

[DeltaCare® USA SCHEDULE A and B FOR CALIFORNIA MEDICAL PARTNERSHIPS - EMBEDDED DENTAL 10.0 Minimum Coverage (Catastrophic) 2021 Plan.]

SCHEDULE A

Description of Benefits and Cost Shares for Pediatric Enrollees (Under Age 19)

The Benefits shown below are performed as needed and deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the DeltaCare® USA Plan ("Plan"). 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 this Plan and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2020 Procedure Codes, descriptors or nomenclature which is 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.

Code	Description	Pediatric Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees
D0100–D0999 I. DIAGNOSTIC			
<i>- Benefits in this category are not subject to the Plan Deductible described in your Sharp EOC.</i>			
D0999	Unspecified diagnostic procedure, by report	No charge	<i>Includes office visit, per visit (in addition to other services); In addition, shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the specific conditions addressed by the procedure, the rationale demonstrating medical necessity, any pertinent history and the actual treatment.</i>
D0120	Periodic oral evaluation - established patient	No charge	<i>1 per 6 months per Contract Dentist</i>
D0140	Limited oral evaluation - problem focused	No charge	<i>1 per Enrollee per Contract Dentist</i>
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No charge	<i>1 per 6 months per Contract Dentist, included with D0120, D0150</i>
D0150	Comprehensive oral evaluation - new or established patient	No charge	<i>Initial evaluation, 1 per Contract Dentist</i>
D0160	Detailed and extensive oral evaluation - problem focused, by report	No charge	<i>1 per Enrollee per Contract Dentist</i>
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	No charge	<i>6 per 3 months, not to exceed 12 per 12 month period</i>
D0171	Re-evaluation - post-operative office visit	No charge	
D0180	Comprehensive periodontal evaluation - new or established patient	No charge	<i>Included with D0150</i>
D0190	Screening of a patient	Not covered	
D0191	Assessment of a patient	Not covered	
D0210	Intraoral - complete series of radiographic images	No charge	<i>1 series per 36 months per Contract Dentist</i>
D0220	Intraoral - periapical first radiographic image	No charge	<i>20 images (D0220, D0230) per 12 months per Contract Dentist</i>
D0230	Intraoral - periapical each additional radiographic image	No charge	<i>20 images (D0220, D0230) per 12 months per Contract Dentist</i>

Code	Description	Pediatric Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees
D0240	Intraoral - occlusal radiographic image	No charge	<i>2 per 6 months per Contract Dentist</i>
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	No charge	<i>1 per date of service</i>
D0251	Extra-oral posterior dental radiographic image	No charge	<i>4 per date of service</i>
D0270	Bitewing - single radiographic image	No charge	<i>1 of (D0270, D0273) per date of service</i>
D0272	Bitewings - two radiographic images	No charge	<i>1 of (D0272, D0273) per 6 months per Contract Dentist</i>
D0273	Bitewings - three radiographic images	No charge	<i>1 of (D0270, D0273) per date of service; 1 of (D0272, D0273) per 6 months per Contract Dentist</i>
D0274	Bitewings - four radiographic images	No charge	<i>1 of (D0274, D0277) per 6 months per Contract Dentist</i>
D0277	Vertical bitewings - 7 to 8 radiographic images	No charge	<i>1 of (D0274, D0277) per 6 months per Contract Dentist</i>
D0310	Sialography	No charge	
D0320	Temporomandibular joint arthrogram, including injection	No charge	<i>Limited to trauma or pathology; 3 per date of service</i>
D0322	Tomographic survey	No charge	<i>2 per 12 months per Contract Dentist</i>
D0330	Panoramic radiographic image	No charge	<i>1 per 36 months per Contract Dentist</i>
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	No charge	<i>2 per 12 months per Contract Dentist</i>
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	No charge	<i>For the diagnosis and treatment of the specific clinical condition not apparent on radiographs; 4 per date of service</i>
D0351	3D photographic image	No charge	<i>1 per date of service</i>
D0419	Assessment of salivary flow by measurement	Not covered	
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	Not covered	
D0460	Pulp vitality tests	No charge	
D0470	Diagnostic casts	No charge	<i>For the evaluation of orthodontic Benefits only; 1 per Contract Dentist unless special circumstances are documented (such as trauma or pathology which has affected the course of orthodontic treatment)</i>
D0502	Other oral pathology procedures, by report	No charge	<i>Performed by an oral pathologist</i>
D0601	Caries risk assessment and documentation, with a finding of low risk	No charge	<i>1 of (D0601, D0602, D0603) per 36 months per Contract Dentist or dental office</i>
D0602	Caries risk assessment and documentation, with a finding of moderate risk	No charge	<i>1 of (D0601, D0602, D0603) per 36 months per Contract Dentist or dental office</i>
D0603	Caries risk assessment and documentation, with a finding of high risk	No charge	<i>1 of (D0601, D0602, D0603) per 36 months per Contract Dentist or dental office</i>
D1000-D1999 II. PREVENTIVE			
<i>- Benefits in this category are not subject to the Plan Deductible described in your Sharp EOC.</i>			
D1110	Prophylaxis - adult	No charge	<i>Cleaning; 1 of (D1110, D1120, D4346) per 6 months</i>

Code	Description	Pediatric Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees
D1120	Prophylaxis - child	No charge	<i>Cleaning; 1 of (D1110, D1120, D4346) per 6 months</i>
D1206	Topical application of fluoride varnish	No charge	<i>1 of (D1206, D1208) per 6 months</i>
D1208	Topical application of fluoride - excluding varnish	No charge	<i>1 of (D1206, D1208) per 6 months</i>
D1310	Nutritional counseling for control of dental disease	No charge	
D1320	Tobacco counseling for the control and prevention of oral disease	No charge	
D1330	Oral hygiene instructions	No charge	
D1351	Sealant - per tooth	No charge	<i>1 per tooth per 36 months per Contract Dentist; limited to permanent first and second molars without restorations or decay and third permanent molars that occupy the second molar position</i>
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	No charge	<i>1 per tooth per 36 months per Contract Dentist; limited to permanent first and second molars without restorations or decay and third permanent molars that occupy the second molar position</i>
D1353	Sealant repair - per tooth	No charge	<i>The original Contract Dentist or dental office is responsible for any repair or replacement during the 36-month period</i>
D1354	Interim caries arresting medicament application - per tooth	No charge	<i>1 per tooth per 6 months when Enrollee has a caries risk assessment and documentation, with a finding of "high risk"</i>
D1510	Space maintainer - fixed, unilateral - per quadrant	No charge	<i>1 per quadrant; posterior teeth</i>
D1516	Space maintainer - fixed - bilateral, maxillary	No charge	<i>1 per arch; posterior teeth</i>
D1517	Space maintainer - fixed - bilateral, mandibular	No charge	<i>1 per arch; posterior teeth</i>
D1520	Space maintainer - removable, unilateral - per quadrant	No charge	<i>1 per quadrant; posterior teeth</i>
D1526	Space maintainer - removable - bilateral, maxillary	No charge	<i>1 per arch, through age 17; posterior teeth</i>
D1527	Space maintainer - removable - bilateral, mandibular	No charge	<i>1 per arch, through age 17; posterior teeth</i>
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	No charge	<i>1 per Contract Dentist, per quadrant or arch, through age 17</i>
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	No charge	<i>1 per Contract Dentist, per quadrant or arch, through age 17</i>
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	No charge	<i>1 per Contract Dentist, per quadrant or arch, through age 17</i>
D1556	Removal of fixed unilateral space maintainer - per quadrant	No charge	<i>Included in case by Contract Dentist or dental office who placed appliance</i>
D1557	Removal of fixed bilateral space maintainer - maxillary	No charge	<i>Included in case by Contract Dentist or dental office who placed appliance</i>
D1558	Removal of fixed bilateral space maintainer - mandibular	No charge	<i>Included in case by Contract Dentist or dental office who placed appliance</i>
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant	No charge	<i>1 per quadrant, age 8 and under; posterior teeth</i>
D2000-D2999 III. RESTORATIVE			
<i>- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.</i>			
<i>- Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years (60+ months) old.</i>			
<i>- Cost Share for Benefits in this category is subject to the Plan Deductible described in your Sharp EOC. You pay the Charges shown below until you have met the Plan Deductible. After you meet the Plan Deductible, the Services are covered at no charge for the remainder of the year.</i>			

Code	Description	Pediatric Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees
D2140	Amalgam - one surface, primary or permanent	\$66	1 per 12 months per Contract Dentist for primary teeth; 1 per 36 months per Contract Dentist for permanent teeth
D2150	Amalgam - two surfaces, primary or permanent	\$80	1 per 12 months per Contract Dentist for primary teeth; 1 per 36 months per Contract Dentist for permanent teeth
D2160	Amalgam - three surfaces, primary or permanent	\$100	1 per 12 months per Contract Dentist for primary teeth; 1 per 36 months per Contract Dentist for permanent teeth
D2161	Amalgam - four or more surfaces, primary or permanent	\$109	1 per 12 months per Contract Dentist for primary teeth; 1 per 36 months per Contract Dentist for permanent teeth
D2330	Resin-based composite - one surface, anterior	\$87	1 per 12 months per Contract Dentist for primary teeth; 1 per 36 months per Contract Dentist for permanent teeth
D2331	Resin-based composite - two surfaces, anterior	\$87	1 per 12 months per Contract Dentist for primary teeth; 1 per 36 months per Contract Dentist for permanent teeth
D2332	Resin-based composite - three surfaces, anterior	\$94	1 per 12 months per Contract Dentist for primary teeth; 1 per 36 months per Contract Dentist for permanent teeth
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$118	1 per 12 months per Contract Dentist for primary teeth; 1 per 36 months per Contract Dentist for permanent teeth
D2390	Resin-based composite crown, anterior	\$204	1 per 12 months per Contract Dentist for primary teeth; 1 per 36 months per Contract Dentist for permanent teeth
D2391	Resin-based composite - one surface, posterior	\$85	1 per 12 months per Contract Dentist for primary teeth; 1 per 36 months per Contract Dentist for permanent teeth
D2392	Resin-based composite - two surfaces, posterior	\$117	1 per 12 months per Contract Dentist for primary teeth; 1 per 36 months per Contract Dentist for permanent teeth
D2393	Resin-based composite - three surfaces, posterior	\$142	1 per 12 months per Contract Dentist for primary teeth; 1 per 36 months per Contract Dentist for permanent teeth
D2394	Resin-based composite - four or more surfaces, posterior	\$155	1 per 12 months per Contract Dentist for primary teeth; 1 per 36 months per Contract Dentist for permanent teeth
D2542	Onlay - metallic - two surfaces	Not covered	
D2543	Onlay - metallic - three surfaces	Not covered	
D2544	Onlay - metallic - four or more surfaces	Not covered	
D2642	Onlay - porcelain/ceramic - two surfaces	Not covered	
D2643	Onlay - porcelain/ceramic - three surfaces	Not covered	
D2644	Onlay - porcelain/ceramic - four or more surfaces	Not covered	
D2662	Onlay - resin-based composite - two surfaces	Not covered	
D2663	Onlay - resin-based composite - three surfaces	Not covered	
D2664	Onlay - resin-based composite - four or more surfaces	Not covered	
D2710	Crown - resin-based composite (indirect)	\$269	1 per 60 months, permanent teeth; age 13 through 18
D2712	Crown - 3/4 resin-based composite (indirect)	\$269	1 per 60 months, permanent teeth; age 13 through 18

Code	Description	Pediatric Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees
D2720	Crown - resin with high noble metal	Not covered	
D2721	Crown - resin with predominantly base metal	\$646	<i>1 per 60 months, permanent teeth; age 13 through 18</i>
D2722	Crown - resin with noble metal	Not covered	
D2740	Crown - porcelain/ceramic	\$646	<i>1 per 60 months, permanent teeth; age 13 through 18</i>
D2750	Crown - porcelain fused to high noble metal	Not covered	
D2751	Crown - porcelain fused to predominantly base metal	\$630	<i>1 per 60 months, permanent teeth; age 13 through 18</i>
D2752	Crown - porcelain fused to noble metal	Not covered	
D2753	Crown - porcelain fused to titanium and titanium alloys	Not covered	
D2780	Crown - 3/4 cast high noble metal	Not covered	
D2781	Crown - 3/4 cast predominantly base metal	\$591	<i>1 per 60 months, permanent teeth; age 13 through 18</i>
D2782	Crown - 3/4 cast noble metal	Not covered	
D2783	Crown - 3/4 porcelain/ceramic	\$591	<i>1 per 60 months, permanent teeth; age 13 through 18</i>
D2790	Crown - full cast high noble metal	Not covered	
D2791	Crown - full cast predominantly base metal	\$630	<i>1 per 60 months, permanent teeth; age 13 through 18</i>
D2792	Crown - full cast noble metal	Not covered	
D2794	Crown - titanium and titanium alloys	Not covered	
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	\$57	<i>1 per 12 months per Contract Dentist</i>
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core	\$57	
D2920	Re-cement or re-bond crown	\$56	<i>Recementation during the 12 months after initial placement is included; no additional charge to the Enrollee or plan is permitted. The listed fee applies for service provided by a Contract Dentist other than the original treating Contract Dentist/dental office.</i>
D2921	Reattachment of tooth fragment, incisal edge or cusp	\$89	<i>1 per 12 months</i>
D2929	Prefabricated porcelain/ceramic crown - primary tooth	\$181	<i>1 per 12 months</i>
D2930	Prefabricated stainless steel crown - primary tooth	\$116	<i>1 per 12 months</i>
D2931	Prefabricated stainless steel crown - permanent tooth	\$129	<i>1 per 36 months</i>
D2932	Prefabricated resin crown	\$125	<i>1 per 12 months for primary teeth; 1 per 36 months for permanent teeth</i>
D2933	Prefabricated stainless steel crown with resin window	\$181	<i>1 per 12 months for primary teeth; 1 per 36 months for permanent teeth</i>
D2940	Protective restoration	\$40	<i>1 per 6 months per Contract Dentist</i>
D2941	Interim therapeutic restoration - primary dentition	\$40	<i>1 per tooth per 6 months per Contract Dentist</i>
D2949	Restorative foundation for an indirect restoration	\$196	
D2950	Core buildup, including any pins when required	\$95	

Code	Description	Pediatric Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees
D2951	Pin retention - per tooth, in addition to restoration	\$33	<i>1 per tooth regardless of the number of pins placed; permanent teeth</i>
D2952	Post and core in addition to crown, indirectly fabricated	\$172	<i>Base metal post; 1 per tooth; a Benefit only in conjunction with covered crowns on root canal treated permanent teeth</i>
D2953	Each additional indirectly fabricated post - same tooth	\$104	<i>Performed in conjunction with D2952</i>
D2954	Prefabricated post and core in addition to crown	\$136	<i>1 per tooth; a Benefit only in conjunction with covered crowns on root canal treated permanent teeth</i>
D2955	Post removal	\$226	<i>Included in case fee by Contract Dentist or dental office who performed endodontic and restorative procedures. The listed fee applies for service provided by a Contract Dentist other than the original treating Contract Dentist/dental office.</i>
D2957	Each additional prefabricated post - same tooth	\$109	<i>Performed in conjunction with D2954</i>
D2971	Additional procedures to construct new crown under existing partial denture framework	\$65	<i>Included in the fee for laboratory processed crowns. The listed fee applies for service provided by a Contract Dentist other than the original treating Dentist/dental office.</i>
D2980	Crown repair necessitated by restorative material failure	\$223	<i>Repair during the 12 months following initial placement or previous repair is included, no additional charge to the Enrollee or plan is permitted by the original treating Contract Dentist/dental office.</i>
D2999	Unspecified restorative procedure, by report	\$218	<i>Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the specific conditions addressed by the procedure, the rationale demonstrating medical necessity, any pertinent history and the actual treatment.</i>

D3000-D3999 IV. ENDODONTICS

- Cost Share for Benefits in this category is subject to the Plan Deductible described in your Sharp EOC. You pay the Charges shown below until you have met the Plan Deductible. After you meet the Plan Deductible, the Services are covered at no charge for the remainder of the year.

D3110	Pulp cap - direct (excluding final restoration)	\$47	
D3120	Pulp cap - indirect (excluding final restoration)	\$36	
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$66	<i>1 per primary tooth</i>
D3221	Pulpal debridement, primary and permanent teeth	\$56	<i>1 per tooth</i>
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$66	<i>1 per permanent tooth</i>

Code	Description	Pediatric Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$66	1 per tooth
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$66	1 per tooth
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$365	Root canal
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	\$438	Root canal
D3330	Endodontic therapy, molar tooth (excluding final restoration)	\$586	Root canal
D3331	Treatment of root canal obstruction; non-surgical access	\$153	
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	Not covered	
D3333	Internal root repair of perforation defects	\$80	
D3346	Retreatment of previous root canal therapy - anterior	\$391	Retreatment during the 12 months following initial treatment is included at no charge to the Enrollee or plan. The listed fee applies for service provided by a Contract Dentist other than the original treating Contract Dentist/dental office.
D3347	Retreatment of previous root canal therapy - premolar	\$469	Retreatment during the 12 months following initial treatment is included at no charge to the Enrollee or plan. The listed fee applies for service provided by a Contract Dentist other than the original treating Contract Dentist/dental office.
D3348	Retreatment of previous root canal therapy - molar	\$629	Retreatment during the 12 months following initial treatment is included at no charge to the Enrollee or plan. The listed fee applies for service provided by a Contract Dentist other than the original treating Contract Dentist/dental office.
D3351	Apexification/recalcification - initial visit (apical closure / calcific repair of perforations, root resorption, etc.)	\$80	1 per permanent tooth
D3352	Apexification/recalcification - interim medication replacement	\$80	1 per permanent tooth
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	Not covered	
D3410	Apicoectomy - anterior	\$276	1 per 24 months by the same Contract Dentist or dental office; permanent teeth only
D3421	Apicoectomy - premolar (first root)	\$305	1 per 24 months by the same Contract Dentist or dental office; permanent teeth only
D3425	Apicoectomy - molar (first root)	\$317	1 per 24 months by the same Contract Dentist or dental office; permanent teeth only

Code	Description	Pediatric Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees
D3426	Apicoectomy (each additional root)	\$103	1 per 24 months by the same Contract Dentist or dental office; permanent teeth only; a benefit for 3rd molar if it occupies the 1st or 2nd molar position or is an abutment for an existing fixed partial denture or removable partial denture with cast clasps or rests.
D3427	Periradicular surgery without apicoectomy	\$95	1 per 24 months by the same Contract Dentist or dental office
D3430	Retrograde filling - per root	\$95	
D3450	Root amputation - per root	Not covered	
D3910	Surgical procedure for isolation of tooth with rubber dam	\$36	
D3920	Hemisection (including any root removal), not including root canal therapy	Not covered	
D3950	Canal preparation and fitting of preformed dowel or post	Not covered	
D3999	Unspecified endodontic procedure, by report	\$192	Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the specific conditions addressed by the procedure, the rationale demonstrating medical necessity, any pertinent history and the actual treatment.
D4000-D4999 V. PERIODONTICS			
<i>- Includes pre-operative and post-operative evaluations and treatment under a local anesthetic.</i>			
<i>- Cost Share for Benefits in this category is subject to the Plan Deductible described in your Sharp EOC. You pay the Charges shown below until you have met the Plan Deductible. After you meet the Plan Deductible, the Services are covered at no charge for the remainder of the year.</i>			
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$234	1 per quadrant per 36 months, age 13+
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$140	1 per quadrant per 36 months, age 13+
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	Not covered	
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	Not covered	
D4249	Clinical crown lengthening - hard tissue	\$240	
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$399	1 per quadrant per 36 months, age 13+
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$240	1 per quadrant per 36 months, age 13+

Code	Description	Pediatric Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees
D4263	Bone replacement graft – retained natural tooth – first site in quadrant	Not covered	
D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant	Not covered	
D4265	Biologic materials to aid in soft and osseous tissue regeneration	\$320	
D4266	Guided tissue regeneration - resorbable barrier, per site	Not covered	
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	Not covered	
D4270	Pedicle soft tissue graft procedure	Not covered	
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	Not covered	
D4275	Non-autogenous connective tissue graft procedure (including recipient site and donor material) – first tooth, implant or edentulous tooth position in same graft site	Not covered	
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	Not covered	
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	Not covered	
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$114	<i>1 per quadrant per 24 months; age 13+</i>
D4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$69	<i>1 per quadrant per 24 months; age 13+</i>
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	\$64	<i>Cleaning; 1 of (D1110, D1120, D4346) per 6 months</i>
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	\$64	<i>1 treatment per 12 consecutive months</i>
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	\$24	
D4910	Periodontal maintenance	\$89	<i>1 per 3 months; service must be within the 24 months following the last scaling and root planing</i>
D4920	Unscheduled dressing change (by someone other than treating dentist or their staff)	\$53	<i>1 per Contract Dentist; age 13+</i>

Code	Description	Pediatric Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees
D4999	Unspecified periodontal procedure, by report	\$120	<i>Enrollees age 13+. Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the specific conditions addressed by the procedure, the rationale demonstrating medical necessity, any pertinent history and the actual treatment.</i>
D5000-D5899 VI. PROSTHODONTICS (removable)			
<i>- For all listed dentures and partial dentures, Cost Share includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.</i>			
<i>- Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.</i>			
<i>- Replacement of a denture or a partial denture requires the existing denture to be 5+ years (60+ months) old.</i>			
<i>- Cost Share for Benefits in this category is subject to the Plan Deductible described in your Sharp EOC. You pay the Charges shown below until you have met the Plan Deductible. After you meet the Plan Deductible, the Services are covered at no charge for the remainder of the year.</i>			
D5110	Complete denture - maxillary	\$857	<i>1 per 60 months</i>
D5120	Complete denture - mandibular	\$857	<i>1 per 60 months</i>
D5130	Immediate denture - maxillary	\$943	<i>1 per lifetime; subsequent complete dentures (D5110, D5120) are not a Benefit within 60 months.</i>
D5140	Immediate denture - mandibular	\$943	<i>1 per lifetime; subsequent complete dentures (D5110, D5120) are not a Benefit within 60 months.</i>
D5211	Maxillary partial denture - resin base (including, retentive/clasping materials, rests, and teeth)	\$777	<i>1 per 60 months</i>
D5212	Mandibular partial denture - resin base (including, retentive/clasping materials, rests, and teeth)	\$827	<i>1 per 60 months</i>
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$1,037	<i>1 per 60 months</i>
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$1,037	<i>1 per 60 months</i>
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	\$813	<i>1 per 60 months</i>
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	\$833	<i>1 per 60 months</i>
D5223	immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$1,212	<i>1 per 60 months</i>

Code	Description	Pediatric Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth)	\$1,222	1 per 60 months
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	Not covered	
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	Not covered	
D5282	Removable unilateral partial denture – one piece cast metal (including clasps and teeth), maxillary	Not covered	
D5283	Removable unilateral partial denture – one piece cast metal (including clasps and teeth), mandibular	Not covered	
D5284	Removable unilateral partial denture – one piece flexible base (including clasps and teeth), per quadrant	Not covered	
D5286	Removable unilateral partial denture – one piece resin (including clasps and teeth), per quadrant	Not covered	
D5410	Adjust complete denture - maxillary	\$43	1 per day of service per Contract Dentist; up to 2 per 12 months per Contract Dentist after the initial 6 months
D5411	Adjust complete denture - mandibular	\$43	1 per day of service per Contract Dentist; up to 2 per 12 months per Contract Dentist after the initial 6 months
D5421	Adjust partial denture - maxillary	\$44	1 per day of service per Contract Dentist; up to 2 per 12 months per Contract Dentist after the initial 6 months
D5422	Adjust partial denture - mandibular	\$44	1 per day of service per Contract Dentist; up to 2 per 12 months per Contract Dentist after the initial 6 months
D5511	Repair broken complete denture base, mandibular	\$106	1 per day of service per Contract Dentist; up to 2 per arch per 12 months per Contract Dentist after the initial 6 months
D5512	Repair broken complete denture base, maxillary	\$106	1 per day of service per Contract Dentist; up to 2 per arch per 12 months per Contract Dentist after the initial 6 months
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$73	Up to 4 per arch per date of service after the initial 6 months; up to 2 per arch per 12 months per Contract Dentist
D5611	Repair resin partial denture base, mandibular	\$92	1 per arch, per day of service per Contract Dentist; up to 2 per arch per 12 months per Contract Dentist after the initial 6 months
D5612	Repair resin partial denture base, maxillary	\$92	1 per arch, per day of service per Contract Dentist; up to 2 per arch per 12 months per Contract Dentist after the initial 6 months
D5621	Repair cast partial framework, mandibular	\$143	1 per arch, per day of service per Contract Dentist; up to 2 per arch per 12 months per Contract Dentist after the initial 6 months

Code	Description	Pediatric Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees
D5622	Repair cast partial framework, maxillary	\$143	1 per arch, per day of service per Contract Dentist; up to 2 per arch per 12 months per Contract Dentist after the initial 6 months
D5630	Repair or replace broken retentive clasping materials - per tooth	\$141	3 per date of service after the initial 6 months; 2 per arch per 12 months per Contract Dentist
D5640	Replace broken teeth - per tooth	\$93	4 per arch per date of service after the initial 6 months; 2 per arch per 12 months per Contract Dentist
D5650	Add tooth to existing partial denture	\$118	Up to 3 per date of service per Contract Dentist; 1 per tooth after the initial 6 months
D5660	Add clasp to existing partial denture - per tooth	\$141	3 per date of service after the initial 6 months; 2 per arch per 12 months per Contract Dentist
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	Not covered	
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	Not covered	
D5710	Rebase complete maxillary denture	Not covered	
D5711	Rebase complete mandibular denture	Not covered	
D5720	Rebase maxillary partial denture	Not covered	
D5721	Rebase mandibular partial denture	Not covered	
D5730	Reline complete maxillary denture (chairside)	\$152	Included for the first 6 months after placement by the Contract Dentist or dental office where the appliance was originally delivered; 1 per 12 month period after the initial 6 months
D5731	Reline complete mandibular denture (chairside)	\$152	1 per 12 month period after the initial 6 months
D5740	Reline maxillary partial denture (chairside)	\$148	1 per 12 month period after the initial 6 months
D5741	Reline mandibular partial denture (chairside)	\$148	1 per 12 month period after the initial 6 months
D5750	Reline complete maxillary denture (laboratory)	\$261	1 per 12 month period after the initial 6 months
D5751	Reline complete mandibular denture (laboratory)	\$261	1 per 12 month period after the initial 6 months
D5760	Reline maxillary partial denture (laboratory)	\$241	1 per 12 month period after the initial 6 months
D5761	Reline mandibular partial denture (laboratory)	\$241	1 per 12 month period after the initial 6 months
D5850	Tissue conditioning, maxillary	\$74	2 per prosthesis per 36 months after the initial 6 months
D5851	Tissue conditioning, mandibular	\$74	2 per prosthesis per 36 months after the initial 6 months
D5862	Precision attachment, by report	\$239	Included in the fee for prosthetic and restorative procedures by the Contract Dentist or dental office where the service was originally delivered. The listed fee applies for service provided by a dentist other than the original treating Contract Dentist or dental office.
D5863	Overdenture - complete maxillary	\$857	1 per 60 months
D5864	Overdenture - partial maxillary	\$1,037	1 per 60 months
D5865	Overdenture - complete mandibular	\$857	1 per 60 months

Code	Description	Pediatric Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees
D5866	Overdenture - partial mandibular	\$1,037	1 per 60 months
D5876	Add metal substructure to acrylic full denture (per arch)	Not covered	
D5899	Unspecified removable prosthodontic procedure, by report	\$339	<i>Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the Enrollee has an exceptional medical condition to justify the medical necessity. Documentation shall include the specific conditions addressed by the procedure, the rationale demonstrating medical necessity, any pertinent history and the actual treatment.</i>
D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS			
<i>- All maxillofacial prosthetic procedures require prior Authorization.</i>			
<i>- Cost Share for Benefits in this category is subject to the Plan Deductible described in your Sharp EOC. You pay the Charges shown below until you have met the Plan Deductible. After you meet the Plan Deductible, the Services are covered at no charge for the remainder of the year.</i>			
D5911	Facial moulage (sectional)	\$150	
D5912	Facial moulage (complete)	\$228	
D5913	Nasal prosthesis	\$3,798	
D5914	Auricular prosthesis	\$3,798	
D5915	Orbital prosthesis	\$5,127	
D5916	Ocular prosthesis	\$5,317	
D5919	Facial prosthesis	\$823	
D5922	Nasal septal prosthesis	\$2,281	
D5923	Ocular prosthesis, interim	\$3,039	
D5924	Cranial prosthesis	\$249	
D5925	Facial augmentation implant prosthesis	\$1,070	
D5926	Nasal prosthesis, replacement	\$545	
D5927	Auricular prosthesis, replacement	\$1,899	
D5928	Orbital prosthesis, replacement	\$450	
D5929	Facial prosthesis, replacement	\$507	
D5931	Obturator prosthesis, surgical	\$1,056	
D5932	Obturator prosthesis, definitive	\$1,200	
D5933	Obturator prosthesis, modification	\$338	2 per 12 months
D5934	Mandibular resection prosthesis with guide flange	\$2,848	
D5935	Mandibular resection prosthesis without guide flange	\$2,848	
D5936	Obturator prosthesis, interim	\$610	
D5937	Trismus appliance (not for TMD treatment)	\$328	
D5951	Feeding aid	\$195	
D5952	Speech aid prosthesis, pediatric	\$500	
D5953	Speech aid prosthesis, adult	\$873	
D5954	Palatal augmentation prosthesis	\$184	
D5955	Palatal lift prosthesis, definitive	\$2,469	
D5958	Palatal lift prosthesis, interim	\$1,443	
D5959	Palatal lift prosthesis, modification	\$456	2 per 12 months
D5960	Speech aid prosthesis, modification	\$304	2 per 12 months
D5982	Surgical stent	\$300	
D5983	Radiation carrier	\$487	
D5984	Radiation shield	\$274	
D5985	Radiation cone locator	\$1,063	

Code	Description	Pediatric Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees
D5986	Fluoride gel carrier	\$166	
D5987	Commissure splint	\$302	
D5988	Surgical splint	\$297	
D5991	Vesiculobullous disease medicament carrier	\$242	
D5999	Unspecified maxillofacial prosthesis, by report	\$389	<i>Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the Enrollee has an exceptional medical condition to justify the medical necessity. Documentation shall include the specific conditions addressed by the procedure, the rationale demonstrating medical necessity, any pertinent history and the actual treatment.</i>
D6000-D6199 VIII. IMPLANT SERVICES			
<i>- A Benefit only under exceptional medical conditions. Prior Authorization is required. Refer also to Schedule B.</i>			
<i>- Cost Share for Benefits in this category is subject to the Plan Deductible described in your Sharp EOC. You pay the Charges shown below until you have met the Plan Deductible. After you meet the Plan Deductible, the Services are covered at no charge for the remainder of the year.</i>			
D6010	Surgical placement of implant body: endosteal implant	\$1,281	<i>A Benefit only under exceptional medical conditions</i>
D6011	Second stage implant surgery	\$485	<i>A Benefit only under exceptional medical conditions</i>
D6013	Surgical placement of mini implant	\$641	<i>A Benefit only under exceptional medical conditions</i>
D6040	Surgical placement: eposteal implant	\$1,601	<i>A Benefit only under exceptional medical conditions</i>
D6050	Surgical placement: transosteal implant	\$1,554	<i>A Benefit only under exceptional medical conditions</i>
D6052	Semi-precision attachment abutment	\$641	<i>A Benefit only under exceptional medical conditions</i>
D6055	Connecting bar - implant supported or abutment supported	\$1,428	<i>A Benefit only under exceptional medical conditions</i>
D6056	Prefabricated abutment - includes modification and placement	\$448	<i>A Benefit only under exceptional medical conditions</i>
D6057	Custom fabricated abutment - includes placement	\$560	<i>A Benefit only under exceptional medical conditions</i>
D6058	Abutment supported porcelain/ceramic crown	\$860	<i>A Benefit only under exceptional medical conditions</i>
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	\$782	<i>A Benefit only under exceptional medical conditions</i>
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$755	<i>A Benefit only under exceptional medical conditions</i>
D6061	Abutment supported porcelain fused to metal crown (noble metal)	\$773	<i>A Benefit only under exceptional medical conditions</i>
D6062	Abutment supported cast metal crown (high noble metal)	\$782	<i>A Benefit only under exceptional medical conditions</i>
D6063	Abutment supported cast metal crown (predominantly base metal)	\$756	<i>A Benefit only under exceptional medical conditions</i>
D6064	Abutment supported cast metal crown (noble metal)	\$773	<i>A Benefit only under exceptional medical conditions</i>
D6065	Implant supported porcelain/ceramic crown	\$1,024	<i>A Benefit only under exceptional medical conditions</i>
D6066	Implant supported crown - porcelain fused to high noble alloys	\$984	<i>A Benefit only under exceptional medical conditions</i>

Code	Description	Pediatric Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees
D6067	Implant supported crown - high noble alloys	\$976	<i>A Benefit only under exceptional medical conditions</i>
D6068	Abutment supported retainer for porcelain/ceramic FPD	\$1,089	<i>A Benefit only under exceptional medical conditions</i>
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$1,121	<i>A Benefit only under exceptional medical conditions</i>
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$673	<i>A Benefit only under exceptional medical conditions</i>
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$944	<i>A Benefit only under exceptional medical conditions</i>
D6072	Abutment supported retainer for cast metal FPD (high noble metal)	\$897	<i>A Benefit only under exceptional medical conditions</i>
D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)	\$881	<i>A Benefit only under exceptional medical conditions</i>
D6074	Abutment supported retainer for cast metal FPD (noble metal)	\$894	<i>A Benefit only under exceptional medical conditions</i>
D6075	Implant supported retainer for ceramic FPD	\$907	<i>A Benefit only under exceptional medical conditions</i>
D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys	\$1,377	<i>A Benefit only under exceptional medical conditions</i>
D6077	Implant supported retainer for metal FPD - high noble alloys	\$944	<i>A Benefit only under exceptional medical conditions</i>
D6080	Implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	\$128	<i>A Benefit only under exceptional medical conditions</i>
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	\$86	<i>A Benefit only under exceptional medical conditions</i>
D6082	Implant supported crown - porcelain fused to predominantly base alloys	\$755	<i>A Benefit only under exceptional medical conditions.</i>
D6083	Implant supported crown - porcelain fused to noble alloys	\$773	<i>A Benefit only under exceptional medical conditions</i>
D6084	Implant supported crown - porcelain fused to titanium and titanium alloys	\$851	<i>A Benefit only under exceptional medical conditions</i>
D6085	Provisional implant crown	\$288	<i>A Benefit only under exceptional medical conditions</i>
D6086	Implant supported crown - predominantly base alloys	\$756	<i>A Benefit only under exceptional medical conditions</i>
D6087	Implant supported crown - noble alloys	\$773	<i>A Benefit only under exceptional medical conditions</i>
D6088	Implant supported crown - titanium and titanium alloys	\$851	<i>A Benefit only under exceptional medical conditions</i>
D6090	Repair implant supported prosthesis, by report	\$234	<i>A Benefit only under exceptional medical conditions</i>
D6091	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	\$223	<i>A Benefit only under exceptional medical conditions</i>
D6092	Re-cement or re-bond implant/abutment supported crown	\$56	<i>A Benefit only under exceptional medical conditions</i>

Code	Description	Pediatric Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	\$67	<i>A Benefit only under exceptional medical conditions</i>
D6094	Abutment supported crown - titanium and titanium alloys	\$851	<i>A Benefit only under exceptional medical conditions</i>
D6095	Repair implant abutment, by report	\$300	<i>A Benefit only under exceptional medical conditions</i>
D6096	Remove broken implant retaining screw	\$56	<i>A Benefit only under exceptional medical conditions</i>
D6097	Abutment supported crown - porcelain fused to titanium and titanium alloys	\$851	<i>A Benefit only under exceptional medical conditions</i>
D6098	Implant supported retainer - porcelain fused to predominantly base alloys	\$673	<i>A Benefit only under exceptional medical conditions</i>
D6099	Implant supported retainer for FPD - porcelain fused to noble alloys	\$944	<i>A Benefit only under exceptional medical conditions</i>
D6100	Implant removal, by report	\$354	<i>A Benefit only under exceptional medical conditions</i>
D6110	Implant /abutment supported removable denture for edentulous arch - maxillary	\$1,648	<i>A Benefit only under exceptional medical conditions</i>
D6111	Implant /abutment supported removable denture for edentulous arch - mandibular	\$1,648	<i>A Benefit only under exceptional medical conditions</i>
D6112	Implant /abutment supported removable denture for partially edentulous arch - maxillary	\$961	<i>A Benefit only under exceptional medical conditions</i>
D6113	Implant /abutment supported removable denture for partially edentulous arch - mandibular	\$961	<i>A Benefit only under exceptional medical conditions</i>
D6114	Implant /abutment supported fixed denture for edentulous arch - maxillary	\$1,473	<i>A Benefit only under exceptional medical conditions</i>
D6115	Implant /abutment supported fixed denture for edentulous arch - mandibular	\$1,473	<i>A Benefit only under exceptional medical conditions</i>
D6116	Implant /abutment supported fixed denture for partially edentulous arch - maxillary	\$1,281	<i>A Benefit only under exceptional medical conditions</i>
D6117	Implant /abutment supported fixed denture for partially edentulous arch - mandibular	\$1,281	<i>A Benefit only under exceptional medical conditions</i>
D6120	Implant supported retainer - porcelain fused to titanium and titanium alloys	\$881	<i>A Benefit only under exceptional medical conditions</i>
D6121	Implant supported retainer for metal FPD - predominantly base alloys	\$881	<i>A Benefit only under exceptional medical conditions</i>
D6122	Implant supported retainer for metal FPD - noble alloys	\$894	<i>A Benefit only under exceptional medical conditions</i>
D6123	Implant supported retainer for metal FPD - titanium and titanium alloys	\$897	<i>A Benefit only under exceptional medical conditions</i>
D6190	Radiographic/surgical implant index, by report	\$343	<i>A Benefit only under exceptional medical conditions</i>
D6194	Abutment supported retainer crown for FPD - titanium and titanium alloys	\$897	<i>A Benefit only under exceptional medical conditions</i>

Code	Description	Pediatric Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees
D6195	Abutment supported retainer - porcelain fused to titanium and titanium alloys	\$1,377	<i>A Benefit only under exceptional medical conditions</i>
D6199	Unspecified implant procedure, by report	\$370	<i>Implant services are a Benefit only when exceptional medical conditions are documented and shall be reviewed for medical necessity. Written documentation shall describe the specific conditions addressed by the procedure, the rationale demonstrating the medical necessity, any pertinent history and the proposed treatment.</i>
D6200-D6999 IX. PROSTHODONTICS, fixed			
- Each retainer and each pontic constitutes a unit in a fixed partial denture (bridge).			
- Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years (60+ months) old.			
- Cost Share for Benefits in this category is subject to the Plan Deductible described in your Sharp EOC. You pay the Charges shown below until you have met the Plan Deductible. After you meet the Plan Deductible, the Services are covered at no charge for the remainder of the year.			
D6205	Pontic - indirect resin based composite	Not covered	
D6210	Pontic - cast high noble metal	Not covered	
D6211	Pontic - cast predominantly base metal	\$547	<i>1 per 60 months; age 13+</i>
D6212	Pontic - cast noble metal	Not covered	
D6214	Pontic - titanium and titanium alloys	Not covered	
D6240	Pontic - porcelain fused to high noble metal	Not covered	
D6241	Pontic - porcelain fused to predominantly base metal	\$579	<i>1 per 60 months; age 13+</i>
D6242	Pontic - porcelain fused to noble metal	Not covered	
D6243	Pontic - porcelain fused to titanium and titanium alloys	Not covered	
D6245	Pontic - porcelain/ceramic	\$717	<i>1 per 60 months; age 13+</i>
D6250	Pontic - resin with high noble metal	Not covered	
D6251	Pontic - resin with predominantly base metal	\$579	<i>1 per 60 months; age 13+</i>
D6252	Pontic - resin with noble metal	Not covered	
D6545	Retainer - cast metal for resin bonded fixed prosthesis	Not covered	
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	Not covered	
D6549	Retainer – for resin bonded fixed prosthesis	Not covered	
D6608	Retainer onlay - porcelain/ceramic, two surfaces	Not covered	
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	Not covered	
D6610	Retainer onlay - cast high noble metal, two surfaces	Not covered	
D6611	Retainer onlay - cast high noble metal, three or more surfaces	Not covered	
D6612	Retainer onlay - cast predominantly base metal, two surfaces	Not covered	
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	Not covered	

Code	Description	Pediatric Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees
D6614	Retainer onlay - cast noble metal, two surfaces	Not covered	
D6615	Retainer onlay - cast noble metal, three or more surfaces	Not covered	
D6634	Retainer onlay - titanium	Not covered	
D6710	Retainer crown - indirect resin based composite	Not covered	
D6720	Retainer crown - resin with high noble metal	Not covered	
D6721	Retainer crown - resin with predominantly base metal	\$646	1 per 60 months; age 13+
D6722	Retainer crown - resin with noble metal	Not covered	
D6740	Retainer crown - porcelain/ceramic	\$717	1 per 60 months; age 13+
D6750	Retainer crown - porcelain fused to high noble metal	Not covered	
D6751	Retainer crown - porcelain fused to predominantly base metal	\$629	1 per 60 months; age 13+
D6752	Retainer crown - porcelain fused to noble metal	Not covered	
D6753	Retainer crown - porcelain fused to titanium and titanium alloys	Not covered	
D6781	Retainer crown - 3/4 cast predominantly base metal	\$591	1 per 60 months; age 13+
D6782	Retainer crown - 3/4 cast noble metal	Not covered	
D6783	Retainer crown - 3/4 porcelain/ceramic	\$717	1 per 60 months; age 13+
D6784	Retainer crown - 3/4 titanium and titanium alloys	\$671	1 per 60 months; age 13+
D6791	Retainer crown - full cast predominantly base metal	\$630	1 per 60 months; age 13+
D6794	Retainer crown - titanium and titanium alloys	Not covered	
D6930	Re-cement or re-bond fixed partial denture	\$67	<i>Recementation during the 12 months after initial placement is included; no additional charge to the Enrollee or plan is permitted. The listed fee applies for service provided by a Contract Dentist other than the original treating Contract Dentist/dental office.</i>
D6980	Fixed partial denture repair necessitated by restorative material failure	\$332	
D6999	Unspecified fixed prosthodontic procedure, by report	\$289	<i>Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the specific conditions addressed by the procedure, the rationale demonstrating medical necessity, any pertinent history and the actual treatment. Not a Benefit within 12 months of initial placement of a fixed partial denture by the same Contract Dentist/office.</i>
D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY			

Code	Description	Pediatric Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees
- Prior Authorization required For procedures performed by a Contract Specialist. medical necessity must be demonstrated For procedures D7340 - D7997. Refer also to Schedule B.			
- Includes pre-operative and post-operative evaluations and treatment under a local anesthetic. Post-operative services include exams, suture removal and treatment of complications.			
- Cost Share for Benefits in this category is subject to the Plan Deductible described in your Sharp EOC. You pay the Charges shown below until you have met the Plan Deductible. After you meet the Plan Deductible, the Services are covered at no charge for the remainder of the year.			
D7111	Extraction, coronal remnants - primary tooth	\$37	
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$74	
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$109	
D7220	Removal of impacted tooth - soft tissue	\$135	
D7230	Removal of impacted tooth - partially bony	\$179	
D7240	Removal of impacted tooth - completely bony	\$267	
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$294	
D7250	Removal of residual tooth roots (cutting procedure)	\$152	
D7260	Oroantral fistula closure	\$154	
D7261	Primary closure of a sinus perforation	\$154	
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$224	1 per arch regardless of number of teeth involved; permanent anterior teeth
D7280	Exposure of an unerupted tooth	\$103	
D7283	Placement of device to facilitate eruption of impacted tooth	\$101	For active orthodontic treatment only
D7285	Incisional biopsy of oral tissue-hard (bone, tooth)	\$93	1 per arch per date of service; regardless of number of areas involved
D7286	Incisional biopsy of oral tissue-soft	\$103	3 per date of service
D7287	Exfoliative cytological sample collection	Not covered	
D7288	Brush biopsy - transepithelial sample collection	Not covered	
D7290	Surgical repositioning of teeth	\$109	1 per arch, for permanent teeth only; applies to active orthodontic treatment
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	\$104	1 per arch; applies to active orthodontic treatment
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$106	
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$64	
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$144	

Code	Description	Pediatric Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$86	
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	\$140	<i>1 per arch per 60 months</i>
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	\$178	<i>1 per arch</i>
D7410	Excision of benign lesion up to 1.25 cm	\$122	
D7411	Excision of benign lesion greater than 1.25 cm	\$183	
D7412	Excision of benign lesion, complicated	\$409	
D7413	Excision of malignant lesion up to 1.25 cm	\$348	
D7414	Excision of malignant lesion greater than 1.25 cm	\$263	
D7415	Excision of malignant lesion, complicated	\$539	
D7440	Excision of malignant tumor - lesion diameter up to 1.25 cm	\$118	
D7441	Excision of malignant tumor - lesion diameter greater than 1.25 cm	\$608	
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$96	
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$171	
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$113	
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	\$171	
D7465	Destruction of lesion(s) by physical or chemical method, by report	\$129	
D7471	Removal of lateral exostosis (maxilla or mandible)	\$207	<i>1 per quadrant</i>
D7472	Removal of torus palatinus	\$207	<i>1 per lifetime</i>
D7473	Removal of torus mandibularis	\$207	<i>1 per quadrant</i>
D7485	Reduction of osseous tuberosity	\$207	<i>1 per quadrant</i>
D7490	Radical resection of maxilla or mandible	\$853	
D7510	Incision and drainage of abscess - intraoral soft tissue	\$64	<i>1 per quadrant per date of service</i>
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$74	<i>1 per quadrant per date of service</i>
D7520	Incision and drainage of abscess - extraoral soft tissue	\$77	

Code	Description	Pediatric Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees
D7521	Incision and drainage of abscess - extraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	\$519	
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	\$92	<i>1 per date of service</i>
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	\$129	<i>1 per date of service</i>
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	\$113	<i>1 per quadrant per date of service</i>
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	\$204	
D7610	Maxilla - open reduction (teeth immobilized, if present)	\$431	
D7620	Maxilla - closed reduction (teeth immobilized, if present)	\$369	
D7630	Mandible - open reduction (teeth immobilized, if present)	\$565	
D7640	Mandible - closed reduction (teeth immobilized, if present)	\$432	
D7650	Malar and/or zygomatic arch - open reduction	\$750	
D7660	Malar and/or zygomatic arch - closed reduction	\$239	
D7670	Alveolus - closed reduction, may include stabilization of teeth	\$225	
D7671	Alveolus - open reduction, may include stabilization of teeth	\$456	
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	\$897	
D7710	Maxilla - open reduction	\$615	
D7720	Maxilla - closed reduction	\$490	
D7730	Mandible - open reduction	\$554	
D7740	Mandible - closed reduction	\$491	
D7750	Malar and/or zygomatic arch - open reduction	\$1,028	
D7760	Malar and/or zygomatic arch - closed reduction	\$2,279	
D7770	Alveolus - open reduction stabilization of teeth	\$99	
D7771	Alveolus, closed reduction stabilization of teeth	\$776	
D7780	Facial bones - complicated reduction with fixation and multiple approaches	\$2,621	
D7810	Open reduction of dislocation	\$350	
D7820	Closed reduction of dislocation	\$87	
D7830	Manipulation under anesthesia	\$131	
D7840	Condylectomy	\$3,168	
D7850	Surgical discectomy, with/without implant	\$215	
D7852	Disc repair	\$3,722	
D7854	Synovectomy	\$3,798	
D7856	Myotomy	\$1,861	

Code	Description	Pediatric Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees
D7858	Joint reconstruction	\$4,254	
D7860	Arthrotomy	\$1,140	
D7865	Arthroplasty	\$3,190	
D7870	Arthrocentesis	\$152	
D7871	Non-arthroscopic lysis and lavage	\$877	
D7872	Arthroscopy - diagnosis, with or without biopsy	\$987	
D7873	Arthroscopy: lavage and lysis of adhesions	\$1,083	
D7874	Arthroscopy: disc repositioning and stabilization	\$2,893	
D7875	Arthroscopy: synovectomy	\$1,462	
D7876	Arthroscopy: discectomy	\$1,519	
D7877	Arthroscopy: debridement	\$450	
D7880	Occlusal orthotic device, by report	\$345	
D7881	Occlusal orthotic device adjustment	\$46	<i>1 per date of service per Contract Dentist; 2 per 12 months per Contract Dentist</i>
D7899	Unspecified TMD therapy, by report	\$200	
D7910	Suture of recent small wounds up to 5 cm	\$55	
D7911	Complicated suture - up to 5 cm	\$199	
D7912	Complicated suture - greater than 5 cm	\$287	
D7920	Skin graft (identify defect covered, location and type of graft)	\$1,050	
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	\$12	
D7940	Osteoplasty - for orthognathic deformities	\$909	
D7941	Osteotomy - mandibular rami	\$5,087	
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft	\$780	
D7944	Osteotomy - segmented or subapical	\$1,169	
D7945	Osteotomy - body of mandible	\$1,344	
D7946	LeFort I (maxilla - total)	\$2,000	
D7947	LeFort I (maxilla - segmented)	\$5,863	
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft	\$2,200	
D7949	LeFort II or LeFort III - with bone graft	\$876	
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	\$1,563	
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	\$918	
D7952	Sinus augmentation via a vertical approach	\$918	
D7955	Repair of maxillofacial soft and/or hard tissue defect	\$1,028	

Code	Description	Pediatric Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	\$109	1 per arch per date of service; a Benefit only when the permanent incisors and cuspids have erupted
D7963	Frenuloplasty	\$274	1 per arch per date of service; a Benefit only when the permanent incisors and cuspids have erupted
D7970	Excision of hyperplastic tissue - per arch	\$152	1 per arch per date of service
D7971	Excision of pericoronal gingiva	\$103	
D7972	Surgical reduction of fibrous tuberosity	\$103	1 per quadrant per date of service
D7979	Non-surgical sialolithotomy	\$121	
D7980	Surgical sialolithotomy	\$121	
D7981	Excision of salivary gland, by report	\$406	
D7982	Sialodochoplasty	\$77	
D7983	Closure of salivary fistula	\$113	
D7990	Emergency tracheotomy	\$121	
D7991	Coronoidectomy	\$420	
D7995	Synthetic graft - mandible or facial bones, by report	\$178	
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	\$203	Removal of appliances related to surgical procedures only; 1 per arch per date of service; the listed fee applies for service provided by a Contract Dentist other than the original treating Contract Dentist/dental office.
D7999	Unspecified oral surgery procedure, by report	\$111	Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the specific conditions addressed by the procedure, the rationale demonstrating medical necessity, any pertinent history and the actual treatment.
D8000-D8999 XI. ORTHODONTICS - Medically Necessary for Pediatric Enrollees ONLY			
- Orthodontic Services must meet medical necessity as determined by a Contract Dentist. Orthodontic treatment is a Benefit only when medically necessary as evidenced by a severe handicapping malocclusion and when prior Authorization is obtained. Severe handicapping malocclusion is not a cosmetic condition. Teeth must be severely misaligned causing functional problems that compromise oral and/or general health.			
- Pediatric Enrollee must continue to be eligible, Benefits For medically necessary orthodontics will be provided in periodic payments to the Contract Dentist.			
- Comprehensive orthodontic treatment procedure (D8080) includes all appliances, adjustments, insertion, removal and post treatment stabilization (retention). The Enrollee must continue to be eligible during active treatment. No additional charge to the Enrollee is permitted from the original treating Contract Orthodontist or dental office who received the comprehensive case fee. A separate fee applies for services provided by a Contract Orthodontist other than the original treating Contract Orthodontist or dental office.			
- Refer to Schedule B for additional information on medically necessary orthodontics.			
- Cost Share for Benefits in this category is subject to the Plan Deductible described in your Sharp EOC. You pay the Charges shown below until you have met the Plan Deductible. After you meet the Plan Deductible, the Services are covered at no charge for the remainder of the year.			
- Cost Share for medically necessary orthodontics applies to course of treatment, not individual Benefit years within a multi-year course of treatment. This Cost Share applies to the course of treatment as long as the Pediatric Enrollee remains enrolled in the [Program/plan].			
D8080	Comprehensive orthodontic treatment of the adolescent dentition	\$3,768	1 per Enrollee per phase of treatment

Code	Description	Pediatric Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees
D8210	Removable appliance therapy	\$452	1 per lifetime; age 6 through 12
D8220	Fixed appliance therapy	\$543	1 per lifetime; age 6 through 12
D8660	Pre-orthodontic treatment examination to monitor growth and development	\$137	1 per 3 months when performed by the same Contract Dentist or dental office; up to 6 visits per lifetime
D8670	Periodic orthodontic treatment visit	No charge	
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	No charge	1 per arch for each authorized phase of orthodontic treatment
D8681	Removable orthodontic retainer adjustment	\$46	
D8696	Repair of orthodontic appliance - maxillary	No charge	1 per appliance
D8697	Repair of orthodontic appliance - mandibular	No charge	1 per appliance
D8698	Re-cement or re-bond fixed retainer - maxillary	No charge	1 per Contract Dentist
D8699	Re-cement or re-bond fixed retainer - mandibular	No charge	1 per Contract Dentist
D8701	Repair of fixed retainer, includes reattachment - maxillary	No charge	1 per Contract Dentist. The listed fee applies for services provided by an orthodontist other than the original treating orthodontist or dental office.
D8702	Repair of fixed retainer, includes reattachment - mandibular	No charge	1 per Contract Dentist. The listed fee applies for services provided by an orthodontist other than the original treating orthodontist or dental office.
D8703	Replacement of lost or broken retainer - maxillary	\$194	1 per arch; within 24 months following the date of service for orthodontic retention (D8680)
D8704	Replacement of lost or broken retainer - mandibular	\$194	1 per arch; within 24 months following the date of service for orthodontic retention (D8680)
D8999	Unspecified orthodontic procedure, by report	\$561	Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the specific conditions addressed by the procedure, the rationale demonstrating medical necessity, any pertinent history and the actual treatment.

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

- Cost Share for Benefits in this category is subject to the Plan Deductible described in your Sharp EOC. You pay the Charges shown below until you have met the Plan Deductible. After you meet the Plan Deductible, the Services are covered at no charge for the remainder of the year.

D9110	Palliative (emergency) treatment of dental pain - minor procedure	No charge	1 per date of service per Contract Dentist; regardless of the number of teeth and/or areas treated
D9120	Fixed partial denture sectioning	\$65	
D9210	Local anesthesia not in conjunction with operative or surgical procedures	\$27	1 per date of service per Contract Dentist; for use to perform a differential diagnosis or as a therapeutic injection to eliminate or control a disease or abnormal state
D9211	Regional block anesthesia	\$22	
D9212	Trigeminal division block anesthesia	\$25	
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$22	

Code	Description	Pediatric Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees
D9222	Deep sedation/general anesthesia - first 15 minutes	\$90	<i>Covered only when given by a Contract Dentist for covered oral surgery; 4 of (D9222, D9223) per date of service</i>
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	\$90	<i>Covered only when given by a Contract Dentist for covered oral surgery; 4 of (D9222, D9223) per date of service</i>
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	\$35	<i>(Where available)</i>
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	\$100	<i>Covered only when given by a Contract Dentist for covered oral surgery; 4 of (D9239, D9243) per date of service</i>
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	\$100	<i>Covered only when given by a Contract Dentist for covered oral surgery; 4 of (D9239, D9243) per date of service</i>
D9248	Non-intravenous conscious sedation	\$192	<i>Where available; 1 per date of service per Contract Dentist</i>
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	No charge	
D9311	Consultation with a medical health care professional	No charge	
D9410	House/extended care facility call	No charge	<i>1 per Enrollee per date of service</i>
D9420	Hospital or ambulatory surgical center call	\$95	
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	No charge	<i>1 per date of service per Contract Dentist</i>
D9440	Office visit - after regularly scheduled hours	No charge	<i>1 per date of service per Contract Dentist</i>
D9450	Case presentation, detailed and extensive treatment planning	Not covered	
D9610	Therapeutic parenteral drug, single administration	\$28	<i>4 of (D9610, D9612) injections per date of service</i>
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	\$81	<i>4 of (D9610, D9612) injections per date of service</i>
D9910	Application of desensitizing medicament	No charge	<i>1 per 12 months per Contract Dentist; permanent teeth</i>
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	\$32	<i>1 per date of service per Contract Dentist within 30 days of an extraction</i>
D9942	Repair and/or relines of occlusal guard	Not covered	
D9943	Occlusal guard adjustment	Not covered	
D9944	Occlusal guard – hard appliance, full arch	Not covered	
D9945	Occlusal guard – soft appliance, full arch	Not covered	
D9946	Occlusal guard – hard appliance, partial arch	Not covered	
D9950	Occlusion analysis - mounted case	\$234	<i>Prior Authorization is required; 1 per 12 months for diagnosed TMJ dysfunction; permanent teeth; age 13+</i>
D9951	Occlusal adjustment - limited	\$52	<i>1 per 12 months for quadrant per Contract Dentist; age 13+</i>

Code	Description	Pediatric Enrollee Pays	Clarification/ Limitations for Pediatric Enrollees
D9952	Occlusal adjustment - complete	\$264	<i>1 per 12 months following occlusion analysis - mounted case (D9950) for diagnosed TMJ dysfunction; permanent teeth; age 13+</i>
D9995	Teledentistry - synchronous; real-time encounter	Not covered	
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	Not covered	
D9997	Dental case management - patients with special health care needs	No charge	
D9999	Unspecified adjunctive procedure, by report	\$59	<i>Shall be used: for a procedure which is not adequately described by a CDT code; or for a procedure that has a CDT code that is not a Benefit but the patient has an exceptional medical condition to justify the medical necessity. Documentation shall include the specific conditions addressed by the procedure, the rationale demonstrating medical necessity, any pertinent history and the actual treatment.</i>

Endnotes:

Unless clarified elsewhere, base metal is the Benefit. If noble or high noble metal (precious) is used for an implant/abutment supported crown or fixed bridge retainer, the Enrollee will be charged the additional laboratory cost of the noble or high noble metal. If covered, an additional laboratory charge also applies to a titanium crown.

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

Optional or upgraded procedure(s) are defined as any alternative procedure(s) presented by the Contract Dentist and formally agreed upon by financial consent that satisfies the same dental need as a covered procedure. Enrollee may elect an Optional or upgraded procedure, subject to the limitations and exclusions of this Plan. The applicable charge to the Enrollee is the difference between the Contract Dentist's regularly charged fee (or contracted fee, when applicable) for the Optional or upgraded procedure and the covered procedure, plus any applicable Cost Share for the covered procedure.

Additional Endnotes to Covered California's 2021 Dental Standard Benefit Plan Designs

Pediatric Dental EHB Notes (only applicable to the pediatric portion of the Children's Dental Plan or Family Dental Plan)

Administration of these plan designs must comply with requirements of the pediatric dental EHB benchmark plan, including coverage of services in circumstances of medical necessity as defined in the Early Periodic Screening, Diagnosis and Treatment ("EPSDT") benefit.

SCHEDULE B

Limitations and Exclusions of Benefits for Pediatric Enrollees (Under age 19)

Limitations of Benefits for Pediatric Enrollees

1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments*. Additional requests, beyond the stated frequency limitations, for prophylaxis [D1110, D1120], fluoride [D1206, D1208] and scaling [D4346] procedures shall be considered for prior Authorization when documented medical necessity is justified due to a physical limitation and/or an oral condition that prevents daily oral hygiene.
2. A filling [D2140-D2161, D2330-D2335, D2391-D2394] is a Benefit for the removal of decay, for minor repairs of tooth structure or to replace a lost filling.
3. A crown [D2390 and covered codes only between D2710-D2791] is a Benefit when there is insufficient tooth structure to support a filling or to replace an existing crown that is non-functional or non-restorable and meets the five+ year (60+ months) limitation.
4. The replacement of an existing crown [D2390 and covered codes only between D2710-D2791], fixed partial denture (bridge) [covered codes only between D6211-D6245, D6251, D6721-D6791] or a removable full [D5110, D5120] or partial denture [covered codes only between D5211-D5214, D5221-D5224] is covered when:
 - a. The existing restoration/bridge/denture is no longer functional and cannot be made functional by repair or adjustment, and
 - b. Either of the following:
 - The existing non-functional restoration/bridge/denture was placed five or more years (60+ months) prior to its replacement, or
 - If an existing partial denture is less than five years old (60 months), but must be replaced by a new partial denture due to the loss of a natural tooth, which cannot be replaced by adding another tooth to the existing partial denture.
5. Coverage for the placement of a fixed partial denture (bridge) [covered codes only between D6205-D6245, D6250-D6252, D6545-D6548, D6600-D6634, D6710-D6792, D6794] or removable partial denture [covered codes only between D5211-D5214, D5221-D5224]:
 - a. Fixed partial denture (bridge):
 - A fixed partial denture is a Benefit only when medical conditions or employment preclude the use of a removable partial denture.
 - The sole tooth to be replaced in the arch is an anterior tooth, and the abutment teeth are not periodontally involved, or
 - The new bridge would replace an existing, non-functional bridge utilizing identical abutments and pontics, or
 - Each abutment tooth to be crowned meets Limitation #3.
 - b. Removable partial denture:
 - Cast metal (D5213, D5214, D5223, D5224), one or more teeth are missing in an arch.
 - Resin based (D5211, D5212, D5221, D5222), one or more teeth are missing in an arch and abutment teeth have extensive periodontal disease.
6. Excision of the frenum [D7960] is a Benefit only when it results in limited mobility of the tongue, it causes a large diastema between teeth or it interferes with a prosthetic appliance.
7. A new removable partial [covered codes only between D5211-D5214, D5221-D5224] or complete [D5110-D5140] or covered immediate denture [D5130, D5140] includes after delivery adjustments and tissue conditioning at no additional cost for the first six months after placement if the Enrollee continues to be eligible and the service is provided at the Contract Dentist's facility where the denture was originally delivered.

8. Immediate dentures [D5130, D5140, D5221–D5224] are covered when one or more of the following conditions are present:
 - a. Extensive or rampant caries are exhibited in the radiographs, or
 - b. Severe periodontal involvement indicated, or
 - c. Numerous teeth are missing resulting in diminished chewing ability adversely affecting the Enrollee's health.
9. Maxillofacial prosthetic services [covered codes only between D5911-D5999] for the anatomic and functional reconstruction of those regions of the maxilla and mandible and associated structures that are missing or defective because of surgical intervention, trauma (other than simple or compound fractures), pathology, developmental or congenital malformations.
10. All maxillofacial prosthetic procedures [covered codes only between D5911-D5999] require prior Authorization for medically necessary procedures.
11. Implant services [covered codes only between D6010-D6199] are a Benefit only under exceptional medical conditions. Exceptional medical conditions include, but are not limited to:
 - a. Cancer of the oral cavity requiring ablative surgery and/or radiation leading to destruction of alveolar bone, where the remaining osseous structures are unable to support conventional dental prosthesis.
 - b. Severe atrophy of the mandible and/or maxilla that cannot be corrected with vestibular extension procedures [D7340, D7350] or osseous augmentation procedures [D7950], and the Enrollee is unable to function with conventional prosthesis.
 - c. Skeletal deformities that preclude the use of conventional prosthesis (such as arthrogyrosis, ectodermal dysplasia, partial anaodontia and cleidocranial dysplasia).
12. Temporomandibular joint (“TMJ”) dysfunction procedure codes [covered codes only between D7810-D7880] are limited to differential diagnosis and symptomatic care and require prior Authorization.
13. Certain listed procedures performed by a Contract Specialist may be considered to be primary under the Enrollee's medical coverage. Dental Benefits will be coordinated accordingly.
14. Deep sedation/general anesthesia [D9222, D9223] or intravenous conscious sedation/analgesia [D9239, D9243] for covered procedures requires documentation to justify the medical necessity based on a mental or physical limitation or contraindication to a local anesthesia agent.

Exclusions of Benefits for Pediatric Enrollees

1. Any procedure that is not specifically listed under *Schedule A, Description of Benefits and Copayments, except as required by state or federal law.*
2. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
3. Lost or theft of full or partial dentures [covered codes only between D5110-D5140, D5211-D5214, D5221-D5224], space maintainers [D1510–D1575], crowns [D2390 and covered codes only between D2710–D2791], fixed partial dentures (bridges) [covered codes only between D6211-D6245, D6251, D6721-D6791] or other appliances.
4. Dental expenses incurred in connection with any dental procedures started after termination of eligibility for coverage.
5. Dental expenses incurred in connection with any dental procedure before the Enrollee's eligibility in this Plan. Examples include: teeth prepared for crowns, partials and dentures, root canals in progress.
6. Congenital malformations (e.g. congenitally missing teeth, supernumerary teeth, enamel and dentinal dysplasias, etc.) unless included in *Schedule A.*
7. Dispensing of drugs not normally supplied in a dental facility unless included in *Schedule A.*

8. Any procedure that in the professional opinion of the Contract Dentist, Contract Specialist, or dental plan consultant:
 - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or
 - b. is inconsistent with generally accepted standards for dentistry.
9. Dental services received from any dental facility other than the assigned Contract Dentist including the services of a dental specialist, unless expressly authorized or as cited under the “*Emergency Dental Services*” and “*Urgent Dental Services*” sections of the EOC. To obtain written Authorization, the Enrollee should call the Delta Dental’s Customer Care at 800-471-9925.
10. Consultations [D9310, D9311] or other diagnostic services [covered codes only between D0120–D0999] for non-covered Benefits.
11. Single tooth implants [covered codes only between D6000–D6199].
12. Restorations [covered codes only between D2330-D2335, D2391-D2394, D2710-D2791, D6211-D6245, D6251, D6721-D6791] placed solely due to cosmetics, abrasions, attrition, erosion, restoring or altering vertical dimension, congenital or developmental malformation of teeth.
13. Preventive [covered codes only between D1110-D1575], endodontic [covered codes only between D3110-D3999] or restorative [covered codes only between D2140-D2999] procedures are not a Benefit for teeth to be retained for overdentures.
14. Partial dentures [covered codes only between D5211-5214, D5221-D5224] are not a Benefit to replace missing 3rd molars, unless the 3rd molar occupies the 1st or 2nd molar position or is an abutment for a partial denture with cast clasps or rests.
15. Appliances or restorations necessary to increase vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth [covered codes only between D8000-D8999], periodontal splinting [D4320-D4321], gnathologic recordings, equilibration [D9952] or treatment of disturbances of the TMJ [covered codes only between D0310-D0322, D7810-D7899], unless included in *Schedule A*.
16. An initial treatment plan which involves the removal and reestablishment of the occlusal contacts of 10 or more teeth with crowns, onlays, fixed partial dentures (bridges), or any combination of these, [covered codes only between D2710-D2791, D6211-D6245, D6251, D6721-D6791] is considered to be full mouth reconstruction under this Plan. Crowns, onlays and fixed partial dentures associated with such a treatment plan are not covered Benefits. This exclusion does not eliminate the Benefit for other covered services.
17. Porcelain denture teeth, precision abutments for removable partials [D5862] or fixed partial dentures (overlays, implants, and appliances associated therewith) [D6940, D6950] and personalization and characterization of complete and partial dentures.
18. Extraction of teeth [D7111, D7140, D7210, D7220-D7240], when teeth are asymptomatic/non-pathologic (no signs or symptoms of pathology or infection), including but not limited to the removal of third molars.
19. TMJ dysfunction treatment modalities that involve prosthodontia [D5110-D5224, D6211-D6245, D6251, D6721-D6791, D6794], orthodontia [covered codes only between D8000–D8999], and full or partial occlusal rehabilitation or TMJ dysfunction procedures [covered codes only between D0310-D0322, D7810-D7899] solely for the treatment of bruxism.
20. Vestibuloplasty / ridge extension procedures [D7340, D7350] performed on the same date of service as extractions on the same arch.
21. Deep sedation/general anesthesia [D9222, D9223] for covered procedures on the same date of service as analgesia, anxiolysis, inhalation of nitrous oxide or for intravenous conscious sedation/analgesia [D9239, D9243].

22. Intravenous conscious sedation/analgesia [D9239, D9243] for covered procedures on the same date of service as analgesia, anxiolysis, inhalation of nitrous oxide or for deep sedation/general anesthesia [D9222, D9223].
23. Inhalation of nitrous oxide [D9230] when administered with other covered sedation procedures.
24. Cosmetic dental care [exclude covered codes in this list if done for purely cosmetic reasons: D2330-D2394, D2710–D2751, D2940, D6211-D6245, D6251, D6721-D6791, D8000-D8999].
25. Orthodontic treatment [covered codes only between D8000–D8999] must be provided by a licensed dentist. Self-administered orthodontics are not covered.
26. The removal of fixed orthodontic appliances [D8680] for reasons other than completion of treatment is not a covered benefit.

Medically Necessary Orthodontic for Pediatric Enrollees

1. Coverage for comprehensive orthodontic treatment [D8080] requires acceptable documentation of a handicapping malocclusion as evidence by a minimum score of 26 points on the Handicapping Labio-Lingual Deviation (HLD) Index California Modification Score Sheet Form and pre-treatment diagnostic casts [D0470]. Comprehensive orthodontic treatment [D8080]:
 - a) is limited to Enrollees who are between 13 through 18 years of age with a permanent dentition without a cleft palate or craniofacial anomaly; but
 - b) may start at birth for patients with a cleft palate or craniofacial anomaly.
2. Removable appliance therapy [D8210] or fixed appliance therapy [D8220] is limited to Enrollee between 6 to 12 years of age, once in a lifetime, to treat thumb sucking and/or tongue thrust.
3. The Benefit for a pre-orthodontic treatment examination [D8660] includes needed oral/facial photographic images [D0350, D0351]. Neither the Enrollee nor the plan may be charged for D0350 or D0351 in conjunction with a pre-orthodontic treatment examination.
4. The number of covered periodic orthodontic treatment [D8670] visits and length of covered active orthodontics is limited to a maximum of up to:
 - a. Handicapping malocclusion - Eight (8) quarterly visits;
 - b. Cleft palate or craniofacial anomaly - Six (6) quarterly visits for treatment of primary dentition;
 - c. Cleft palate or craniofacial anomaly - Eight (8) quarterly visits for treatment of mixed dentition; or
 - d. Cleft palate or craniofacial anomaly - Ten (10) quarterly visits for treatment of permanent dentition.
 - e. Facial growth management – Four (4) quarterly visits for treatment of primary dentition;
 - f. Facial growth management – Five (5) quarterly visits for treatment of mixed dentition;
 - g. Facial growth management - Eight (8) quarterly visits for treatment permanent dentition.
5. Orthodontic retention [D8680] is a separate Benefit after the completion of covered comprehensive orthodontic treatment [D8080] which:
 - a. Includes removal of appliances and the construction and place of retainer(s) [D8680]; and
 - b. Is limited to Enrollees under age 19 and to one per arch after the completion of each phase of active treatment for retention of permanent dentition unless treatment was for a cleft palate or a craniofacial anomaly.

An adjustment of an orthodontic retainer is included in the fee for the retainer for the first six months after delivery.
6. Copayment is payable to the Contract Orthodontist who initiates banding in a course of prior authorized orthodontic treatment [covered codes only between D8000–D8999]. If, after banding has been initiated, the Enrollee changes to another Contract Orthodontist to continue orthodontic treatment, the Enrollee:
 - a. will not be entitled to a refund of any amounts previously paid, and
 - b. will be responsible for all payments, up to and including the full Copayment, that are required by the new Contract Orthodontist for completion of the orthodontic treatment.

7. Should an Enrollee's coverage be canceled or terminated for any reason, and at the time of cancellation or termination be receiving any orthodontic treatment [covered codes only between D8000–D8999], the Enrollee will be solely responsible for payment for treatment provided after cancellation or termination, except:

If an Enrollee is receiving ongoing orthodontic treatment at the time of termination, Delta Dental will continue to provide orthodontic Benefits for:

- a. For 60 days if the Enrollee is making monthly payments to the Contract Orthodontist; or
- b. Until the later of 60 days after the date coverage terminates or the end of the quarter in progress, if the Enrollee is making quarterly payments to the Contract Orthodontist.

At the end of 60 days (or at the end of the Quarter), the Enrollee's obligation shall be based on the Contract Orthodontist's submitted fee at the beginning of treatment. The Contract Orthodontist will prorate the amount over the number of months to completion of the treatment. The Enrollee will make payments based on an arrangement with the Contract Orthodontist.

SCHEDULE C

Information Concerning Benefits Under The DeltaCare® USA Program

THIS MATRIX IS INTENDED TO BE USED TO COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THIS AMENDMENT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF PROGRAM BENEFITS AND LIMITATIONS.

(A) Deductibles	None																								
(B) Lifetime Maximums	None																								
(C) Out-of-Pocket Maximum	Covered pediatric dental services apply to the out-of-pocket maximum in your Sharp EOC. See your Sharp EOC for information about your out-of-pocket maximum.																								
(D) Professional Services	<p>An Enrollee may be required to pay a Cost Share amount for each procedure as shown in the Description of Benefits and Cost Share, subject to the limitations and exclusions of the program.</p> <p>Cost Share ranges by category of service. Examples are as follows:</p> <table border="0"> <tr> <td>Diagnostic Services</td> <td>No Charge if covered</td> </tr> <tr> <td>Preventive Services</td> <td>No Charge if covered</td> </tr> <tr> <td>Restorative Services</td> <td>\$ 33.00 - \$ 646.00</td> </tr> <tr> <td>Endodontic Services</td> <td>\$ 36.00 - \$ 629.00</td> </tr> <tr> <td>Periodontic Services</td> <td>\$ 24.00 - \$ 399.00</td> </tr> <tr> <td>Prosthodontic Services, Removable</td> <td>\$ 43.00 - \$ 1,222.00</td> </tr> <tr> <td>Maxillofacial Prosthetics Implant Services (medically necessary only)</td> <td>\$ 150.00 - \$ 5,317.00</td> </tr> <tr> <td>Prosthodontic Services, Fixed</td> <td>\$ 56.00 - \$ 1,648.00</td> </tr> <tr> <td>Oral and Maxillofacial Surgery</td> <td>\$ 67.00 - \$ 717.00</td> </tr> <tr> <td>Orthodontic Services (medically necessary only)</td> <td>\$ 12.00 - \$ 5,863.00</td> </tr> <tr> <td>Adjunctive General Services</td> <td>No charge - \$ 3,768.00</td> </tr> <tr> <td></td> <td>No charge - \$ 264.00</td> </tr> </table> <p>NOTE: Limitations apply to the frequency with which some services may be obtained. For example: cleanings are limited to one in a 6-month period.</p>	Diagnostic Services	No Charge if covered	Preventive Services	No Charge if covered	Restorative Services	\$ 33.00 - \$ 646.00	Endodontic Services	\$ 36.00 - \$ 629.00	Periodontic Services	\$ 24.00 - \$ 399.00	Prosthodontic Services, Removable	\$ 43.00 - \$ 1,222.00	Maxillofacial Prosthetics Implant Services (medically necessary only)	\$ 150.00 - \$ 5,317.00	Prosthodontic Services, Fixed	\$ 56.00 - \$ 1,648.00	Oral and Maxillofacial Surgery	\$ 67.00 - \$ 717.00	Orthodontic Services (medically necessary only)	\$ 12.00 - \$ 5,863.00	Adjunctive General Services	No charge - \$ 3,768.00		No charge - \$ 264.00
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	No charge - \$ 264.00																								
(E) Outpatient Services	Not Covered																								
(F) Hospitalization Services	Not Covered																								
(G) Emergency Dental Coverage	Benefits for Emergency Pediatric Dental Services by an Out-of-Network Dentist are limited to necessary care to stabilize the Enrollee's condition and/or provide palliative relief.																								
(H) Ambulance Services	Not Covered																								
(I) Prescription Drug Services	Not Covered																								
(J) Durable Medical Equipment	Not Covered																								
(K) Mental Health Services	Not Covered																								
(L) Chemical Dependency Services	Not Covered																								
(M) Home Health Services	Not Covered																								
(N) Other	Not Covered																								

Each individual procedure within each category listed above, and that is covered under the plan, has a specific Cost Share that is shown in the *Description of Benefits and Cost Share for Pediatric Benefits* in this Amendment.