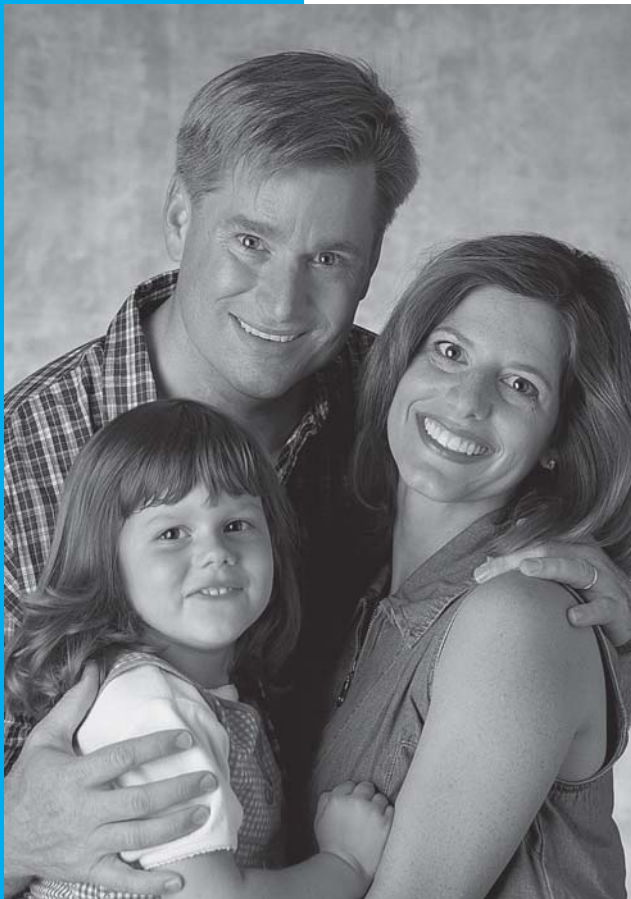


GETTING TO KNOW YOUR DELTACARE PROGRAM

DeltaCare (administered by PMI Dental Health Plan) provides you and your family with quality dental benefits at an affordable cost. The DeltaCare program is designed to encourage you and your family to visit the dentist regularly to maintain your dental health.

When you enroll, you select a contract dentist to provide services. The DeltaCare network consists of private practice dental facilities that have been carefully screened for quality.



QUALITY

- Extensive benefits for you and your family
- No restrictions on pre-existing conditions, except for work in progress
- Large, stable network of dentists, so you can enjoy a long-term relationship with your dentist

CONVENIENCE

- No claim forms to complete
- Easy access to specialty care
- Expanded business hours for toll-free customer service, from 5 a.m. to 6 p.m., Pacific Time

COST SAVINGS

- No deductibles
- Out-of-pocket costs are clearly defined
- Out-of-area dental emergency coverage up to \$100 per emergency
- No annual or lifetime dollar maximum



Highlights of Your DeltaCare Program

Eligibility for you and your family

If you meet your group's eligibility requirements for dental coverage, you can enroll in the DeltaCare program. You may also enroll eligible dependents. Contact your benefits administrator if you have any questions.

Easy enrollment

Simply complete the enrollment process as directed by your benefits administrator. Be sure to indicate a dentist (from the list of contract dental facilities) for both yourself and your eligible dependents. Include the name of your group.

How your DeltaCare program works

Your selected contract dentist will take care of your dental care needs. If you require treatment from a specialist, your contract dentist will handle the referral for you.

After you have enrolled, you will receive a PMI membership packet including an identification card and an Evidence of Coverage that fully describes the benefits of your dental program. Also included in this packet are the name, address and phone number of your contract dentist. Simply call the dental facility to make an appointment.

Under the DeltaCare program, many services are covered at no cost, while others have copayments (amount you pay your contract dentist) for certain benefits. See the Description of Benefits and Copayments for a list of your benefits.

Please note: Dental services that are not performed by your selected contract dentist, or are not covered under provisions for emergency care below, must be preauthorized by PMI to be covered by your DeltaCare program.

Provisions for emergency care

Under your DeltaCare program, you and your eligible dependents are covered for out-of-area dental emergencies (35 or more miles from your contract dentist). Your program pays up to \$100 for out-of-area emergency dental expenses per emergency for each enrollee.

What is PMI?

PMI administers DeltaCare dental programs and is an affiliate of Delta Dental of California. PMI has administered DeltaCare programs for more than 30 years. PMI contracts with DeltaCare dentists to ensure quality care for enrollees. Today, more than 1.25 million enrollees are covered by DeltaCare programs.

My dentist is a Delta dentist but is not on the list of DeltaCare dentists. Can I still receive treatment from this dentist?

You must receive treatment from your selected DeltaCare contract dentist. Please note that Delta dentists are not necessarily DeltaCare dentists. With more than 2,600 general and specialist dentists, the DeltaCare network is one of the largest dental networks in California.

Do my family members receive treatment from the same DeltaCare contract dentist?

You and your eligible dependents may receive care from the same contract dentist, or if you prefer, you may collectively select up to a maximum of three individual contract dental facilities.

Can I change my contract dentist?

You may change contract dentists by notifying us either by phone or in writing, or by visiting our web site (www.deltadentalca.org/pmi). If you contact us by the 21st of the month, the change will become effective the first of the following month.

Can I have my teeth whitened under the DeltaCare Program?

External bleaching is a benefit under your Program. See the Description of Benefits and Copayments and talk to your contract dentist about your options.

Does my DeltaCare Program cover tooth-colored fillings and crowns?

Porcelain and other tooth-colored materials are included as a benefit under your Program. The copayment shows you what your out of pocket cost will be.

How long does it take to get an appointment with a DeltaCare dentist?

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

Are pre-existing dental conditions and work in progress covered?

Treatment for pre-existing conditions such as extracted teeth is covered under the DeltaCare program. However, benefits are not provided for any dental treatment started before joining the program (that is, work in progress, such as preparations for crowns, root canals and impressions for dentures). Orthodontic treatment in progress may be covered for new DeltaCare enrollees. See the Limitations and Exclusions of Benefits.

How does the DeltaCare program encourage preventive care?

Your DeltaCare program is designed to encourage regular visits to the dentist by having no copayments (fees you pay to the contract dentist) on most diagnostic and preventive benefits. See the enclosed Description of Benefits and Copayments.

Does my DeltaCare program cover specialists' services?

Your contract dentist will coordinate your specialty care needs for oral surgery, endodontics, periodontics or pediatric dentistry with an approved contract specialist. If there is no contract specialist within your service area, a referral to an out-of-network specialist will be authorized at no extra cost, other than the applicable copayment. If you or your dependent is assigned to a dental school clinic for specialty services, those services may be provided by a dentist, a dental student, a clinician or a dental instructor.

What if I have questions about my DeltaCare program?

Call PMI Customer Service at (800) 422-4234. We have multilingual representatives available from 5 a.m. to 6 p.m. Pacific Time, Monday through Friday. Our Customer Service representatives have worked in dental facilities and can answer benefits questions, as well as arrange facility transfers and urgent care referrals.

Description of Benefits and Copayments

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

Text that appears in italics below is specifically intended to clarify the delivery of benefits under the DeltaCare program and is not to be interpreted as CDT-2005 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association. The American Dental Association 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	ENROLLEE PAYS	Code	Description	ENROLLEE PAYS
D0100-D0999 I. DIAGNOSTIC					
D0999	Unspecified diagnostic procedure, by report - includes office visit, per visit (in addition to other services)	No Cost	D1520	Space maintainer - removable - unilateral	\$ 25.00
D0120	Periodic oral evaluation	No Cost	D1525	Space maintainer - removable - bilateral	\$ 25.00
D0140	Limited oral evaluation - problem focused	No Cost	D1550	Re-cementation of space maintainer	No Cost
D0150	Comprehensive oral evaluation - new or established patient	No Cost	D2000-D2999 III. RESTORATIVE		
D0160	Detailed and extensive oral evaluation - problem focused, by report	No Cost	- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.		
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	No Cost	- When there are more than 6 crowns in the same treatment plan, an Enrollee may be charged an additional \$100.00 per crown, beyond the 6 th unit.		
D0180	Comprehensive periodontal evaluation - new or established patient	No Cost	- Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.		
D0210	Intraoral radiographs - complete series (including bitewings) - limited to 1 series every 24 months	No Cost	D2140	Amalgam - one surface, primary or permanent	No Cost
D0220	Intraoral - periapical first film	No Cost	D2150	Amalgam - two surfaces, primary or permanent	No Cost
D0230	Intraoral - periapical each additional film	No Cost	D2160	Amalgam - three surfaces, primary or permanent	No Cost
D0240	Intraoral - occlusal film	No Cost	D2161	Amalgam - four or more surfaces, primary or permanent	No Cost
D0250	Extraoral - first film	No Cost	D2330	Resin-based composite - one surface, anterior	No Cost
D0260	Extraoral - each additional film	No Cost	D2331	Resin-based composite - two surfaces, anterior	No Cost
D0270	Bitewing radiograph - single film	No Cost	D2332	Resin-based composite - three surfaces, anterior	No Cost
D0272	Bitewings radiographs - two films	No Cost	D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	No Cost
D0274	Bitewings radiographs - four films - limited to 1 series every 6 months	No Cost	D2390	Resin-based composite crown, anterior	\$ 35.00
D0277	Vertical bitewings - 7 to 8 films	No Cost	D2391	Resin-based composite - one surface, posterior	\$ 55.00
D0330	Panoramic film	No Cost	D2392	Resin-based composite - two surfaces, posterior	\$ 65.00
D0415	Collection of microorganisms for culture and sensitivity	No Cost	D2393	Resin-based composite - three surfaces, posterior	\$ 75.00
D0425	Caries susceptibility tests	No Cost	D2394	Resin-based composite - four or more surfaces, posterior	\$ 85.00
D0460	Pulp vitality tests	No Cost	D2510	Inlay - metallic - one surface	No Cost
D0470	Diagnostic casts	No Cost	D2520	Inlay - metallic - two surfaces	No Cost
D0472	Accession of tissue, gross examination, preparation and transmission of written report	No Cost	D2530	Inlay - metallic - three or more surfaces	No Cost
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	No Cost	D2542	Onlay - metallic - two surfaces	No Cost
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	No Cost	D2543	Onlay - metallic - three surfaces	No Cost
D1000-D1999 II. PREVENTIVE					
D1110	Prophylaxis cleaning - adult - 1 per 6 month period	No Cost	D2544	Onlay - metallic - four or more surfaces	No Cost
D1110	Additional prophylaxis cleaning - adult (within the 6 month period)	\$ 45.00	D2610	Inlay - porcelain/ceramic - one surface	\$ 165.00
D1120	Prophylaxis cleaning - child - 1 per 6 month period	No Cost	D2620	Inlay - porcelain/ceramic - two surfaces	\$ 190.00
D1120	Additional prophylaxis cleaning - child (within the 6 month period)	\$ 35.00	D2630	Inlay - porcelain/ceramic - three or more surfaces	\$ 200.00
D1201	Topical application of fluoride (including prophylaxis) - child - to age 19; 1 per 6 month period	No Cost	D2642	Onlay - porcelain/ceramic - two surfaces	\$ 185.00
D1201	Additional topical application of fluoride (including prophylaxis) - child - to age 19 (within the 6 month period)	\$ 35.00	D2643	Onlay - porcelain/ceramic - three surfaces	\$ 205.00
D1203	Topical application of fluoride (prophylaxis not included) - child - to age 19; 1 per 6 month period	No Cost	D2644	Onlay - porcelain/ceramic - four or more surfaces	\$ 220.00
D1310	Nutritional counseling for control of dental disease	No Cost	D2650	Inlay - resin-based composite - one surface	\$ 105.00
D1330	Oral hygiene instructions	No Cost	D2651	Inlay - resin-based composite - two surfaces	\$ 120.00
D1351	Sealant - per tooth - limited to permanent molars through age 15	\$ 10.00	D2652	Inlay - resin-based composite - three or more surfaces	\$ 145.00
D1510	Space maintainer - fixed - unilateral	\$ 25.00	D2662	Onlay - resin-based composite - two surfaces	\$ 140.00
D1515	Space maintainer - fixed - bilateral	\$ 25.00	D2663	Onlay - resin-based composite - three surfaces	\$ 155.00
			D2664	Onlay - resin-based composite - four or more surfaces	\$ 185.00
			D2710	Crown - resin-based composite (indirect)	\$ 50.00
			D2712	Crown - ¾ resin-based composite (indirect)	\$ 50.00
			D2720	Crown - resin with high noble metal	\$ 195.00
			D2721	Crown - resin with predominantly base metal	\$ 95.00
			D2722	Crown - resin with noble metal	\$ 135.00
			D2740	Crown - porcelain/ceramic substrate	\$ 240.00
			D2750	Crown - porcelain fused to high noble metal	\$ 240.00
			D2751	Crown - porcelain fused to predominantly base metal	\$ 140.00
			D2752	Crown - porcelain fused to noble metal	\$ 180.00
			D2780	Crown - ¾ cast high noble metal	\$ 210.00
			D2781	Crown - ¾ cast predominantly base metal	\$ 110.00
			D2782	Crown - ¾ cast noble metal	\$ 150.00
			D2783	Crown - ¾ porcelain/ceramic	\$ 240.00
			D2790	Crown - full cast high noble metal	\$ 210.00
			D2791	Crown - full cast predominantly base metal	\$ 110.00

Description of Benefits and Copayments

Schedule A Plan CA11A

Code	Description	ENROLLEE PAYS	Code	Description	ENROLLEE PAYS
D2792	Crown - full cast noble metal	\$ 150.00	D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	\$ 130.00
D2794	Crown - titanium	\$ 240.00	D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant	\$ 80.00
D2910	Recement inlay, onlay or partial coverage restoration	No Cost	D4245	Apically positioned flap	\$ 125.00
D2915	Recement cast or prefabricated post and core	No Cost	D4249	Clinical crown lengthening - hard tissue	\$ 125.00
D2920	Recement crown	No Cost	D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	\$ 280.00
D2930	Prefabricated stainless steel crown - primary tooth	\$ 15.00	D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	\$ 225.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$ 15.00	D4263	Bone replacement graft - first site in quadrant	\$ 205.00
D2932	Prefabricated resin crown - anterior primary tooth	\$ 25.00	D4264	Bone replacement graft - each additional site in quadrant	\$ 70.00
D2933	Prefabricated stainless steel crown with resin window - anterior primary tooth	\$ 20.00	D4270	Pedicle soft tissue graft procedure	\$ 205.00
D2940	Sedative filling	\$ 5.00	D4271	Free soft tissue graft procedure (including donor site surgery)	\$ 205.00
D2950	Core buildup, including any pins	\$ 15.00	D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$ 45.00
D2951	Pin retention - per tooth, in addition to restoration	\$ 10.00	D4341	Periodontal scaling and root planing - four or more teeth per quadrant - limited to 4 quadrants during any 12 consecutive months	\$ 25.00
D2952	Cast post and core in addition to crown - includes canal preparation	\$ 35.00	D4342	Periodontal scaling and root planing - one to three teeth per quadrant - limited to 4 quadrants during any 12 consecutive months	\$ 20.00
D2953	Each additional cast post - same tooth - includes canal preparation	\$ 25.00	D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis - limited to 1 treatment in any 12 consecutive months	\$ 25.00
D2954	Prefabricated post and core in addition to crown - base metal post; includes canal preparation	\$ 20.00	D4910	Periodontal maintenance - limited to 1 treatment each 6 month period	\$ 15.00
D2957	Each additional prefabricated post - same tooth - base metal post; includes canal preparation	\$ 15.00	D4910	Additional periodontal maintenance (within the 6 month period)	\$ 55.00
D2971	Additional procedures to construct new crown under existing partial denture framework	\$ 28.00			
D2980	Crown repair, by report	\$ 15.00			
D3000-D3999 IV. ENDODONTICS					
D3110	Pulp cap - direct (excluding final restoration)	No Cost	D5000-D5899 VI. PROSTHODONTICS (removable)		
D3120	Pulp cap - indirect (excluding final restoration)	No Cost	- For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.		
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	No Cost	- Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.		
D3221	Pulpal debridement, primary and permanent teeth	\$ 10.00	- Replacement of a denture or a partial denture requires the existing denture to be 5 + years old.		
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$ 20.00	D5110	Complete denture - maxillary	\$ 145.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$ 20.00	D5120	Complete denture - mandibular	\$ 145.00
D3310	Root canal - anterior (excluding final restoration)	\$ 55.00	D5130	Immediate denture - maxillary	\$ 165.00
D3320	Root canal - bicuspid (excluding final restoration)	\$ 120.00	D5140	Immediate denture - mandibular	\$ 165.00
D3330	Root canal - molar (excluding final restoration)	\$ 250.00	D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$ 120.00
D3331	Treatment of root canal obstruction; non-surgical access	\$ 55.00	D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$ 120.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$ 55.00	D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$ 160.00
D3333	Internal root repair of perforation defects	\$ 55.00	D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$ 160.00
D3346	Retreatment of previous root canal therapy - anterior	\$ 85.00	D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$ 210.00
D3347	Retreatment of previous root canal therapy - bicuspid	\$ 150.00	D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$ 210.00
D3348	Retreatment of previous root canal therapy - molar	\$ 280.00	D5410	Adjust complete denture - maxillary	\$ 10.00
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	\$ 75.00	D5411	Adjust complete denture - mandibular	\$ 10.00
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	\$ 50.00	D5421	Adjust partial denture - maxillary	\$ 10.00
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	\$ 50.00	D5422	Adjust partial denture - mandibular	\$ 10.00
D3410	Apicoectomy/periradicular surgery - anterior	\$ 60.00	D5510	Repair broken complete denture base	\$ 20.00
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$ 70.00	D5520	Replace missing or broken teeth - complete denture (each tooth)	\$ 10.00
D3425	Apicoectomy/periradicular surgery - molar (first root)	\$ 80.00			
D3426	Apicoectomy/periradicular surgery (each additional root)	\$ 50.00			
D3430	Retrograde filling - per root	\$ 60.00			
D3450	Root amputation, per root	No Cost			
D3920	Hemisection (including any root removal), not including root canal therapy	\$ 30.00			
D4000-D4999 V. PERIODONTICS					
- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.					
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$ 130.00			
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	\$ 80.00			

Description of Benefits and Copayments

Schedule A Plan CA11A

Code	Description	ENROLLEE PAYS	Code	Description	ENROLLEE PAYS
D5610	Repair resin denture base	\$ 20.00	D6750	Crown - porcelain fused to high noble metal	\$ 240.00
D5620	Repair cast framework	\$ 20.00	D6751	Crown - porcelain fused to predominantly base metal	\$ 140.00
D5630	Repair or replace broken clasp	\$ 20.00	D6752	Crown - porcelain fused to noble metal	\$ 180.00
D5640	Replace broken teeth - per tooth	\$ 10.00	D6780	Crown - ¾ cast high noble metal	\$ 210.00
D5650	Add tooth to existing partial denture	\$ 10.00	D6781	Crown - ¾ cast predominantly base metal	\$ 110.00
D5660	Add clasp to existing partial denture	\$ 10.00	D6782	Crown - ¾ cast noble metal	\$ 150.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$ 135.00	D6783	Crown - ¾ porcelain/ceramic	\$ 240.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$ 135.00	D6790	Crown - full cast high noble metal	\$ 210.00
D5710	Rebase complete maxillary denture	\$ 55.00	D6791	Crown - full cast predominantly base metal	\$ 110.00
D5711	Rebase complete mandibular denture	\$ 55.00	D6792	Crown - full cast noble metal	\$ 150.00
D5720	Rebase maxillary partial denture	\$ 55.00	D6930	Recement fixed partial denture	No Cost
D5721	Rebase mandibular partial denture	\$ 55.00	D6940	Stress breaker	No Cost
D5730	Reline complete maxillary denture (chairside)	\$ 20.00	D6970	Cast post and core in addition to fixed partial denture retainer - <i>includes canal preparation</i>	\$ 35.00
D5731	Reline complete mandibular denture (chairside)	\$ 20.00	D6971	Cast post as part of fixed partial denture retainer - <i>includes canal preparation</i>	\$ 35.00
D5740	Reline maxillary partial denture (chairside)	\$ 20.00	D6972	Prefabricated post and core in addition to fixed partial denture retainer - <i>base metal post</i> ; <i>includes canal preparation</i>	\$ 20.00
D5741	Reline mandibular partial denture (chairside)	\$ 20.00	D6973	Core buildup for retainer, including any pins	\$ 15.00
D5750	Reline complete maxillary denture (laboratory)	\$ 60.00	D6976	Each additional cast post - same tooth - <i>includes canal preparation</i>	\$ 25.00
D5751	Reline complete mandibular denture (laboratory)	\$ 60.00	D6977	Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i>	\$ 15.00
D5760	Reline maxillary partial denture (laboratory)	\$ 60.00	D6980	Fixed partial denture repair, by report	\$ 15.00
D5761	Reline mandibular partial denture (laboratory)	\$ 60.00			
D5820	Interim partial denture (maxillary) - <i>limited to 1 in any 12 consecutive months</i>	\$ 75.00			
D5821	Interim partial denture (mandibular) - <i>limited to 1 in any 12 consecutive months</i>	\$ 75.00			
D5850	Tissue conditioning, maxillary	No Cost			
D5851	Tissue conditioning, mandibular	No Cost			
D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered			D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY		
D6000-D6199 VIII. IMPLANT SERVICES - Not Covered			- <i>Includes preoperative and postoperative evaluations and treatment under local anesthetic.</i>		
D6200-D6999 IX. PROSTHODONTICS, FIXED (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])			D7111	Extraction, coronal remnants - deciduous tooth	No Cost
- <i>When a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional \$100.00 per unit, beyond the 6th unit.</i>			D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$ 5.00
- <i>Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.</i>			D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$ 25.00
D6210	Pontic - cast high noble metal	\$ 210.00	D7220	Removal of impacted tooth - soft tissue	\$ 50.00
D6211	Pontic - cast predominantly base metal	\$ 110.00	D7230	Removal of impacted tooth - partially bony	\$ 70.00
D6212	Pontic - cast noble metal	\$ 150.00	D7240	Removal of impacted tooth - completely bony	\$ 90.00
D6240	Pontic - porcelain fused to high noble metal	\$ 240.00	D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$ 110.00
D6241	Pontic - porcelain fused to predominantly base metal	\$ 140.00	D7250	Surgical removal of residual tooth roots (cutting procedure)	No Cost
D6242	Pontic - porcelain fused to noble metal	\$ 180.00	D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$ 85.00
D6245	Pontic - porcelain/ceramic	\$ 240.00	D7280	Surgical access of an unerupted tooth	\$ 90.00
D6250	Pontic - resin with high noble metal	\$ 195.00	D7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$ 90.00
D6251	Pontic - resin with predominantly base metal	\$ 95.00	D7283	Placement of device to facilitate eruption of impacted tooth	No Cost
D6252	Pontic - resin with noble metal	\$ 135.00	D7286	Biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i>	No Cost
D6600	Inlay - porcelain/ceramic, two surfaces	\$ 190.00	D7310	Alveoloplasty in conjunction with extractions - per quadrant	\$ 50.00
D6601	Inlay - porcelain/ceramic, three or more surfaces	\$ 200.00	D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$ 50.00
D6602	Inlay - cast high noble metal, two surfaces	\$ 100.00	D7320	Alveoloplasty not in conjunction with extractions - per quadrant	\$ 70.00
D6603	Inlay - cast high noble metal, three or more surfaces	\$ 100.00	D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$ 70.00
D6604	Inlay - cast predominantly base metal, two surfaces	No Cost	D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	No Cost
D6605	Inlay - cast predominantly base metal, three or more surfaces	No Cost	D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	No Cost
D6606	Inlay - cast noble metal, two surfaces	\$ 40.00	D7471	Removal of lateral exostosis (maxilla or mandible)	No Cost
D6607	Inlay - cast noble metal, three or more surfaces	\$ 40.00	D7472	Removal of torus palatinus	No Cost
D6608	Onlay - porcelain/ceramic, two surfaces	\$ 185.00	D7473	Removal of torus mandibularis	No Cost
D6609	Onlay - porcelain/ceramic, three or more surfaces	\$ 205.00	D7510	Incision and drainage of abscess - intraoral soft tissue	No Cost
D6610	Onlay - cast high noble metal, two surfaces	\$ 100.00	D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	No Cost
D6611	Onlay - cast high noble metal, three or more surfaces	\$ 100.00	D7970	Excision hyperplastic tissue - per arch	\$ 55.00
D6612	Onlay - cast predominantly base metal, two surfaces	No Cost	D7971	Excision of pericoronary gingiva	\$ 55.00
D6613	Onlay - cast predominantly base metal, three or more surfaces	No Cost			
D6614	Onlay - cast noble metal, two surfaces	\$ 40.00			
D6615	Onlay - cast noble metal, three or more surfaces	\$ 40.00			
D6720	Crown - resin with high noble metal	\$ 195.00			
D6721	Crown - resin with predominantly base metal	\$ 95.00			
D6722	Crown - resin with noble metal	\$ 135.00			
D6740	Crown - porcelain/ceramic	\$ 240.00			

Description of Benefits and Copayments

Schedule A Plan CA11A

Code	Description	ENROLLEE PAYS
D8000-D8999 XI. ORTHODONTICS		
- The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed \$125.00, may apply.		
- The Retention Copayment includes adjustments and/or office visits up to 24 months.		
Pre and post orthodontic records include:		
The benefit for pre-treatment records and diagnostic services includes:..... \$ 200.00		
D0210	Intraoral - complete series (including bitewings)	
D0322	Tomographic survey	
D0330	Panoramic film	
D0340	Cephalometric film	
D0350	Oral/facial photographic images	
D0470	Diagnostic casts	
The benefit for post-treatment records includes:..... \$ 70.00		
D0210	Intraoral - complete series (including bitewings)	
D0470	Diagnostic casts	
D8010	Limited orthodontic treatment of the primary dentition....	\$ 950.00
D8020	Limited orthodontic treatment of the transitional dentition - child or adolescent to age 19	\$ 950.00
D8030	Limited orthodontic treatment of the adolescent dentition - adolescent to age 19	\$ 950.00
D8040	Limited orthodontic treatment of the adult dentition - adults, including dependent adult children covered as full-time students	\$1,150.00
D8050	Interceptive orthodontic treatment of the primary dentition	\$ 950.00
D8060	Interceptive orthodontic treatment of the transitional dentition	\$ 950.00
D8070	Comprehensive orthodontic treatment of the transitional dentition - child or adolescent to age 19 ...	\$1,700.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - adolescent to age 19	\$1,700.00
D8090	Comprehensive orthodontic treatment of the adult dentition - adults, including dependent adult children covered as full-time students	\$1,900.00
D8660	Pre-orthodontic treatment visit	\$ 25.00
D8680	Orthodontic retention (removal of appliances, construction and placement of removable retainers)	\$ 275.00
D8999	Unspecified orthodontic procedure, by report - includes treatment planning session	\$ 100.00

Code	Description	ENROLLEE PAYS
D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES		
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$ 5.00
D9211	Regional block anesthesia	No Cost
D9212	Trigeminal division block anesthesia	No Cost
D9215	Local anesthesia	No Cost
D9220	Deep sedation/general anesthesia - first 30 minutes	\$ 165.00
D9221	Deep sedation/general anesthesia - each additional 15 minutes	\$ 80.00
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	\$ 165.00
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	\$ 80.00
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	\$ 10.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$ 5.00
D9440	Office visit - after regularly scheduled hours	\$ 25.00
D9450	Case presentation, detailed and extensive treatment planning	No Cost
D9940	Occlusal guard, by report - limited to 1 in 3 years	\$ 100.00
D9951	Occlusal adjustment, limited	\$ 35.00
D9952	Occlusal adjustment, complete	\$ 55.00
D9972	External bleaching - per arch - limited to one bleaching tray and gel for two weeks of self treatment	\$ 125.00
D9999	Unspecified adjunctive procedure, by report - includes failed appointment without 24 hour notice - per 15 minutes of appointment time	\$ 10.00

Procedures not listed above are not covered, however, may be available at the Contract Dentist's Filed Fees. Filed Fees means the Contract Dentist's fees on file with PMI. Questions regarding these fees should be directed to the Customer Service department at (800) 422-4234.

Limitations and Exclusions of Benefits

LIMITATIONS OF BENEFITS

In addition to the following, please review Schedule A for a complete list of limitations.

1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments*;
2. If the Enrollee accepts a treatment plan from the general Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional \$100.00 above the listed Copayment for each of these services after the sixth unit has been provided;
3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241);
4. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon prior authorization by PMI, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis;
5. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged;
6. Orthodontic treatment in progress is limited to new DeltaCare Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan as long as they continue to be eligible under the DeltaCare program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. PMI is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases;
4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age;
5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers and crowns and fixed partial dentures (bridges);
6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ);
7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures;
8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant;
9. Consultations for non-covered benefits;
10. Dental services received from any dental facility other than the assigned Contract Dentist, a preauthorized dental specialist, or a Contract Orthodontist except for *Emergency Services* as described in the Contract and/or Evidence of Coverage;
11. All related fees for admission, use, or stays in a hospital, outpatient surgery center, extended care facility, or other similar care facility;
12. Prescription drugs;
13. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with the DeltaCare program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision;

EXCLUSIONS OF BENEFITS

1. Any procedure that is not specifically listed under *Schedule A, Description of Benefits and Copayments*;
2. Any procedure that in the professional opinion of the Contract Dentist:
 - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or
 - b. is inconsistent with generally accepted standards for dentistry;
3. Services solely for cosmetic purposes, with the exception of procedure D9972, External bleaching, per arch, or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities;
14. Lost, stolen or broken orthodontic appliances;
15. Changes in orthodontic treatment necessitated by accident of any kind;
16. Myofunctional and parafunctional appliances and/or therapies;
17. Composite or ceramic brackets, lingual adaption of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances;
18. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.



**NEED MORE
INFORMATION
REGARDING
THE DELTACARE PROGRAM?**



DELTACARE CUSTOMER AUTOMATED LINK LINE OR CALL SYSTEM (800) 422-4234

Enrollees can access PMI's **CALL** system toll-free seven days a week between 5 a.m. and 10 p.m. Pacific Time to:

- Review current eligibility and benefits
- Confirm or change network dentists
- Check on a claim status
- Order ID cards and other printed material

In addition to receiving information over the telephone or by mail. The **CALL** system also allows some information to be faxed or e-mailed to you such as:

- Schedule of benefits and copayments
- Eligibility verification

Have you visited our web site?

www.deltadentalca.org/pmi

DeltaCare enrollees can access information about their dental program in a secure online environment.

- Get answers to your frequently asked questions
- Learn about The PMI Difference
- Check your eligibility and assigned dental provider
- Review and print DeltaCare benefits
- Print an identification card
- Find a dentist near you

You may also speak directly to a Customer Service representative Monday through Friday between 5 a.m. and 6 p.m. Pacific Time

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



**DENTAL
HEALTH PLAN**

An Affiliate of Delta Dental of California

12898 Towne Center Drive
Cerritos, CA 90703-8579
(800) 422-4234

NOTE: THIS IS ONLY A BRIEF SUMMARY OF THE PLAN.

The Group Dental Service Contract must be consulted to determine the exact terms and conditions of coverage. An Evidence of Coverage will be sent to you upon enrollment. If you wish to review an Evidence of Coverage prior to enrollment, you may request a copy by calling the Customer Service department at (800) 422-4234.