontic procedure, by report
D7261 Primary closure of a sinus preforation
D7272 Tooth transplantation (includes reimplantation from one site to another and splinting and/or stabilization)
D7282 Mobilization of erupted or malpositioned tooth to aid eruption
D7283 Placement of device to facilitate eruption of impacted tooth

Services Not Covered
D7288 Brush biopsy - transepithelial
D7290 Surgical repositioning of teeth
D7291 Transseptal fiberotomy/supra crestal fiberotomy, by report
D7285 Incisional biopsy of oral tissue - hard
D7286 Biopsy of oral tissue – soft
D7287 Exfoliative cytological sample collection
D7292 Surgical replacement screw retained
D7293 Surgical replacement w/surgical flap
D7294 Surgical replacement without the surgical flap
D7295 Harvest of bone for use in autogenous grafting procedure
D7340 Vestibuloplasty - ridge extension (secondary epithelialization)
D7350 Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)
D7410 Excision of benign lesion up to 1.25 cm
D7411 Excision of benign lesion greater than 1.25 cm
D7412 Excision of benign lesion, complicated
D7413 Excision of malignant lesion up to 1.25 cm
D7414 Excision of malignant lesion greater than 1.25 cm
D7415 Excision of malignant lesion, complicated
D7465 Destruction of lesion (by report)
D7440 Excision of malignant tumor - lesion diameter up to 1.25 cm
D7441 Excision of malignant tumor - lesion diameter greater than 1.25 cm
D7450 Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm
D7451 Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm
D7460 Removal of benign lesion up to 1.25
D7461 Removal of Benign lesion greater than 1.25
D7472 Removal of torus palatinus
D7473 Removal of torus mandibularis
D7485 Surgical reduction of osseous tuberosity
D7490 Radical resection of maxilla or mandible
D7530 Removal of foreign body
D7540 Removal of reaction producing the foreign body

Services Not Covered
D7550 Partial ostectomy
D7560 Maxillary sinusotomy
D7610 Maxilla - open reduction
D7620 Maxilla - closed reduction
D7630 Mandible - open reduction (simple)
D7640 Mandible - closed reduction (simple)
D7650 Open reduction (simple)
D7660 Closed reduction (simple)
D7670 Alveolus closed reduction (simple)
D7671 Alveolus - open reduction (simple)
D7680 Facial bones (simple)
D7710 Maxilla - open reduction
D7720 Maxilla - closed reduction
D7730 Mandible - open reduction
D7740 Mandible - closed reduction
D7750 Malar and/or zygomatic arch - open reduction
D7760 Malar and/or zygomatic arch - closed reduction
D7770 Alveolus - open reduction stabilization of teeth
D7771 Alveolus - closed reduction stabilization of teeth
D7780 Facial bones (compound)
D7810 TMJ open reduction
D7820 TMJ closed reduction
D7830 TMJ manipulation
D7840 Condylectomy
D7850 Surgical discectomy
D7852 Disc repair
D7854 Synovectomy
D7856 Myotomy
D7858 Joint reconstruction
D7860 Arthrotomy
D7865 Arthroplasty
D7870 Arthocentesis
D7871 Non-arthroscopic
D7872 Arthroscopy - with or without biopsy
D7873 Arthoscopy surgical adhesions

Services Not Covered
D7874 Arthoscopy surgical disc
D7875 Arthroscopy - surgical: synovectomy
D7876 Arthroscopy - surgical: discectomy
D7877 Arthroscopy - surgical: debridement
D7880 TMJ appliance
D7881 Occlusal orthotic device adjustment
D7899 TMJ Therapy
D7911 Complicated suture - up to 5 cm
D7912 Complicated suture - greater than 5 cm
D7920 Skin graft
D7940 Osteoplasty deformities
D7941 Osteotomy - mandibular rami
D7943 Osteotomy - mandibular rami with bone graft
D7944 Osteotomy - segmented
D7945 Osteotomy - body of mandible
D7946 LeFort I (maxilla - total)
D7947 LeFort I (maxilla - segmented)
D7948 Lefort II or Lefort III without bone graft
D7949 Lefort II or Lefort III with bone graft
D7950 Bone graft - mandible or face
D7951 Sinus augmentation with bone or bone substitutes
D7952 sinus augmentation via a vertical approach
D7953 Bone replacement graft for ridge preservation - per site
D7955 Repair of maxillofacial soft and/or hard tissue defect
D7980 Sialolothotomy
D7981 Excision of salivary gland
D7982 Sialodochoplasty
D7983 Closure of salivary fistula
D7990 Emergency tracheotomy
D7991 Coronoidectomy
D7995 Synthetic graft
D7996 Implant - mandible for augmentation purposes
D7997 Appliance removal
D7998 Intraoral placement of a fixation device
D7999 Unspecified oral surgery procedure, by report

Services Not Covered
D9210 Local anesthesia not in conjunction with operative or surgical procedures
D9211 Regional block anesthesia
D9212 Trigeminal division block anesthesia
D9215 Local anesthesia
D9230 Analgesia, anxiolysis, inhalation of nitrous oxide
D9248 Non-intravenous moderate conscious sedation
D9410 House/extended care facility call
D9420 Hospital call
D9450 Case presentation
D9941 Fabrication of athletic mouthguard
D9950 Occlusion analysis - mounted case
D9951 Occlusal adjustment - limited
D9952 Occlusal adjustment - complete
D9970 Enamel microabrasion
D9971 Odontoplasty 1-2 teeth
D9972 External bleaching - per arch
D9973 External bleaching - per tooth
D9974 Internal bleaching - per tooth
D9975 External bleaching for home application, per arch; includes materials and fabrication of custom trays
D9985 Sales tax
D9986 Missed Appointment
D9987 Cancelled appointment

Coverage Percentage Children under age 19	Class IV Services –Medically Necessary Orthodontic Services: (deductible applies to these services)	Coverage Percentage Adults and Children age 19 and older	
In and out of network	Benefit	In PPO network	Out of PPO network
50%		Not covered	Not covered

Orthodontic procedure codes which may be covered are:
8010,8020,8030,8040,8050,8060,8070,8080,8090,8210,8220,8660,8670,8680,8690,8999

Does not include services to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation, and restoration for misalignment of teeth.

Predetermination of benefits from Delta Dental is required for Medically Necessary Orthodontic Services to be a Benefit under this Policy.

OPTIONAL PROCEDURES

Delta Dental will pay the Fee for the least expensive Dental Procedure that is adequate to restore the tooth or dental arch to contour and function, but only if that Dental Procedure is a Benefit under this Policy. Covered Persons will be responsible for the remainder of the Provider's fee if a more expensive Dental Procedure is selected, and this amount will not apply to the member out-of-pocket maximum. The Coinsurance and Deductible will apply regardless of which Dental Procedure is selected.

DEFINITIONS

The "Benefit Accumulation Period" begins on the Effective Date of this Policy and continues through the end of the calendar year.

"Benefit" or "Benefits" means those Dental Procedures that are covered by Delta Dental under the terms of the Policy, as specified in the Summary of Benefits section of this Policy.

"Coinsurance" means the percentage of the Fee paid by the Covered Person for a specific Benefit each time that Benefit is provided under Your Policy.

“Coverage Percentage” means the percentage of the Fee paid by Delta Dental for a specific Benefit, as specified in the Summary of Benefits chart in this Policy.

“Covered Person” means a person who (a) is listed on the application that is a part of this Policy; (b) has been accepted by Delta Dental for coverage; and (c) for whom the appropriate Premium has been paid.

“Deductible” means the specified dollar amount that a Covered Person is required to pay each Benefit Accumulation Period before Delta Dental will pay Benefits, as specified in the Summary of Benefits section of this Policy.

“Delta Dental” means Delta Dental of Arizona

“Delta Dental PPO Provider” means any Provider who has entered into a Delta Dental of Arizona PPO provider agreement to provide or arrange for the provision of Dental Procedures to Covered Persons and who abides by such uniform rules and regulations as prescribed by Delta Dental.

“Dental Emergency” means a sudden, serious dental condition caused by an accident or dental disease that, if not treated immediately, would result in serious harm to the dental health of the Covered Person.

“Dental Procedure” means dental treatment provided to a Covered Person by a Provider and reported to Delta Dental using the Code on Dental Procedures and Nomenclature (CDT).

“Effective Date” means the date listed on the declaration page.

“Eligible Dependent” means a person meeting the eligibility requirements under “Policyholder’s Eligible Dependents” in the “Eligibility” section of this Policy.

“Exchange” means the federally facilitated marketplace, which may be accessed at www.healthcare.gov.

“ Fee” means the total dollar amount allowed under the Policy for a specific Benefit. The Fee will be reduced by any Deductible and Coinsurance the Covered Person or his/her representative is required to pay.

“Medically Necessary Orthodontic Services” does not include services to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation, and restoration for misalignment of teeth.

"Out-of-Network Provider" means a Provider who is not a member of the Delta Dental network

"Policy" means this Policy, the Schedule of Benefits, the declaration page, any endorsements, and the completed application attached to this Policy.

"Policyholder" means a person who (a) has completed and signed the application necessary for coverage of the persons listed on the application, (b) has been accepted by Delta Dental for this Policy, and (c) who has paid the appropriate Premium.

"PPO" means a preferred provider organization.

"Premium" means the total monthly fee due for this Policy. A Policyholder's Premium will be based on the Rate and the number of Covered Persons.

"Premium Payment Period" means the period of time for which the Policyholder chooses to pay Premium. The Policyholder may choose a Premium Payment Period of a month, six months or one year.

"Dentist" A natural person licensed to practice dentistry within the jurisdiction in which a Dental Procedure was provided.

"Rate" means the monthly fee required for each Covered Person in accordance with the terms of the Policy.

"Summary of Benefits" is a listing of the specific Benefits and Benefit limitations for Dental Procedures provided under the terms of this Policy. The Summary of Benefits is contained in this Policy.

"We" or "Us" mean Delta Dental of Arizona.

"You" or "Your" means the Policyholder.

EXCLUSIONS

This Policy does NOT cover any of the following:

1. Any Dental Procedures, services, treatment or supplies provided or commenced prior to the effective date of the Covered Person's coverage under the Policy or after the termination date of coverage unless otherwise indicated.

2. Charges for completion of forms.

3. Charges for consultation.

4. Gold foil restorations.

5. Dental Procedures, services, treatment and supplies not specifically covered under this Policy.

6. Prescription drugs, premedications or relative analgesia.

7. Charges for anesthesia other than charges by a Dentist for administering general anesthesia in connection with covered oral surgery (cutting procedures.)

8. Preventive control programs.

9. Charges by any hospital or other surgical or treatment facility, or any additional fees charged by a Dentist for treatment in any such facility.

10. Charges for treatment of, or services related to, temporomandibular joint dysfunction.

11. Dental Procedures, services, treatment and supplies that are determined to be partially or wholly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances.

12. Cast restorations placed on Covered Persons under age 12.

13. Prosthetics placed on Covered Persons under age 16.

14. Dental Procedures, services, treatment and supplies which are experimental or investigational.

15. Dental Procedures, services, treatment and supplies which are for any illness or bodily injury which occurs in the course of employment if a benefit or compensation is available, in whole or in part, under the provision of any law or regulation or any government unit. This exclusion applies whether or not the Covered Person claims the benefits or compensation.

16. Dental Procedures, services, treatment and supplies received from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust, VA hospital or similar person or group.

17. Dental Procedures, services, treatment and supplies which are not dentally necessary or which do not meet generally accepted standards of dental practice.

18. Dental Procedures, services, treatment and supplies resulting from a Covered Person's failure to comply with professionally prescribed treatment.

19. Any charges for failure to keep a scheduled appointment.

20. Office infection control charges.

21. Charges for copies of a Covered Person's records, charts or x-rays, or any costs associated with forwarding/mailing copies of a Covered Person's records, charts or x-rays.

22. Charges submitted by a Dentist which are for the same services performed on the same date for the same Covered Person by another Dentist.

23. Dental Procedures, services, treatment and supplies provided free of charge by any governmental unit, except as pursuant to Title XIX of the Social Security Act or where this exclusion is prohibited by law.

24. Dental Procedures, services, treatment and supplies for which the Covered Person would have no obligation to pay in the absence of this or any similar coverage.

25. Dental Procedures, services, treatment and supplies which are for specialized procedures and techniques for which there is not an associated Current Dental Terminology (CDT) Code approved by the American Dental Association.

26. Dental Procedures, services and treatment which are performed by a Dentist who is compensated by a facility for similar covered services performed for Covered Persons.

27. Plaque control programs, oral hygiene instruction and dietary instructions.

28. Dental Procedures, services, treatment and supplies for injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is paid or payable under a plan or policy of motor vehicle insurance, including a certified self-insurance plan.

29. Dental Procedures, services, treatment and supplies for injuries resulting from war or act of war, whether declared or undeclared, or from police or military service for any country or organization.

30. Adjustment of a denture or bridgework which is made within 6 months after installation by the same Dentist who installed it.

31. Use of material or home health aids to prevent decay, such as toothpaste, fluoride gels, and dental floss and teeth whiteners.

32. Cone Beam Imaging, MRI and ultrasound procedures.

33. Sealants for teeth other than permanent molars.

34. Precision attachments, personalization, precious metal bases and other specialized techniques.

35. Orthodontic care for dependent children age 19 and over.

36. Services to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation, and restoration for misalignment of teeth.

37. Medically Necessary Orthodontic Services if a predetermination of benefits has not been approved by Delta Dental.

38. Orthodontic Services except for Medically Necessary Orthodontic Services.

39. Repair of damaged orthodontic appliances.

40. Replacement of lost or missing appliances.

41. Fabrication of athletic mouth guard.

42. Internal or external bleaching.

43. Nitrous oxide.

44. Topical medicament carrier.

45. Bone grafts when done in connection with extractions, apicoetomies or non-covered/non-eligible implants.

46. When two or more services are submitted and the services are considered part of the same service to one another, Delta Dental will pay the most comprehensive service (the service that includes the other non-benefited service) as determined by Delta Dental.

47. When two or more services are submitted on the same day and the services are considered mutually exclusive (when one service contradicts the need for the other service), Delta Dental will pay for the service that represents the final treatment as determined by Delta Dental.

48. Appliances, restorations, or procedures for:

    (a) increasing vertical dimension;

    (b) restoring occlusion;

    (c) replacing tooth structure lost by attrition, erosion, abrasion, or abfraction.

    (d) correcting congenital or developmental malformations except in newly born or adopted children or children placed for adoption, or in conjunction with Medically Necessary Orthodontic Services;

    (e) replacement, provisional and temporary services, treatment or supplies;

    (f) splints, unless necessary as a result of accidental injury.

50. Dental Procedures, services, treatment and supplies provided by an individual other than a Dentist.

51. Dental Procedures, services, treatment and supplies to treat injuries or diseases caused by riots or any form of civil disobedience.

52. Dental Procedures, services, treatment and supplies to treat injuries sustained while committing a felony or engaging in an illegal occupation.

53. Dental Procedures, services, treatment and supplies to treat injuries intentionally inflicted.

54. Replacement of lost or stolen dentures or charges for duplicate dentures.

55. Dental Procedures, services, treatment and supplies in cases for which, in the professional judgment of the attending Dentist, a satisfactory result cannot be obtained.

56. Local anesthetic is covered as part of a Dental Procedure, service or treatment. General anesthetic or intravenous sedation is a Benefit only when billed with covered oral surgery (cutting procedures).

57. Pre-diagnostic services, oral pathology laboratory procedures, and diagnostic tests and examinations other than pulp vitality tests.

58. Surgical removal of impacted third molars if a predetermination of benefits has not been approved by Delta Dental.

59. Dental Procedures, services, treatment or supplies for which benefit is provided by a medical or health plan.

ELIGIBILITY

Policyholder

You are eligible for coverage under this Policy if You are a lawful resident of Arizona, are not incarcerated, have completed and signed the appropriate application, and have been accepted by Delta Dental for coverage. You also may obtain this Policy to provide coverage for your Eligible Dependents.

Policyholder's Eligible Dependents

1. Your lawful spouse; and

2. Your legal dependents, married or unmarried, up to the end of the month when they turn age 26. Included are newborns, children, stepchildren, persons under legal guardianship substantiated by a court order, legally adopted children and children placed for adoption with you in accordance with applicable state or federal law.

Delta Dental may require that a Policyholder seeking coverage of an Eligible Dependent provide written documentation, initially and annually thereafter, that the dependent child satisfies the eligibility criteria for coverage under this Policy.

ADDING DEPENDENTS

Coverage for a Newborn/Adopted Child

For coverage to become effective for Your newborn child, newly adopted child or child newly placed for adoption, Delta Dental must be notified in writing and receive any required premium within 60 days of the child's birth, adoption or placement for adoption. Coverage is effective on the child's date of birth, adoption or placement for adoption. Premium for the child will be charged from the date of birth, adoption or placement for adoption. If the Premium payment is not made, coverage for the child will cease on the 61st day after birth, adoption or placement for adoption.

Adding Dependent Due to Marriage

If a dependent under the age of 26 is acquired due to marriage, the effective date of coverage of the eligible dependents will be the first of the month following the event as long as Delta Dental receives notification and any required premium within 60 days.

Additional Special Enrollment Triggering Events

The effective date of coverage for the following dependents will be the first of the month following the event as long as Delta Dental receives notification within 60 days.

- An individual, who gains status as a citizen, national or lawfully present individual
- An individual who gains access as a result of a permanent move
- Loss of minimum essential coverage for reasons other than non-payment of premium , expiration of COBRA or rescission of other coverage

Handicapped Dependents

Your dependent children over age 26 may continue coverage under this or another Delta Dental policy if they are incapable of self-sustaining employment because of intellectual disability or physical disability that began before the limiting age, and are dependent on you for their support and maintenance. Proof of incapacity must be provided to Delta Dental within 31 days of the dependent's 26th birthday. We may request, proof of incapacity annually after the dependent's 28th birthday.

Notices

Notice to Delta Dental will be considered sufficient if mailed to Delta Dental's regular office address. Notices to You will be considered sufficient if mailed to Your last known address.

PREMIUMS, RENEWAL AND GRACE PERIOD PROVISIONS

Initial Period of Coverage and Renewal Periods

This Policy is valid from the effective date until the end of the calendar year. After that, You can renew this policy for additional 12-month periods if We agree, You remain eligible and the Premium is paid according to the procedure described below.

Rates

Delta Dental determines the Rates for this Policy and all subsequent Premiums due for all Covered Persons. Delta Dental may change the Rates and/or Benefits under this Policy on the first day of any renewal period. Delta Dental will send You written notice of a Rate change at least 30 days before any such change takes effect for this Policy. However, when a Rate change increases this Policy's Premium by 25% or more for a renewal period, Delta Dental must send written notice of the new Premium to You at least 60 days before any change takes effect. The Premium change will take effect on the first day of the renewal period as described in the required notice.

Premium Due Dates

Your premiums for this policy will be shown on the declaration page. Your premium tax credit, if any, is reflected in the amount of the premium. You are responsible for paying the amount shown. The first premium is due the day we accept your application for coverage. You can pay premiums monthly, semiannually or annually. That time is called a "premium period."

Premiums are due the first day of each premium period. If the charge is declined on the due date, we will tell you, and you have to take care of paying the premium.

Grace Period

For every premium payment after Your first premium payment, You have 31 days from the premium due date to remit the required Premium (90 days if you have paid at least one month of premium and received advance payment of the premium tax credit). If Premium is not paid, We will terminate Your Policy as of the last day of the premium period for which Premium was paid (the last day of the first month of the grace period if you received advance payment of the premium tax credit). No grace period applies to Your first premium. Your first premium must be paid before Your Policy becomes effective.

PREDETERMINATION OF BENEFITS

After an examination, Your Dentist may recommend a treatment plan. If the services involve crowns, fixed bridgework, implants, partial or complete dentures, surgical removal of impacted third molars, or Medically Necessary Orthodontic Services, ask Your Dentist to send the treatment plan to Delta Dental. The available coverage will be calculated and printed on a predetermination of benefits form. Copies of the form will be sent to You and to Your Dentist. Predetermination of benefits is required for Medically Necessary Orthodontic Services and surgical removal of impacted third molars. Predetermination of benefits is not required for other services, however, Delta Dental encourages You to use this service.

Before You schedule dental appointments, You and Your Dentist should discuss the amount to be paid by Delta Dental and Your financial obligation for the proposed treatment.

CLAIMS

Filing a Claim

To file a claim with Delta Dental, the Covered Person may simply present his/her identification card to the receptionist at the dental office. Claims should be filed within 90 days after a Covered Person receives dental services. Covered Persons claiming Benefits under this Policy must give Delta Dental any facts that it needs to pay the claim.

We will send You notice regarding the claim within 30 days of receipt unless special circumstances require more time. This notice explains the reason(s) for payment or nonpayment of a claim. If a claim is denied because of incomplete information, the notice will indicate what additional information is needed.

If we need more information we will send you a notice within 15 working days after we receive your claim to let you know.

If You disagree with Our claim payment or denial, You may file an Appeal, as more fully described under "Description of the appeals process."

Dental Procedure Incurred

A Dental Procedure is incurred on the date it is completed. Dental Procedures are considered for Benefits if they are incurred during the Policy term and a claim is filed within 15 months after the date on which the Dental Procedure is incurred. Covered Persons will be responsible for payment of any Dental Procedures that are completed after termination of the Covered Person's coverage under this Policy.

Delta Dental pays upon completion of a procedure. Removable dentures and bridges are considered completed when they are placed in a patient's mouth. Fixed partial dentures and crowns are considered completed when they are cemented in. Root canals are completed on the date the canals are permanently filled.

CLAIMS APPEAL PROCESS

Either you or your treating Dentist can file an appeal on your behalf. Delta Dental provides a form to be used for an appeal in the center of the Appeals Packet. You are not required to use the form; a letter with the same information is acceptable. If you decide to appeal a decision to deny authorization or payment of a service, you should tell your treating Dentist so the Dentist can help you with the information you need to present your case.

The process for an appeal is described in detail in the Appeals Packet, a separate document, which is provided to you when you become a Covered Policyholder. You can request another copy of this Appeals Packet by visiting our website at www.DeltaDentalCoversMe.com, or call 888-899-3734 to request a form.

Description of the Appeals Process

There are two types of appeals: an expedited appeal for urgent matters, and a standard appeal. Each type of appeal has three levels. The appeals operate in a similar fashion, except that expedited appeals are processed much faster because of the patient's condition.

Expedited Appeals (for urgently needed services you have not yet received)	**Standard Appeals** (for non-urgent services or denied claims)
Level 1: Expedited Medical Review	Informal Reconsideration[1]
Level 2: Expedited Appeal	Formal Appeal
Level 3: Expedited External Independent Review	External Independent Medical Review

We make the decisions at Level 1 and Level 2. An outside reviewer, who is completely independent from our company, makes Level 3 decisions. You are not responsible to pay the costs of the external review if you choose to appeal to Level 3.

Please read the information in your Appeals Packet for details about your rights and responsibilities during the appeals process. These will include the procedures Delta Dental and you must follow when participating in the appeals process, the time period applicable at each level of appeal, whether your request for an appeal must be in writing, and notices you will receive from Delta Dental regarding your appeal.

[1]Delta Dental does not provide informal reconsideration of a denied claim; our appeals process begins at the formal appeal level.

Should you have any questions regarding the appeals process and procedures, please contact Delta Dental at the numbers listed in your Appeals Packet. For additional assistance with questions regarding the appeals process, you may contact the Arizona Department of Insurance Consumer Assistance Office.

TERMINATION OF POLICY

All insurance for Covered Persons under this Policy will cease on the date this Policy is terminated. If this policy was purchased on the exchange, terminations must be done through the exchange. This Policy will terminate under the following circumstances:

1. Nonpayment of Premiums when due, subject to the grace period provisions in this Policy;

2. When We receive a request from You to terminate this Policy, or any later date stated in Your request;

3. If We decline to renew this Policy;

4. The date of Your death if there are no dependents who are Covered Persons;

5. If You engage in fraudulent conduct or furnish Us with fraudulent or misleading material information relating to Your application for coverage. You are responsible to pay Us for any Benefits that We have paid.

6. Coverage under another plan begins.

7. If you no longer reside in the area where We are authorized to conduct business.

8. If you no longer meet the terms of eligibility under this policy.

Continuation of Coverage for Dependents

If this policy is terminated for a reason other than non-payment of premiums, the other family members covered by this policy are entitled to continue coverage under this or a similar policy, provided they meet eligibility requirements. They must notify us and pay the premium within 31 days of termination.

Unless you purchased this Policy on the Exchange, if Your Policy terminates for any reason, neither You nor Your dependents will be eligible to obtain a dental insurance policy from Us for 24 months.

WHEN COVERAGE ENDS

Nonrenewal

Unless otherwise prohibited by the rules of the Exchange, this policy will automatically renew. If you don't want to renew this policy and purchased this policy on the exchange you must make your request through the exchange, otherwise, send us written notice (either electronically or through the mail) before the policy's renewal date. If you do, this policy will end on the last day before the renewal date. We can nonrenew this policy by sending you written notice (either electronically or through the mail) at least 60 days before the renewal date. If we do, this policy will end on the last day before the renewal date.

Except if you purchased this Policy on the Exchange, coverage under this Policy will end automatically, without notice, on the earliest of the following dates:

1. For all Covered Persons, on the day immediately following the last day of the Policy term in which We receive Your request to terminate this Policy, unless You specify a later termination date;

2. For all Covered Persons, on the day immediately following the last day of a renewal Policy's grace period if Your Premium has not been paid before that date;

3. For all Covered Persons, on the last day of the Policy term in which We decline to renew this Policy.

4. For all Covered Persons, on the last day of the calendar year following Your move to a permanent residence outside of the area where We are authorized to conduct business;

5. For a child who is a Covered Person, the earliest of the following dates, as determined by Us:

    a. The date on which the child loses dependent status; or

    b. The last day of the Policy term during which the child reaches age 26.

You must notify Us if a Covered Person loses eligibility for coverage under this Policy; however, You will still be responsible for any claim payments made during the period of time the Covered Person was not eligible for coverage under this Policy.

DELTA DENTAL's LIABILITY

Delta Dental is not responsible for the actual care that a Covered Person receives from any person. This Policy does not give anyone any claim, right, or cause of action against Delta Dental based on what a Dentist of dental care, services or supplies, does or does not do.

NOTICES

Any notice sent to Delta Dental must be sent in writing (either electronically or through the mail). It's considered delivered when sent to us at the e-mail address shown below; when given in person; or when sent registered or certified United States mail, return receipt requested, proper postage prepaid, and properly addressed to:

Delta Dental
P.O. Box 103
Stevens Point, WI 54481-0103
Email: customerservice@deltadentalcoversme.com

PROVISIONS REQUIRED BY LAW

Before approving a claim, Delta Dental may receive any information and records for a covered person allowed by law which may be needed to process the claim and will keep such information and records confidential. The release of information is made only to facilitate coverage and in accordance with state and federal laws. If you wish to authorize someone to

have access to information, you must give us a written request by sending an Authorization to Disclose or an Authorized Representative Form. Please call 888-899-3734 to request a form.

Under Arizona law, both parents have equal rights of access to information about their children, unless there is a court order denying such access. Absent a copy of such order, and subject to the confidentiality provisions described above, Delta Dental provides equal parental access to information.

Governing Law

This Policy is issued and delivered in the State of Arizona and is governed and construed under and pursuant to its laws and regulations. If it conflicts with any of Arizona's laws and regulations it will automatically conform to the state's minimum requirements.

Nonwaiver And Severability

No delay or failure by Delta Dental to exercise any remedy or right under this Policy will impair any such right or be construed to be a waiver of any such remedy or rights, nor will it affect any subsequent remedies or rights that Delta Dental may have, whether or not the circumstances are the same.

Entire Policy; Changes

The entire Policy of insurance between You and Delta Dental is comprised of this Policy, the declaration page, the application, and all endorsements, if any.

No oral statements by anyone can change or affect any aspect of this policy.

NOTICE OF LEGAL ACTION

No legal action can be brought against Delta Dental until at least 60 days after proof of loss has been furnished as required by the Policy or such proof of loss has been waived, or Delta Dental has denied payment, whichever is earlier. No legal action can be brought against us more than 2 years after proof of loss.

PROBLEMS WITH YOUR INSURANCE

If You experience problems with any insurance company or agent, do not hesitate to contact them to resolve Your problem. You can contact Delta Dental at the following address and telephone number:

Delta Dental
P.O. Box 103
Stevens Point, WI 54481-0103
888-899-3734

Nondiscrimination and Language Assistance Services

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

Delta Dental 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 and service to people whose primary language is not English, such as:
- Qualified interpreters
- Information written in other languages

If you need these services, contact Delta Dental's Customer Service at: 1(888)899-3734, TTY: 711.

If you believe that Delta Dental 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 with: Compliance Manager, PO Box 103 Stevens Point, WI 54481, Ph: 1(715)344-6087, TTY: 711, Fx: (715) 344-9058 or by email at: compliance_wi@deltadentalwi.com. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, our Compliance Manager is available to help you. 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, 1-800-868-1019, 800537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Shqip (Albanian)	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-888-899-3734 (TTY: 711).
አማርኛ (Amharic)	ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-888-899-3734 (መስማት ለተሳናቸው: 711).
العربية (Arabic)	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 711-(رقم هاتف الصم والبكم: 1-888-899-3734).
Ikirundi (Bantu – Kirundi)	ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-888-899-3734 (TTY: 711).
বাংলা (Bengali)	লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-888-899-3734 (TTY: ১-711)।
[illegible] (Burmese)	သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-888-899-3734 (TTY: 711) သို့ ခေါ်ဆိုပါ။
ខ្មែរ (Cambodian)	ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-888-899-3734 (TTY: 711)។
tsalagi gawonihisdi (Cherokee)	Hagsesda: iyuhno hyiwoniha [tsalagi gawonihisdi]. Call 1 – 888-899-3734 (TTY: 711)
繁體中文 (Chinese)	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-899-3734（TTY：711）
Oroomiffa (Oromo)	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-899-3734 (TTY: 711).
Français (French)	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-899-3734 (ATS : 711).
Kreyòl Ayisyen (French Creole)	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-899-3734 (TTY: 711).
Deutsch (German)	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-899-3734 (TTY: 711).
Ελληνικά (Greek)	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-888-899-3734 (TTY: 711).
ગુજરાતી (Gujarati)	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-899-3734 (TTY: 711).
हिंदी (Hindi)	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-899-3734 (TTY: 711) पर कॉल करें।

Hmoob (Hmong)	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-899-3734 (TTY: 711).
Bahasa Indonesia (Indonesian)	PERHATIAN: Jika Anda berbicara dalam Bahasa Indonesia, layanan bantuan bahasa akan tersedia secara gratis. Hubungi 1-888-899-3734 (TTY: 711).
Italiano (Italian)	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-899-3734 (TTY: 711).
日本語 (Japanese)	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-899-3734（TTY:711）まで、お電話にてご連絡ください
한국어 (Korean)	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-899-3734 (TTY: 711)번으로 전화해 주십시오.
èdè Yorùbá (Yoruba)	AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-888-899-3734 (TTY: 711).
Igbo asusu (Ibo)	Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-888-899-3734 (TTY: 711).
ພາສາລາວ (Lao)	ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-888-899-3734 (TTY: 711).
Diné Bizaad (Navajo)	D77 baa ak0 n7n7zin: D77 saad bee y1n7[ti'go **Diné Bizaad**, saad bee 1k1'1n7da'1wo'd66', t'11 jiik'eh, 47 n1 h0l=, koj8' h0d77lnih 1-888-899-3734 (TTY: 711.)
नेपाली (Nepali)	ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-888-899-3734 (टिटिवाइ: 711) ।
Thuɔŋjaŋ (Nilotic – Dinka)	**PIĐ KENE**: Na ye jam në Thuɔŋjaŋ, ke kuɔny yenë kɔc waar thook atö kuka lëu yök abac ke cïn wënh cuatë piny. Yuɔpë 1-888-899-3734 (TTY: 711)
Deitsch (Pennsylvania Dutch)	Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-888-899-3734 (TTY: 711).
فارسی (Farsi)	**توجه**: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (TTY: 711) 1-888-899-3734 تماس بگیرید.
Polski (Polish)	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-888-899-3734 (TTY: 711).

Português (Portuguese)	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-899-3734 (TTY: 711).
ਪੰਜਾਬੀ (Punjabi)	ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-899-3734 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।
Русский (Russian)	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-899-3734 (телетайп: 711).
Srpsko-hrvatski (Serbo-Croatian)	OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-899-3734 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).
Español (Spanish)	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-899-3734 (TTY: 711).
Kiswahili (Swahili)	KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-888-899-3734 (TTY: 711).
ܐܬܘܪܝܐ (Assyrian)	ܙܘܗܪܐ: ܐܢ ܐܢܬ ܟܡܡܠܠܬ ܠܫܢܐ ܐܬܘܪܝܐ، ܟܐ ܡܨܝܬ ܕܦܠܚܬ ܒܚܠܡܬܐ ܕܗܝܪܬܐ ܠܫܢܢܝܐ ܡܓܢܐܝܬ. ܩܪܝ ܠ 1-888-899-3734 (TTY: 711)
Tagalog (Tagalog – Filipino)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-899-3734 (TTY: 711).
ภาษาไทย (Thai)	เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-899-3734 (TTY: 711).
اُردُو (Urdu)	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں 1-888-899-3734 (TTY: 711).
Українська (Ukrainian)	УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-899-3734 (телетайп: 711).
Tiếng Việt (Vietnamese)	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-899-3734 (TTY: 711).