



 **DELTA DENTAL®**

Keep Smiling



Health Benefits

Together, we are working toward a **healthier community.**



deltadentalins.com/statemd

Enjoy quality, convenience and predictable costs

Delta Dental is utilizing our DeltaCare® USA network to serve the State of Maryland employees, retirees and covered dependents. Your DeltaCare USA plan is designed to encourage you and your family to visit the dentist regularly to maintain your dental health.

When you enroll, you select a general dentist in the DeltaCare USA network from whom you receive primary care. You must visit this dentist to receive benefits. The DeltaCare USA network consists of private practice dental facilities that have been carefully screened for quality. Enroll in DeltaCare USA and you'll enjoy these features:

Quality

- Extensive benefits for you and your family
- All pre-existing conditions covered
- Large, stable network of dentists
- Each family member can select his or her own dentist

Convenience

- No claim forms to complete
- Customer Service representatives available Monday through Friday, 8 am to 9 pm

Predictable costs

When you visit a network dentist, it's easy to understand your costs.

- No deductibles
- Out-of-pocket costs are clearly defined
- No annual or lifetime dollar maximums

Find a DeltaCare USA dentist

Select from among the many conveniently located DeltaCare USA contracted general dentists. To find the most current listing of DeltaCare USA dental offices you can:

- Visit our website at **deltadentalins.com/statemd** to search for a dentist near your home or office.
- Or call Customer Service at **844-697-0578** (Monday through Friday, 8 am to 9 pm) for help in finding a DeltaCare USA dentist.



SCHEDULE A

Description of Benefits and Copayments

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

Text that appears in italics below is specifically intended to clarify the delivery of benefits under the DeltaCare USA plan and is not to be interpreted as Current Dental Terminology (“CDT”), CDT-2025, procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association (“ADA”). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

<u>CODE</u>	<u>DESCRIPTION</u>	<u>YOU PAY</u>
D0100-D0999	I. DIAGNOSTIC	
D0120	Periodic oral evaluation - established patient	\$0.00
D0140	Limited oral evaluation - problem focused.....	\$0.00
D0145	Oral evaluation for a patient under three years of age.....	\$0.00
D0150	Comprehensive oral evaluation - new or established patient	\$0.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$0.00
D0171	Re-evaluation - post-operative office visit.....	\$0.00
D0180	Comprehensive periodontal evaluation - new or established patient	\$0.00
D0190	Screening of a patient.....	\$0.00
D0191	Assessment of a patient.....	\$0.00
D0210	Intraoral - comprehensive series of radiographic images - <i>limited to 1 of (D0210, D0330) per 3-year period. Either one (1) D0210 or one (1) D0330 permitted.</i>	\$0.00
D0220	Intraoral - periapical first radiographic image	\$0.00
D0230	Intraoral - periapical each additional radiographic image.....	\$0.00
D0240	Intraoral - occlusal radiographic image.....	\$0.00
D0270	Bitewing - single radiographic image	\$0.00
D0272	Bitewings - two radiographic images	\$0.00
D0273	Bitewings - three radiographic images	\$0.00
D0274	Bitewings - four radiographic images - <i>limited to 1 series per 6 consecutive months through age 13, and one series per 12 consecutive months for age 14 and older.</i>	\$0.00
D0277	Vertical bitewings - 7 to 8 radiographic images.....	\$0.00
D0330	Panoramic radiographic image - <i>limited to 1 of (D0210, D0330) per 3-year period Either one (1) D0210 or one (1) D0330 permitted.</i>	\$0.00
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	\$0.00
D0396	3D printing of a 3D dental surface scan	\$0.00
D0419	Assessment of salivary flow by measurement - <i>1 every 12 months</i>	\$0.00
D0460	Pulp vitality tests.....	\$0.00
D0470	Diagnostic casts	\$0.00
D0601	Caries risk assessment and documentation, with a finding of low risk - <i>1 every 12 months</i>	\$0.00
D0602	Caries risk assessment and documentation, with a finding of moderate risk - <i>1 every 12 months</i> ..	\$0.00
D0603	Caries risk assessment and documentation, with a finding of high risk - <i>1 every 12 months</i>	\$0.00
D0701	Panoramic radiographic image - image capture only.....	\$0.00
D0702	2-D cephalometric radiographic image - image capture only	\$0.00
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only	\$0.00
D0705	Extra-oral posterior dental radiographic image - image capture only	\$0.00
D0706	Intraoral - occlusal radiographic image - image capture only	\$0.00
D0707	Intraoral - periapical radiographic image - image capture only.....	\$0.00
D0708	Intraoral - bitewing radiographic image - image capture only	\$0.00
D0709	Intraoral - comprehensive series of radiographic images - image capture only	\$0.00

D0999	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit (in addition to other services)</i>	\$0.00
-------	---	--------

D1000-D1999 II. PREVENTIVE

- One additional prophylaxis in a twelve consecutive month period for You and Dependent Enrollees under the care of a medical professional for pregnancy. Copayments on the Schedule of Benefits will apply.
- Space maintainers only eligible for You and Dependent Enrollees through age 18 when used to maintain space as a result of prematurely lost deciduous first and second molars, or permanent first molars that have not, or will never develop.

D1110	Prophylaxis <i>cleaning</i> - adult - 2 D1110, D1120 or D4346 per plan year	\$0.00
D1120	Prophylaxis <i>cleaning</i> - child - 2 D1110, D1120 or D4346 per plan year	\$0.00
D1206	Topical fluoride varnish - 2 per plan year; through age 18	\$0.00
D1208	Topical application of fluoride - excluding varnish - 2 per plan year; through age 18	\$0.00
D1330	Oral hygiene instructions	\$0.00
D1351	Sealant - <i>limited to permanent first and second molars through age 15; 1 per tooth per three years</i>	\$0.00
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - <i>limited to permanent molars through age 15</i>	\$0.00
D1353	Sealant repair - per tooth <i>limited to permanent first and second molars through age 15; 1 per tooth per two years</i>	\$0.00
D1354	Application of caries arresting medicament - per tooth - 2 per plan year; through age 18	\$0.00
D1510	Space maintainer - fixed, unilateral - per quadrant - <i>through age 18</i>	\$0.00
D1516	Space maintainer - fixed - bilateral, maxillary - <i>through age 18</i>	\$0.00
D1517	Space maintainer - fixed - bilateral, mandibular - <i>through age 18</i>	\$0.00
D1520	Space maintainer - removable, unilateral - per quadrant - <i>through age 18</i>	\$0.00
D1556	Removal of fixed unilateral space maintainer - per quadrant	\$0.00
D1557	Removal of fixed bilateral space maintainer - maxillary	\$0.00
D1558	Removal of fixed bilateral space maintainer - mandibular	\$0.00
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant - <i>child to age 9</i>	\$0.00

D2000-D2999 III. RESTORATIVE

- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures
- Replacement of crowns, inlays, onlays, buildups, post and cores requires the existing restoration to be 5+ years old.

D2140	Amalgam - one surface, primary or permanent	\$0.00
D2150	Amalgam - two surfaces, primary or permanent	\$0.00
D2160	Amalgam - three surfaces, primary or permanent	\$0.00
D2161	Amalgam - four or more surfaces, primary or permanent	\$0.00
D2330	Resin-based composite - one surface, anterior	\$0.00
D2331	Resin-based composite - two surfaces, anterior	\$0.00
D2332	Resin-based composite - three surfaces, anterior	\$0.00
D2335	Resin-based composite - four or more surfaces (anterior)	\$70.00
D2391	Resin-based composite - one surface, posterior	\$40.00
D2392	Resin-based composite - two surfaces, posterior	\$60.00
D2393	Resin-based composite - three surfaces, posterior	\$72.00
D2394	Resin-based composite - four or more surfaces, posterior	\$84.00
D2510	Inlay - metallic - one surface	\$60.00
D2520	Inlay - metallic - two surfaces	\$100.00
D2530	Inlay - metallic - three or more surfaces	\$120.00
D2542	Onlay - metallic - two surfaces	\$20.00
D2543	Onlay - metallic - three surfaces	\$30.00
D2544	Onlay - metallic - four or more surfaces	\$50.00
D2710	Crown - resin-based composite (indirect) - <i>age 16 or older</i>	\$77.00
D2712	Crown - $\frac{3}{4}$ resin-based composite (indirect) - <i>age 16 or older</i>	\$86.00
D2740	Crown - porcelain/ceramic - <i>age 16 or older</i>	\$270.00
D2750	Crown - porcelain fused to high noble metal - <i>age 16 or older</i>	\$276.00

D2751	Crown - porcelain fused to predominantly base metal - <i>age 16 or older</i>	\$258.00
D2752	Crown - porcelain fused to noble metal - <i>age 16 or older</i>	\$270.00
D2753	Crown - porcelain fused to titanium and titanium alloys - <i>age 16 or older</i>	\$276.00
D2780	Crown - $\frac{3}{4}$ cast high noble metal - <i>age 16 or older</i>	\$228.00
D2781	Crown - $\frac{3}{4}$ cast predominantly base metal - <i>age 16 or older</i>	\$228.00
D2782	Crown - $\frac{3}{4}$ cast noble metal - <i>age 16 or older</i>	\$228.00
D2783	Crown - $\frac{3}{4}$ porcelain/ceramic - <i>age 16 or older</i>	\$228.00
D2790	Crown - full cast high noble metal - <i>age 16 or older</i>	\$228.00
D2791	Crown - full cast predominantly base metal - <i>age 16 or older</i>	\$258.00
D2792	Crown - full cast noble metal - <i>age 16 or older</i>	\$264.00
D2794	Crown - titanium and titanium alloys - <i>age 16 or older</i>	\$290.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restorations	\$15.00
D2920	Re-cement or re-bond crown.....	\$15.00
D2921	Reattachment of tooth fragment, incisal edge or cusp (<i>anterior</i>)	\$70.00
D2928	Prefabricated porcelain/ceramic crown - permanent tooth.....	\$56.00
D2930	Prefabricated stainless steel crown - primary tooth - <i>anterior primary tooth</i>	\$48.00
D2931	Prefabricated stainless steel crown - permanent tooth.....	\$56.00
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth	\$48.00
D2940	Placement of interim direct restoration	\$0.00
D2949	Restorative foundation for an indirect restoration	\$100.00
D2950	Core buildup, including any pins when required	\$100.00
D2951	Pin retention - per tooth, in addition to restoration.....	\$10.00
D2952	Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i>	\$108.00
D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i>	\$45.00
D2954	Prefabricated post and core in addition to crown - <i>includes canal preparation</i>	\$108.00
D2956	Removal of an indirect restoration on a natural tooth	\$0.00
D2957	Each additional prefabricated post - same tooth - <i>includes canal preparation</i>	\$45.00
D2971	Additional procedures to customize a crown to fit under an existing partial denture framework	\$25.00
D2976	Band stabilization - per tooth - <i>limited to 1 per tooth per lifetime</i>	\$0.00
D2989	Excavation of a tooth resulting in the determination of non-restorability.....	\$0.00

D3000-D3999 IV. ENDODONTICS

D3110	Pulp cap - direct (excluding final restoration).....	\$0.00
D3120	Pulp cap - indirect (excluding final restoration).....	\$0.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$25.00
D3221	Pulpal debridement, primary and permanent teeth	\$15.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$25.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration) - <i>through age five on primary anterior teeth and through age 11 on primary posterior teeth</i>	\$40.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) - <i>through age five on primary anterior teeth and through age 11 on primary posterior teeth</i>	\$55.00
D3310	Root canal - endodontic therapy, anterior tooth (excluding final restoration) - <i>one per tooth per lifetime</i>	\$108.00
D3320	Root canal - endodontic therapy, premolar tooth (excluding final restoration) - <i>one per tooth per lifetime</i>	\$144.00
D3330	Root canal - endodontic therapy, molar tooth (excluding final restoration) - <i>one per tooth per lifetime</i>	\$198.00
D3346	Retreatment of previous root canal therapy - anterior - <i>one per tooth per lifetime</i>	\$198.00
D3347	Retreatment of previous root canal therapy - premolar - <i>one per tooth per lifetime</i>	\$234.00

D3348	Retreatment of previous root canal therapy - molar - <i>one per tooth per lifetime</i>	\$288.00
D3410	Apicoectomy - anterior	\$107.00
D3421	Apicoectomy - premolar (first root).....	\$107.00
D3425	Apicoectomy - molar (first root)	\$107.00
D3426	Apicoectomy (each additional root).....	\$41.00
D3450	Root amputation, per root	\$50.00
D3471	Surgical repair of root resorption - anterior	\$107.00
D3472	Surgical repair of root resorption - premolar	\$107.00
D3473	Surgical repair of root resorption - molar.....	\$107.00
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior.....	\$107.00
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar.....	\$107.00
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar.....	\$107.00
D3911	Intraorifice barrier.....	\$0.00
D3920	Hemisection (including any root removal), not including root canal therapy.....	\$41.00
D3921	Decoronation of submergence of an erupted tooth.....	\$20.00

D4000-D4999 V. PERIODONTICS

- *Surgical periodontal procedures (codes D4210-D4285) - one per 24 consecutive month period, except where otherwise noted.*

- *Includes preoperative and postoperative evaluations and treatment under a local anesthetic.*

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant.....	\$125.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant.....	\$50.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$0.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	\$135.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	\$54.00
D4245	Apically positioned flap, per tooth	\$110.00
D4249	Clinical crown lengthening - hard tissue - <i>one per tooth per lifetime</i>	\$105.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$210.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant.....	\$110.00
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	\$115.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area).....	\$45.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material), first tooth, implant or edentulous tooth position in graft.....	\$100.00
D4276	Combined connective tissue and pedicle graft, per tooth	\$100.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites), first tooth, implant or edentulous tooth position in graft.....	\$100.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft site	\$100.00
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.....	\$60.00
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns, per splint.....	\$40.00
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns, per splint.....	\$40.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	\$60.00

D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	\$16.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - <i>2 D1110, D1120 or D4346 per plan year</i>	\$0.00
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit - <i>limited to 1 treatment in any 12 consecutive months</i>	\$50.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth.....	\$100.00
D4910	Periodontal maintenance - <i>limited to 2 treatments per plan year</i>	\$30.00
D4921	Gingival irrigation with a medicinal agent - per quadrant.....	\$0.00

D5000-D5899 VI. PROSTHODONTICS (removable)

- For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. For all listed immediate dentures and immediate removable partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first three months after placement. You must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.

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

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

D5110	Complete denture - maxillary	\$264.00
D5120	Complete denture - mandibular.....	\$264.00
D5130	Immediate denture - maxillary.....	\$288.00
D5140	Immediate denture - mandibular	\$288.00
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$174.00
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth)	\$174.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth).....	\$270.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth).....	\$270.00
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth).....	\$174.00
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth).....	\$174.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	\$270.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests, and teeth)	\$270.00
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	\$350.00
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	\$350.00
D5227	Immediate maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth).....	\$174.00
D5228	Immediate mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth).....	\$174.00
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), maxillary	\$78.00
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests, and teeth), mandibular.....	\$78.00
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests, and teeth) - per quadrant.....	\$78.00
D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests, and teeth) - per quadrant.....	\$78.00
D5410	Adjust complete denture - maxillary.....	\$7.00
D5411	Adjust complete denture - mandibular	\$7.00

D5421	Adjust partial denture - maxillary.....	\$7.00
D5422	Adjust partial denture - mandibular.....	\$7.00
D5511	Repair broken complete denture base, mandibular.....	\$21.00
D5512	Repair broken complete denture base, maxillary.....	\$21.00
D5520	Replace missing or broken teeth - complete denture - per tooth.....	\$28.00
D5611	Repair resin partial denture base, mandibular.....	\$23.00
D5612	Repair resin partial denture base, maxillary.....	\$23.00
D5621	Repair cast partial framework, mandibular.....	\$33.00
D5622	Repair cast partial framework, maxillary.....	\$33.00
D5630	Repair or replace broken retentive/clasping materials - per tooth.....	\$23.00
D5640	Replace missing or broken teeth - partial denture - per tooth.....	\$18.00
D5650	Add tooth to existing partial denture - per tooth.....	\$23.00
D5660	Add clasp to existing partial denture - per tooth.....	\$33.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary).....	\$147.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular).....	\$147.00
D5710	Rebase complete maxillary denture.....	\$55.00
D5711	Rebase complete mandibular denture.....	\$55.00
D5720	Rebase maxillary partial denture.....	\$48.00
D5721	Rebase mandibular partial denture.....	\$48.00
D5725	Rebase hybrid prosthesis.....	\$48.00
D5730	Reline complete maxillary denture (chairside).....	\$40.00
D5731	Reline complete mandibular denture (chairside).....	\$40.00
D5740	Reline maxillary partial denture (chairside).....	\$40.00
D5741	Reline mandibular partial denture (chairside).....	\$40.00
D5750	Reline complete maxillary denture (laboratory).....	\$55.00
D5751	Reline complete mandibular denture (laboratory).....	\$55.00
D5760	Reline maxillary partial denture (laboratory).....	\$55.00
D5761	Reline mandibular partial denture (laboratory).....	\$55.00
D5765	Soft liner for complete or partial removable denture - indirect.....	\$55.00
D5810	Interim complete denture (maxillary).....	\$125.00
D5811	Interim complete denture (mandibular).....	\$125.00
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary - <i>limited to 1 in any 12 consecutive months</i>	\$105.00
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular - <i>limited to 1 in any 12 consecutive months</i>	\$105.00
D5850	Tissue conditioning, maxillary.....	\$25.00
D5851	Tissue conditioning, mandibular.....	\$25.00

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered**D6000-D6199 VIII. IMPLANT SERVICES**

- *Replacement of a crown, fixed denture or retainer requires the existing unit to be 5+ years old.*

D6010	Surgical placement of implant body: endosteal implant.....	\$1,983.00
D6011	Surgical access to an implant body (second stage implant surgery).....	\$0.00
D6013	Surgical placement of mini implant.....	\$991.50
D6040	Surgical placement: eposteal implant.....	\$1,983.00
D6050	Surgical placement: transosteal implant.....	\$1,783.00
D6058	Abutment supported porcelain/ceramic crown.....	\$1,030.00
D6059	Abutment supported porcelain fused to metal crown (high noble metal).....	\$1,030.00
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal).....	\$970.00
D6061	Abutment supported porcelain fused to metal crown (noble metal).....	\$985.00
D6062	Abutment supported cast metal crown (high noble metal).....	\$1,036.00
D6063	Abutment supported cast metal crown (predominantly base metal).....	\$925.00
D6064	Abutment supported cast metal crown (noble metal).....	\$985.00
D6065	Implant supported porcelain/ceramic crown.....	\$1,030.00

D6066	Implant supported crown - porcelain fused to high noble alloys.....	\$1,030.00
D6067	Implant supported crown - high noble alloys.....	\$1,036.00
D6081	Scaling and debridement of a single implant in the presence of mucositis, including inflammation, bleeding upon probing and increased pocket depths; includes cleaning of the implant surfaces, without flap entry and closure - <i>limited to 1 per 24 months</i>	\$54.00
D6082	Implant supported crown - porcelain fused to predominantly base alloys.....	\$970.00
D6083	Implant supported crown - porcelain fused to noble alloys.....	\$985.00
D6084	Implant supported crown - porcelain fused to titanium and titanium alloys	\$987.00
D6085	Interim implant crown	\$0.00
D6086	Implant supported crown - predominantly base alloys	\$925.00
D6087	Implant supported crown - noble alloys.....	\$985.00
D6088	Implant supported crown - titanium and titanium alloys	\$987.00
D6089	Accessing and retorquing loose implant screw - per screw, <i>limited to 1 per 24 months</i>	\$66.00
D6092	Re-cement or re-bond implant/abutment supported crown	\$66.00
D6094	Abutment supported crown - titanium and titanium alloys.....	\$987.00
D6096	Remove broken implant retaining screw - <i>limited to 1 per 24 months</i>	\$66.00
D6097	Abutment supported crown - porcelain fused to titanium and titanium alloys	\$987.00
D6100	Surgical removal of implant body	\$172.00
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	\$54.00
D6102	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	\$110.00
D6103	Bone graft for repair of peri-implant defect - does not include flap entry and closure. Placement of a barrier membrane or biologic materials to aid in osseous regeneration are reported separately	\$115.00
D6104	Bone graft at time of implant placement.....	\$115.00
D6105	Removal of implant body not requiring bond removal or flap elevation.....	\$20.00
D6193	Replacement of an implant screw - <i>limited to 1 per 24 months</i>	\$66.00
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant - <i>limited to once every 24 months</i>	\$0.00
D6198	Remove interim implant component.....	\$0.00

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 old.*

D6205	Pontic - indirect resin based composite - <i>age 16 or older</i>	\$290.00
D6210	Pontic - cast high noble metal - <i>age 16 or older</i>	\$276.00
D6211	Pontic - cast predominantly base metal - <i>age 16 or older</i>	\$258.00
D6212	Pontic - cast noble metal - <i>age 16 or older</i>	\$264.00
D6214	Pontic - titanium and titanium alloys - <i>age 16 or older</i>	\$297.00
D6240	Pontic - porcelain fused to high noble metal - <i>age 16 or older</i>	\$276.00
D6241	Pontic - porcelain fused to predominantly base metal - <i>age 16 or older</i>	\$258.00
D6242	Pontic - porcelain fused to noble metal - <i>age 16 or older</i>	\$264.00
D6243	Pontic - porcelain fused to titanium and titanium alloys - <i>age 16 or older</i>	\$264.00
D6245	Pontic - porcelain/ceramic - <i>age 16 or older</i>	\$258.00
D6610	Retainer onlay - cast high noble metal, two surfaces - <i>age 16 or older</i>	\$150.00
D6612	Retainer onlay - cast predominantly base metal, two surfaces - <i>age 16 or older</i>	\$100.00
D6614	Retainer onlay - cast noble metal, two surfaces - <i>age 16 or older</i>	\$125.00
D6710	Retainer crown - indirect resin based composite - <i>age 16 or older</i>	\$290.00
D6740	Retainer crown - porcelain/ceramic - <i>age 16 or older</i>	\$258.00
D6750	Retainer crown - porcelain fused to high noble metal - <i>age 16 or older</i>	\$276.00
D6751	Retainer crown - porcelain fused to predominantly base metal - <i>age 16 or older</i>	\$258.00
D6752	Retainer crown - porcelain fused to noble metal - <i>age 16 or older</i>	\$264.00
D6753	Retainer crown - porcelain fused to titanium and titanium alloys - <i>age 16 or older</i>	\$276.00
D6784	Retainer crown $\frac{3}{4}$ - titanium and titanium alloys - <i>age 16 or older</i>	\$276.00

D6790	Retainer crown - full cast high noble metal - <i>age 16 or older</i>	\$276.00
D6791	Retainer crown - full cast predominantly base metal - <i>age 16 or older</i>	\$258.00
D6792	Retainer crown - full cast noble metal - <i>age 16 or older</i>	\$264.00
D6794	Retainer crown - titanium and titanium alloys - <i>age 16 or older</i>	\$290.00
D6930	Re-cement or re-bond fixed partial denture	\$17.00

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.

- Oral surgery services are limited to surgical exposure of teeth, removal of teeth, preparation of the mouth for dentures, removal of tooth generated cysts up to 1.25 cm., frenectomy and crown lengthening.

D7111	Extraction, coronal remnants - primary tooth	\$8.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$20.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$27.00
D7220	Removal of impacted tooth - soft tissue	\$45.00
D7230	Removal of impacted tooth - partially bony	\$55.00
D7240	Removal of impacted tooth - completely bony	\$65.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$80.00
D7250	Removal of residual tooth roots (cutting procedure)	\$35.00
D7251	Coronectomy - intentional partial tooth removal, impacted teeth only	\$65.00
D7252	Partial extraction for immediate implant placement - <i>limited to 1 per lifetime</i>	\$27.00
D7259	Nerve dissection - <i>available only when performed in conjunction with the removal of an impacted tooth, complete bony, with unusual surgical complications</i>	\$0.00
D7280	Exposure of an unerupted tooth	\$52.00
D7283	Placement of device to facilitate eruption of impacted tooth	\$13.00
D7284	Excisional biopsy of minor salivary glands - <i>does not include pathology laboratory procedures</i>	\$28.00
D7285	Incisional biopsy of oral tissue - hard - <i>does not include pathology laboratory procedures</i>	\$35.00
D7286	Incisional biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i>	\$28.00
D7288	Brush biopsy - transepithelial sample collection	\$45.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$23.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$30.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$30.00
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	\$60.00
D7471	Removal of lateral exostosis (maxilla or mandible)	\$60.00
D7472	Removal of torus palatinus	\$60.00
D7473	Removal of torus mandibularis	\$60.00
D7485	Reduction of osseous tuberosity	\$60.00
D7510	Incision and drainage of abscess - intraoral soft tissue	\$35.00
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	\$0.00
D7961	Buccal/labial frenectomy (frenulectomy)	\$53.00
D7962	Lingual frenectomy (frenulectomy)	\$53.00
D7963	Frenuloplasty	\$27.00
D7972	Surgical reduction of fibrous tuberosity	\$60.00

D8000-D8999 XI. ORTHODONTICS

- The listed Copayment for each phase of orthodontic treatment (limited 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.
- Comprehensive orthodontic treatment plan - one per lifetime

Pre and post orthodontic records include:

The Benefit for pre-treatment records and diagnostic services includes:..... \$150.00

D0210	Intraoral - comprehensive series of radiographic images
D0322	Tomographic survey
D0330	Panoramic radiographic image
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis
D0350	2D oral/facial photographic image obtained intraorally or extra-orally
D0396	3D printing of a 3D dental surface scan
D0470	Diagnostic casts
D0801	3D intraoral surface scan - direct
D0802	3D dental surface scan - indirect
D0803	3D facial surface scan - direct
D0804	3D facial surface scan - indirect

The Benefit for post-treatment records includes:..... \$100.00

D0210	Intraoral - comprehensive series of radiographic images
D0470	Diagnostic casts

D8010	Limited orthodontic treatment of the primary dentition.....	\$380.00
D8020	Limited orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i>	\$405.00
D8030	Limited orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i>	\$430.00
D8040	Limited orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i>	\$455.00
D8070	Comprehensive orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i>	\$1,800.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i>	\$1,950.00
D8090	Comprehensive orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i>	\$2,200.00
D8091	Comprehensive orthodontic treatment with orthognathic surgery.....	\$2,530.00
D8210	Removable appliance therapy.....	\$390.00
D8220	Fixed appliance therapy.....	\$370.00
D8660	Pre-orthodontic treatment examination to monitor growth and development.....	\$0.00
D8670	Periodic orthodontic treatment visit - <i>included in comprehensive orthodontic case fee</i>	\$0.00
D8671	Periodic orthodontic treatment visit associated with orthognathic surgery - <i>included in comprehensive orthodontic case fee</i>	\$0.00
D8680	Orthodontic retention (removal of appliances, construction and placement of removable retainers).....	\$150.00
D8681	Removable orthodontic retainer adjustment.....	\$0.00
D8999	Unspecified orthodontic procedure, by report - <i>includes treatment planning session</i>	\$0.00

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

D9110	Palliative treatment of dental pain - per visit.....	\$15.00
D9210	Local anesthesia not in conjunction with operative or surgical procedures.....	\$20.00
D9211	Regional block anesthesia.....	\$26.00
D9212	Trigeminal division block anesthesia.....	\$15.00
D9215	Local anesthesia in conjunction with operative or surgical procedures.....	\$18.00
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia.....	\$0.00
D9222	Deep sedation/general anesthesia - first 15 minutes.....	\$103.00
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment.....	\$103.00

D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	\$100.00
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.....	\$100.00
D9310	Consultation - diagnostic service provided by Dentist or physician other than requesting Dentist or physician.....	\$20.00
D9311	Consultation with medical health care professional	\$0.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$0.00
D9440	Office visit - after regularly scheduled hours	\$30.00
D9630	Drugs or medicaments dispensed in the office for home use	\$20.00
D9912	Pre-visit patient screening.....	\$0.00
D9932	Cleaning and inspection of removable complete denture, maxillary	\$0.00
D9933	Cleaning and inspection of removable complete denture, mandibular	\$0.00
D9934	Cleaning and inspection of removable partial denture, maxillary	\$0.00
D9935	Cleaning and inspection of removable partial denture, mandibular	\$0.00
D9951	Occlusal adjustment, limited	\$20.00
D9952	Occlusal adjustment, complete	\$45.00
D9990	Certified translation or sign-language services - per visit.....	\$0.00
D9991	Dental case management - addressing appointment compliance barriers.....	\$0.00
D9992	Dental case management - care coordination	\$0.00
D9995	Teledentistry - synchronous; real-time encounter	\$0.00
D9996	Teledentistry - asynchronous; information stored and forwarded to Dentist for subsequent review.....	\$0.00
D9997	Dental case management - patients with special health care needs	\$0.00

Teledentistry services provided by a Dentist other than Your Contract Dentist are considered Out-of-Network and may result in an out-of-pocket cost to You.

If services for a listed procedure are performed by the Contract Dentist, You pay the specified Copayment. Listed procedures which require a Dentist to provide Specialist Services must be referred by the Contract Dentist. You pay the Copayment specified for such services.

DeltaCare USA is underwritten by Delta Dental of Pennsylvania, a not-for-profit dental service company.

Using Delta Dental is easy

No paperwork, no hassle

1. Select an in-network dentist
2. Receive your welcome kit
3. Schedule an appointment
4. Visit your dentist
5. Pay only your copayment



Maryland law requires we make the following statement:

Our compensation to physicians who offer health care services to our insured members or enrollees may be based on a variety of payment mechanisms such as fee-for-service payments, salary or capitation. Bonuses may be used with these various types of payment methods.

Please note that the benefit payments made by Alpha Dental to dentists, other dental care providers or enrollees are based on capitation payment mechanisms and do not include salary or bonuses.

If you desire additional information about our methods of paying physicians or if you want to know which method(s) apply to your physician, call Customer Service at 800-422-4234 or write to DeltaCare USA, Attn: Customer Service, P.O. Box 1803, Alpharetta, GA 30023.

Provided by:	Administered by:
Alpha Dental Programs, Inc.	Delta Dental Insurance Company
560 Mission Street, Suite 1300	1130 Sanctuary Parkway
San Francisco, CA 94105	Alpharetta, GA 30009

Visit us at our website: deltadentalins.com

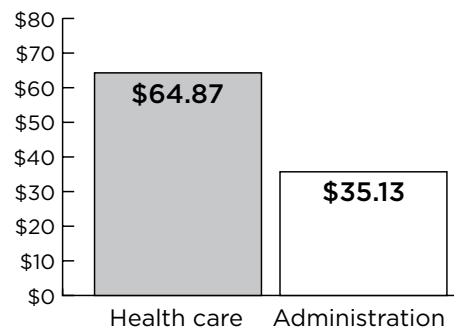
NOTE: THIS IS ONLY A BRIEF SUMMARY OF THE PLAN.

The group Dental Service Contract must be consulted to determine the exact terms and conditions of coverage. An Evidence of Coverage booklet will be sent to you upon enrollment.

DCU #119908.01 (rev. 03/24)

DeltaCare® USA — Where your dental benefits premium goes

Amount of \$100 in premiums used to pay for claims and administration for the year ending Dec. 31, 2023



Stay informed

Get oral health tools and tips at deltadentalins.com/wellness.

Customer Service

844-697-0578

Monday through Friday, 8 am to 9 pm

Claims Address

DeltaCare USA

Dental Plan for the State of Maryland

Claims Department

P.O. Box 1810

Alpharetta, GA 30023

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

Delta Dental is a registered trademark of Delta Dental Plans Association.