

Keep Smiling

DeltaCare[®] USA

provided by
Delta Dental of California

County of San Diego



Dental benefits made easy!

When you enroll in a DeltaCare USA¹ plan, you'll choose a primary care dentist from our network of carefully screened, private practice dentists. You must visit your primary care dentist to receive benefits.²

- No restrictions on pre-existing conditions (except work in progress)
- Access to specialty care and out-of-area emergency care

A partner in oral health

Your DeltaCare USA plan encourages regular dental care with an extensive list of covered services to help you stay healthy.

- Low or no copayments for services like cleanings and exams

Budget-friendly costs

With your DeltaCare USA plan, there are no surprises. You'll know your copayments, and your out-of-pocket costs are clearly defined before treatment begins.

- No deductibles or maximums³ for covered services
- Pay only your copayment (if any) at the time of treatment

Convenient services

We make it easy for you — there are no claim forms to complete, and no plan ID card is required to receive treatment.

- Access plan information online
- Change your primary care dentist by phone or online

LEGAL NOTICES: Access federal and state legal notices related to your plan: deltadentalins.com/about/legal/index-enrollee.html

¹ DeltaCare USA is underwritten by Delta Dental of California. Delta Dental Insurance Company acts as the DeltaCare USA administrator. These companies are financially responsible for their own products.

² We recommend that you verify online that the dentist is your selected DeltaCare USA primary care dentist before each appointment.



deltadentalins.com/countyofsandiego

Frequently asked questions

What you need to know about your DeltaCare[®] USA plan

Getting started

1. How do I enroll in a DeltaCare USA plan?

Simply complete the enrollment process as directed by your benefits administrator. Be sure to select a primary care network dentist for yourself or your dependents, and indicate this dentist and the name of your group when you enroll.

2. How do I get started using my DeltaCare USA plan?

Once we process your enrollment, we'll mail you welcome materials that will include:

- **The name, address and phone number of your selected primary care dentist.** Simply call the dental facility to make an appointment. **Important note:** In order to receive benefits under your plan, you must visit your primary care network dentist for all services. If you require treatment from a specialist, your primary care dentist will coordinate a referral for you. You can change your primary care dentist by contacting us.
- **Your Evidence/Certificate of Coverage (plan booklet).** This useful document provides a thorough description of how to use your benefits, including covered services, copayments and any limitations and exclusions of your plan.
- **An ID card.** This card is for your records only — you do not need to present it in order to receive treatment.

3. How long will it take to get an appointment with my primary care dentist?

Two to four weeks¹ is a reasonable amount of time to wait for a routine, non-urgent appointment. If you require a specific time slot, you may need to wait longer. Most DeltaCare USA dentists are in private group practices, which generally offer greater appointment availability and extended office hours.

4. How much will my dental treatments cost? How do I pay?

With your DeltaCare USA plan, some services are covered at no cost, while others have a copayment (amount you pay) for certain services. To find out how much a treatment will cost, refer to the "Description of Benefits and Copayments" in this brochure for a list of covered services and copayments. It's a good idea to bring your Evidence/Certificate of Coverage to your appointment in case you need to discuss your copayment for a service with your dentist. If you have any questions about the charges for a service, please contact Customer Service. If you receive treatment that requires a copayment, simply pay the dental facility at the time of service.

Choosing a dentist

5. How do I select my primary care dentist?

When you enroll, you must select a primary care dentist from the DeltaCare USA network. To search for a dentist, use the "Find a Dentist" tool at deltadentalins.com/countyofsandiego and select the DeltaCare USA network. You must visit your selected primary care dentist to use plan benefits. Important: Dental services provided by a dentist other than your selected primary care dentist will be denied. Your primary care dentist will refer you to a specialist if any specialty care is required.

6. Does everyone in my family have to choose the same primary care dentist?

No. Each family member can select his or her own primary care network dentist.²

7. Can I change my primary care dentist?

Yes. You can request to change your primary care dentist at any time. Simply visit our website and log on to your online account or contact Customer Service. Changes received between the first and 15th of the month are effective immediately. Changes received on the 16th through the end of the month will be effective on the first of the next month.

¹ In TX, three weeks is a reasonable amount of time to wait for a routine, non-urgent appointment. In TX, there is no limit on the number of miles or on the dollar amount per emergency.

² In MA, you cannot select more than three primary care dentist facilities per family.

8. My dentist says she is a Delta Dental dentist, but she isn't listed in the DeltaCare USA directory. Can I still visit her for services?

No. Delta Dental has many networks, and participation may vary — not all Delta Dental dentists are DeltaCare USA dentists. You must visit your selected primary care network dentist to receive benefits under this plan.

9. What should I do if I need to see a specialist?

If you require specialty dental care — such as oral surgery, endodontics, periodontics or pediatric dentistry — contact your primary care dentist to request a referral. Specialty dental services not performed by your selected primary care dentist must be authorized by us. You are responsible for any applicable copayments.

General plan information

10. If I'm traveling, is emergency treatment covered under my plan?

You and your eligible dependents have out-of-area coverage for dental emergencies.³ Your out-of-area emergency benefit (typically limited to \$100 per person) is for services to relieve pain until you can return to your primary care network dentist.⁴ Standard plan limitations, exclusions and copayments may apply.

11. Can I access my plan online?

Yes. Visit deltadentalins.com/countyofsandiego to create a free, secure online account. You can access your plan benefits and ID card, select (or change) your primary care dentist and more.

12. Does my plan cover pre-existing conditions? What about treatments that are in progress?

Treatment for pre-existing conditions (except work in progress⁵), including missing or extracted teeth, is covered under your plan. Treatment in progress includes services such as preparations for crowns or root canals, or impressions for dentures. If you started treatment before your plan's effective date, you and your prior dental carrier are responsible for any costs. Some DeltaCare USA plans may cover in-progress orthodontic treatment.

13. Does my plan cover teeth whitening?

Yes. External bleaching is a benefit under your DeltaCare USA plan. Review your plan booklet for more information and talk to your dentist about your options.

14. Does my plan cover tooth-colored fillings and crowns?

Yes. Porcelain and other tooth-colored materials are included in this plan.

15. What if I have additional questions about my plan?

Please contact us for additional support. Our Customer Service representatives can answer benefits questions as well as help you change your primary care dentist or arrange for urgent care referrals. See the back page of this brochure for our contact information.

³ State-specific minimum distance requirements may apply.

⁴ In TX, there is no limit on the number of miles or on the dollar amount per emergency.

⁵ In TX, there is no exception for work in progress for covered DeltaCare USA benefits.

We make it easy for you!



Select a
DeltaCare USA
dentist



Receive your
welcome materials



Schedule an
appointment



Receive
dental care



Pay only your
share to dentist

SCHEDULE A

Description of Benefits and Copayments

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

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

Copayments listed on the Description of Benefits and Copayments do not apply to Covered Services provided by a contracted pedodontist. Instead the member is responsible for 49% of the contracted pedodontist's contracted fees.

CODE	DESCRIPTION	ENROLLEE PAYS
D0100-D0999	I. DIAGNOSTIC	
D0120	Periodic oral evaluation - established patient	No Cost
D0140	Limited oral evaluation - problem focused	No Cost
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No Cost
D0150	Comprehensive oral evaluation - new or established patient	No Cost
D0160	Detailed and extensive oral evaluation - problem focused, by report	No Cost
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	No Cost
D0171	Re-evaluation - post-operative office visit	No Cost
D0180	Comprehensive periodontal evaluation - new or established patient	No Cost
D0190	Screening of a patient	No Cost
D0191	Assessment of a patient	No Cost
D0210	Intraoral - complete series of radiographic images - <i>(including bitewings) limited to 1 series every 2 years, except for pre and post treatment orthodontic records</i>	No Cost
D0220	Intraoral - periapical first radiographic image	No Cost
D0230	Intraoral - periapical each additional radiographic image	No Cost
D0240	Intraoral - occlusal radiographic image	No Cost
D0270	Bitewing - single radiographic image	No Cost
D0272	Bitewings - two radiographic images	No Cost
D0273	Bitewings three radiographic images	No Cost
D0274	Bitewings - four radiographic images - <i>limited to 1 series every 6 months, except for pre and post treatment orthodontic records</i>	No Cost
D0330	Panoramic radiographic image - <i>limited to 1 every 2 years</i>	No Cost
D0419	Assessment of salivary flow by measurement - <i>1 every 12 months</i>	No Cost
D0460	Pulp vitality tests	No Cost
D0470	Diagnostic casts	\$5.00
D0502	Other oral pathology procedures, by report	No Cost
D0601	Caries risk assessment and documentation, with a finding of low risk - <i>1 every 12 months</i>	No Cost
D0602	Caries risk assessment and documentation, with a finding of moderate risk - <i>1 every 12 months</i>	No Cost
D0603	Caries risk assessment and documentation, with a finding of high risk - <i>1 every 12 months</i>	No Cost
D0701	Panoramic radiographic image - image capture only	No Cost
D0702	2-D cephalometric radiographic image - image capture only	No Cost
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only	No Cost
D0704	3-D photographic image - image capture only	No Cost
D0705	Extra-oral posterior dental radiographic image - image capture only	No Cost
D0706	Intraoral - occlusal radiographic image - image capture only	No Cost
D0707	Intraoral - periapical radiographic image - image capture only	No Cost
D0708	Intraoral - bitewing radiographic image - image capture only	No Cost
D0709	Intraoral - complete series of radiographic images - image capture only	No Cost
D0999	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit (in addition to other services)</i>	No Cost

D1000-D1999

II. PREVENTIVE

D1110	Prophylaxis <i>cleaning</i> - adult - 1 D1110, D1120 or D4346 per 6 month period (combined with D4910) .	No Cost
D1120	Prophylaxis <i>cleaning</i> - child - 1 D1110, D1120 or D4346 per 6 month period (combined with D4910) .	No Cost
D1206	Topical application of fluoride varnish - <i>child to age 19; 1 per calendar year</i>	No Cost
D1208	Topical application of fluoride - excluding varnish - child to age 19 - 1 per calendar year	No Cost
D1208	Topical application of fluoride - excluding varnish - adult - 1 per calendar year	\$10.00
D1310	Nutritional counseling for control of dental disease	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth - <i>limited to age 18</i>	\$5.00
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - <i>limited to age 18</i>	\$5.00
D1353	Sealant repair - per tooth - <i>limited to age 18</i>	\$5.00
D1354	Application of caries arresting medicament - per tooth - <i>child to age 19; 1 per calendar year</i>	No Cost
D1510	Space maintainer - fixed - unilateral - per quadrant	\$10.00
D1516	Space maintainer - fixed - bilateral, maxillary	\$10.00
D1517	Space maintainer - fixed - bilateral, mandibular	\$10.00
D1520	Space maintainer - removable - unilateral - per quadrant	\$10.00
D1526	Space maintainer - removable - bilateral, maxillary	\$10.00
D1527	Space maintainer - removable - bilateral, mandibular	\$10.00
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	No Cost
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	No Cost
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	No Cost
D1556	Removal of fixed unilateral space maintainer - per quadrant	\$5.00
D1557	Removal of fixed bilateral space maintainer - maxillary	\$5.00
D1558	Removal of fixed bilateral space maintainer - mandibular	\$5.00
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant - <i>child to age 9</i>	\$10.00

D2000-D2999

III. RESTORATIVE

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

- Crown may not exceed seven units in a 12-month period.

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

- Base metal is the benefit. If a crown, pontic, inlay, onlay or indirectly fabricated post and core is made of noble or high noble metal, an additional fee up to \$125.00 per tooth will be charged for the upgrade. This charge also applies to a titanium crown.

D2140	Amalgam - one surface, primary or permanent	No Cost
D2150	Amalgam - two surfaces, primary or permanent	No Cost
D2160	Amalgam - three surfaces, primary or permanent	No Cost
D2161	Amalgam - four or more surfaces, primary or permanent	No Cost
D2330	Resin-based composite - one surface, anterior	\$10.00
D2331	Resin-based composite - two surfaces, anterior	\$10.00
D2332	Resin-based composite - three surfaces, anterior	\$10.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$12.00
D2391	Resin-based composite - one surface, posterior	\$66.00
D2392	Resin-based composite - two surfaces, posterior	\$85.00
D2393	Resin-based composite - three surfaces, posterior	\$102.00
D2394	Resin-based composite - four or more surfaces, posterior	\$117.00
D2410	Gold foil - one surface	No Cost
D2420	Gold foil - two surfaces	No Cost
D2430	Gold foil - three surfaces	No Cost
D2510	Inlay - metallic - one surface	\$25.00
D2520	Inlay - metallic - two surfaces	\$30.00
D2530	Inlay - metallic - three or more surfaces	\$35.00
D2542	Onlay - metallic - two surfaces	\$45.00
D2543	Onlay - metallic - three surfaces	\$50.00
D2544	Onlay - metallic - four or more surfaces	\$55.00
D2710	Crown - resin-based composite (indirect)	\$90.00
D2712	Crown - 3/4 resin-based composite (indirect)	\$90.00

D2720	Crown - resin with high noble metal	\$90.00
D2721	Crown - resin with predominantly base metal	\$90.00
D2722	Crown - resin with noble metal	\$90.00
D2740	Crown - porcelain/ceramic	\$90.00
D2750	Crown - porcelain fused to high noble metal	\$90.00
D2751	Crown - porcelain fused to predominantly base metal	\$90.00
D2752	Crown - porcelain fused to noble metal	\$90.00
D2753	Crown - porcelain fused to titanium and titanium alloys	\$90.00
D2780	Crown - 3/4 cast high noble metal	\$90.00
D2781	Crown - 3/4 cast predominantly base metal	\$90.00
D2782	Crown - 3/4 cast noble metal	\$90.00
D2783	Crown - 3/4 porcelain/ceramic	\$68.00
D2790	Crown - full cast high noble metal	\$90.00
D2791	Crown - full cast predominantly base metal	\$90.00
D2792	Crown - full cast noble metal	\$90.00
D2794	Crown - titanium and titanium alloys	\$90.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	No Cost
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	No Cost
D2920	Re-cement or re-bond crown	No Cost
D2921	Reattachment of tooth fragment, incisal edge or cusp (<i>anterior</i>)	\$12.00
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	No Cost
D2930	Prefabricated stainless steel crown - primary tooth	No Cost
D2931	Prefabricated stainless steel crown - permanent tooth	No Cost
D2932	Prefabricated resin crown - <i>anterior primary tooth</i>	No Cost
D2940	Protective restoration	No Cost
D2941	Interim therapeutic restoration - primary dentition	No Cost
D2949	Restorative foundation for an indirect restoration	No Cost
D2950	Core buildup, including any pins when required	No Cost
D2951	Pin retention - per tooth, in addition to restoration	No Cost
D2952	Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i>	\$50.00
D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i>	\$40.00
D2954	Prefabricated post and core in addition to crown - <i>base metal post; includes canal preparation</i>	\$30.00
D2957	Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i>	\$24.00
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework.	\$100.00
D2975	Coping	\$45.00
D2990	Resin infiltration of incipient smooth surface lesions	\$5.00

D3000-D3999**IV. ENDODONTICS**

D3110	Pulp cap - direct (excluding final restoration)	No Cost
D3120	Pulp cap - indirect (excluding final restoration)	No Cost
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	No Cost
D3221	Pulpal debridement, primary and permanent teeth	No Cost
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	No Cost
D3310	<i>Root canal</i> - endodontic therapy, anterior tooth (excluding final restoration)	\$35.00
D3320	<i>Root canal</i> - endodontic therapy, premolar tooth (excluding final restoration)	\$70.00
D3330	<i>Root canal</i> - endodontic therapy, molar tooth (excluding final restoration)	\$105.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$53.00
D3346	Retreatment of previous root canal therapy - anterior	\$35.00
D3347	Retreatment of previous root canal therapy - premolar	\$70.00
D3348	Retreatment of previous root canal therapy - molar	\$105.00
D3410	Apicoectomy - anterior	\$40.00
D3421	Apicoectomy - premolar (first root)	\$40.00
D3425	Apicoectomy - molar (first root)	\$40.00
D3426	Apicoectomy (each additional root)	\$40.00
D3430	Retrograde filling - per root	No Cost
D3471	Surgical repair of root resorption - anterior	\$40.00

D3472	Surgical repair of root resorption - premolar	\$40.00
D3473	Surgical repair of root resorption - molar	\$40.00
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	\$40.00
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	\$40.00
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	\$40.00
D3910	Surgical procedure for isolation of tooth with rubber dam	No Cost
D3911	Intraorifice barrier	\$0.00
D3950	Canal preparation and fitting of preformed dowel or post	No Cost

D4000-D4999 V. PERIODONTICS

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

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	No Cost
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$150.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$75.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$200.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$100.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	\$40.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	\$20.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - <i>1 per 6 month period (combined with D4910)</i>	No Cost
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit - <i>limited to 1 treatment in any 12 consecutive months</i>	\$40.00
D4910	Periodontal maintenance - <i>limited to 1 treatment each 6 month period (combined with D1110 or D1120)</i>	No Cost
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	No Cost
D4921	Gingival irrigation - per quadrant	No Cost

D5000-D5899 VI. PROSTHODONTICS (removable)

- For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. Copayment also includes relines and rebases within the first six months after placement, but does not apply to immediate dentures. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.

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

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

D5110	Complete denture - maxillary	\$70.00
D5120	Complete denture - mandibular	\$70.00
D5130	Immediate denture - maxillary	\$70.00
D5140	Immediate denture - mandibular	\$70.00
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$50.00
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$50.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$70.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$70.00
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$50.00
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$50.00

D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$70.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$70.00
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth) - prosthetic appliances will be replaced only after five years have elapsed from the time of delivery .	\$50.00
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth) .	\$50.00
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$50.00
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$50.00
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	\$70.00
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular	\$70.00
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests, and teeth) - per quadrant	\$70.00
D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests, and teeth) - per quadrant	\$70.00
D5410	Adjust complete denture - maxillary	No Cost
D5411	Adjust complete denture - mandibular	No Cost
D5421	Adjust partial denture - maxillary	No Cost
D5422	Adjust partial denture - mandibular	No Cost
D5511	Repair broken complete denture base, mandibular	No Cost
D5512	Repair broken complete denture base, maxillary	No Cost
D5520	Replace missing or broken teeth - complete denture (each tooth)	No Cost
D5611	Repair resin partial denture base, mandibular	No Cost
D5612	Repair resin partial denture base, maxillary	No Cost
D5621	Repair cast partial framework, mandibular	No Cost
D5622	Repair cast partial framework, maxillary	No Cost
D5630	Repair or replace broken retentive/clasping materials - per tooth	No Cost
D5640	Replace broken teeth - per tooth	No Cost
D5650	Add tooth to existing partial denture	No Cost
D5660	Add clasp to existing partial denture - per tooth	No Cost
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$35.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$35.00
D5730	Reline complete maxillary denture (chairside)	No Cost
D5731	Reline complete mandibular denture (chairside)	No Cost
D5740	Reline maxillary partial denture (chairside)	No Cost
D5741	Reline mandibular partial denture (chairside)	No Cost
D5750	Reline complete maxillary denture (laboratory)	\$25.00
D5751	Reline complete mandibular denture (laboratory)	\$25.00
D5760	Reline maxillary partial denture (laboratory)	\$25.00
D5761	Reline mandibular partial denture (laboratory)	\$25.00
D5765	Soft liner for complete or partial removable denture - indirect	\$25.00
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary - <i>limited to 1 in any 12 consecutive months</i>	No Cost
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular - <i>limited to 1 in any 12 consecutive months</i>	No Cost

D5900-D5999	VII. MAXILLOFACIAL PROSTHETICS - Not Covered	
D6000-D6199	VIII. IMPLANT SERVICES - Not Covered	
D6200-D6999	IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])	
	- Crowns and/or pontics may not exceed seven units in a 12-month period.	
	- Fixed partial dentures are limited to 4 units (abutments and/or pontics) in length.	
	- Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.	
	- Base metal is the benefit. If a crown, pontic, inlay, onlay or indirectly fabricated post and core is made of noble or high noble metal (including titanium), an additional fee up to \$125.00 per tooth will be charged for the upgrade.	
D6210	Pontic - cast high noble metal	\$90.00
D6211	Pontic - cast predominantly base metal	\$90.00
D6212	Pontic - cast noble metal	\$90.00
D6214	Pontic - titanium and titanium alloys	\$90.00
D6240	Pontic - porcelain fused to high noble metal	\$90.00
D6241	Pontic - porcelain fused to predominantly base metal	\$90.00
D6242	Pontic - porcelain fused to noble metal	\$90.00
D6243	Pontic - porcelain fused to titanium and titanium alloys	\$90.00
D6245	Pontic - porcelain/ceramic	\$90.00
D6250	Pontic - resin with high noble metal	\$90.00
D6251	Pontic - resin with predominantly base metal	\$90.00
D6252	Pontic - resin with noble metal	\$90.00
D6602	Retainer inlay - cast high noble metal, two surfaces	\$30.00
D6603	Retainer inlay - cast high noble metal, three or more surfaces	\$35.00
D6604	Retainer inlay - cast predominantly base metal, two surfaces	\$30.00
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	\$35.00
D6606	Retainer inlay - cast noble metal, two surfaces	\$30.00
D6607	Retainer inlay - cast noble metal, three or more surfaces	\$35.00
D6610	Retainer onlay - cast high noble metal, two surfaces	\$45.00
D6611	Retainer onlay - cast high noble metal, three or more surfaces	\$50.00
D6612	Retainer onlay - cast predominantly base metal, two surfaces	\$45.00
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	\$50.00
D6614	Retainer onlay - cast noble metal, two surfaces	\$45.00
D6615	Retainer onlay - cast noble metal, three or more surfaces	\$50.00
D6624	Retainer inlay - titanium	\$35.00
D6634	Retainer onlay - titanium	\$50.00
D6720	Retainer crown - resin with high noble metal	\$90.00
D6721	Retainer crown - resin with predominantly base metal	\$90.00
D6722	Retainer crown - resin with noble metal	\$90.00
D6740	Retainer crown - porcelain/ceramic	\$90.00
D6750	Retainer crown - porcelain fused to high noble metal	\$90.00
D6751	Retainer crown - porcelain fused to predominantly base metal	\$90.00
D6752	Retainer crown - porcelain fused to noble metal	\$90.00
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	\$90.00
D6780	Retainer crown - 3/4 cast high noble metal	\$90.00
D6781	Retainer crown - 3/4 cast predominantly base metal	\$90.00
D6782	Retainer crown - 3/4 cast noble metal	\$90.00
D6783	Retainer crown - 3/4 porcelain/ceramic	\$90.00
D6784	Retainer crown - titanium and titanium alloys	\$90.00
D6790	Retainer crown - full cast high noble metal	\$90.00
D6791	Retainer crown - full cast predominantly base metal	\$90.00
D6792	Retainer crown - full cast noble metal	\$90.00
D6794	Retainer crown - titanium and titanium alloys	\$90.00
D6930	Re-cement or re-bond fixed partial denture	No Cost

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

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

D7111	Extraction, coronal remnants - primary tooth	No Cost
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	No Cost
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	No Cost
D7220	Removal of impacted tooth - soft tissue	No Cost
D7230	Removal of impacted tooth - partially bony	No Cost
D7240	Removal of impacted tooth - completely bony	No Cost
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	No Cost
D7250	Removal of residual tooth roots (cutting procedure)	No Cost
D7251	Coronectomy - intentional partial tooth removal	No Cost
D7285	Incisional biopsy of oral tissue - hard (bone, tooth) - <i>does not include pathology laboratory procedures</i>	No Cost
D7286	Incisional biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i>	No Cost
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant ...	No Cost
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant ...	No Cost
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	No Cost
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	No Cost
D7471	Removal of lateral exostosis (maxilla or mandible)	No Cost
D7472	Removal of torus palatinus	No Cost
D7473	Removal of torus mandibularis	No Cost
D7485	Reduction of osseous tuberosity	No Cost
D7510	Incision and drainage of abscess - intraoral soft tissue	No Cost
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	No Cost
D7520	Incision and drainage of abscess - extraoral soft tissue	No Cost
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	No Cost
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	No Cost
D7961	Buccal/labial frenectomy (frenulectomy)	No Cost
D7962	Lingual frenectomy (frenulectomy)	No Cost
D7972	Surgical reduction of fibrous tuberosity	No Cost

D8000-D8999 XI. ORTHODONTICS

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

- The Retention Copayment includes adjustments and/or office visits up to 24 months.

Pre and post orthodontic records include:

	<i>The benefit for pre-treatment records and diagnostic services includes:</i>	No Cost
D0210	Intraoral - complete series of radiographic images	
D0322	Tomographic survey	
D0330	Panoramic radiographic image	
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	
D0350	2D oral/facial photographic images obtained intraorally or extraorally	
D0351	3D photographic image	
D0470	Diagnostic casts	
	<i>The benefit for post-treatment records includes:</i>	\$150.00
D0210	Intraoral - complete series of radiographic images	
D0470	Diagnostic casts	
D8010	Limited orthodontic treatment of the primary dentition	\$847.50
D8020	Limited orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i>	\$847.50
D8030	Limited orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i>	\$847.50

D8040	Limited orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i>	\$847.50
D8070	Comprehensive orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i> .	\$1,695.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i>	\$1,695.00
D8090	Comprehensive orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i>	\$1,695.00
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$250.00
D8680	Orthodontic retention (removal of appliances, construction and placement of <i>removable</i> retainers)	\$250.00
D8681	Removable orthodontic retainer adjustment	No Cost
D8999	Unspecified orthodontic procedure, by report - <i>includes treatment planning session</i>	\$250.00

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$5.00
D9211	Regional block anesthesia	No Cost
D9212	Trigeminal division block anesthesia	No Cost
D9215	Local anesthesia in conjunction with operative or surgical procedures	No Cost
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	No Cost
D9222	Deep sedation/general anesthesia - first 15 minutes	\$60.00
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	\$60.00
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	\$70.00
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	\$70.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	No Cost
D9311	Consultation with a medical health care professional	No Cost
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	No Cost
D9440	Office visit - after regularly scheduled hours	\$10.00
D9450	Case presentation, detailed and extensive treatment planning	No Cost
D9912	Pre-visit patient screening	\$0.00
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	No Cost
D9932	Cleaning and inspection of removable complete denture, maxillary	No Cost
D9933	Cleaning and inspection of removable complete denture, mandibular	No Cost
D9934	Cleaning and inspection of removable partial denture, maxillary	No Cost
D9935	Cleaning and inspection of removable partial denture, mandibular	No Cost
D9951	Occlusal adjustment, limited	No Cost
D9952	Occlusal adjustment, complete	No Cost
D9986	Missed appointment - <i>without 24 hour notice - per 30 minutes of appointment time - up to an overall maximum of \$40.00</i>	\$20.00
D9987	Canceled appointment - <i>without 24 hour notice - per 30 minutes of appointment time, up to an overall maximum of \$40.00</i>	\$20.00
D9990	Certified translation or sign-language services - per visit	No Cost
D9991	Dental case management - addressing appointment compliance barriers	No Cost
D9992	Dental case management - care coordination	No Cost
D9995	Teledentistry - synchronous; real-time encounter	No Cost
D9996	Teledentistry - asynchronous; information stored and forwarded to Dentist for subsequent review .	No Cost
D9997	Dental case management - Patients with special Health Care Needs	No Cost

Procedures with age restrictions will be subject to exceptions based on medical necessity.

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

SCHEDULE B

Limitations and Exclusions below with age restrictions will be subject to exceptions based on medical necessity.

Limitations of Benefits

1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments*.
2. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more soft, partial or full bony impactions, (Procedures D7220, D7230, D7240, and D7241).
3. Benefits provided by a pediatric Dentist are limited to children to age 19 upon Authorization by Us, less applicable Copayments. The Plan will consider exceptions on an individual basis for physical or mental impairment, limitation or condition which substantially interferes with the ability to have Benefits provided by a Contract Dentist.
4. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's submitted fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.
5. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA Program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. We are financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

Exclusions of Benefits

1. Any procedure that is not specifically listed under *Schedule A, Description of Benefits and Copayments*.
2. Any procedure that has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or is inconsistent with generally accepted standards for dentistry.
3. Services solely for cosmetic purposes or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
4. Porcelain crowns, porcelain fused to metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
5. Lost, stolen or broken appliances including, but not limited to, full or partial dentures, space maintainers, crowns, fixed partial dentures (bridges) and orthodontic appliances.
6. Procedures, appliances or restorations if the purpose is to change vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth, periodontal splinting, gnathologic recordings, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ), with the exception of procedures D9951 and D9952 as shown on *Schedule A*.
7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
9. Consultations or other diagnostic services for non-covered benefits.

10. Dental services received from any dental facility other than the assigned Contract Dentist, or an authorized dental specialist (oral surgeon, endodontist, periodontist, pediatric dentist or Contract Orthodontist) except for Emergency Services as described in the Contract and/or Evidence of Coverage.
11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
12. Prescription and over-the-counter drugs.
13. Dental expenses incurred in connection with any dental procedure started before the Enrollee's eligibility with the DeltaCare USA Program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.
14. Dental conditions that are the responsibility of Worker's Compensation or employer's liability insurance. The DeltaCare USA Benefits would be in excess to the third party Benefits and therefore, the Administrator would have the right of recovery for any Benefits paid in excess.
15. Changes in orthodontic treatment necessitated by accident of any kind.
16. Myofunctional and parafunctional appliances and/or therapies.
17. Composite or ceramic brackets, lingual adaptation of orthodontic bands.
18. For any condition caused by or resulting from declared or undeclared war or act thereof, or resulting from service in the National Guard or in the armed forces of any country or international authority.
19. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.
20. Orthodontic treatment must be provided by a licensed Dentist. Self-administered orthodontics are not covered.
21. The removal of fixed orthodontic appliances for reasons other than completion of treatment is not a covered benefit.

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Call toll-free: 844-697-0579

Customer Service agents are available Monday through Friday, 5 a.m. to 6 p.m., Pacific time. Or, use our automated phone system, available 24/7.

Underwritten by:

Delta Dental of California
17871 Park Plaza Drive, Suite 200
Cerritos, CA 90703

Administered by:

Delta Dental Insurance Company
1130 Sanctuary Parkway
Alpharetta, GA 30009

NOTE: This is only a brief summary of your plan.

This brochure is not intended to replace your legally required plan booklet. The Group Dental Service Contract determines the exact terms and conditions of your coverage. Please refer to the “Description of Benefits and Copayments” and “Limitations and Exclusions of Benefits” in this brochure for a complete list of covered procedures, copayments, plan limitations and exclusions. You may also consult your Evidence/Certificate of Coverage, which will be mailed to you upon enrollment. If you wish to review an Evidence/Certificate of Coverage prior to enrollment, you may request a copy by calling Customer Service at 844-697-0579.