
**California
State University**



Administered by Private Medical-Care, Inc. (PMI)

If you have any questions or need additional information
you may call the PMI Customer Relations department
toll free at (800) 422-4234 or visit our web site at
www.deltadentalca.org/pmi

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DeltaCare is the name of the dental health maintenance (HMO) program offered by Private Medical-Care, Inc. (PMI). PMI is an affiliate of Delta Dental Plan of California.

The DeltaCare program 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.

To receive your DeltaCare benefits, you select a primary care panel dentist when you enroll. The DeltaCare panel consists of private practice dental offices 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 5:00 a.m. to 6:00 p.m., Pacific Time

COST SAVINGS

- ✓ No deductibles or annual dollar maximum except for accidental injury
- ✓ Out-of-pocket costs are clearly defined
- ✓ Out-of-area dental emergency coverage

● Easy enrollment

To enroll in the DeltaCare program, simply complete an enrollment form indicating your choice of dentist (from the list of contract dental facilities) and the name of your group. Return this form as directed by your benefits administrator.

● How your DeltaCare program works

Under the Basic Plan, you must select one contract dental facility. This facility will take care of all dental care needs for you and your family.

Under the Enhanced Plan, you and your dependents have the option to select a maximum of three separate contract dental facilities to meet individual needs within your family.

Please see the enclosed list of contract dental facilities. If you require treatment from a specialist, whether under the Basic or Enhanced Plan, 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. 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 must be preauthorized by PMI to be covered by your DeltaCare program.

● Provisions for emergency care

Under your DeltaCare program, you are covered for out-of-area dental emergencies (25 or more miles from your contract dentist). Your program pays for out-of-area emergency dental expenses incurred, up to \$50 under the Basic Plan and up to \$100 under the Enhanced Plan, per occurrence.

● Work in progress

Work in progress means any dental procedures that were started before you became effective under the DeltaCare program. Examples of these procedures:

- Any tooth that has been prepared for a crown or bridge,
- Any tooth on which a root canal has been started, or
- Impressions which have been taken for a complete or partial denture

Any expense related to the completion of work in progress is not a benefit under the 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, including your lawful spouse and unmarried children (which includes stepchildren and legally adopted and foster children to the age limit specified by your group). Contact your benefits administrator if you have any questions.

● Accidental injury

The DeltaCare program provides coverage for accidental injury (caused by external forces) at 100% of the contract dentist's "usual fee" for benefits (less any applicable copayments). The enrollee must be eligible under the DeltaCare program when the accident occurs. Accident injury benefits are subject to a \$1600 maximum, per 12 months, per person.

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 and governing administrative policies of the program. Please refer to *Schedules B, C and F* for further clarification of benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Codes and/or text that appear in italics below are specifically intended to clarify the delivery of benefits under the DeltaCare program and are not to be interpreted as CDT-4 procedure codes, descriptors or nomenclature which are under copyright by the American Dental Association.

CODES	BASIC PLAN M34	ENHANCED PLAN M35	CODES	BASIC PLAN M34	ENHANCED PLAN M35
D0100-D0999	I. Diagnostic		D2161	Amalgam - four or more surfaces,	
D0120	Periodic oral evaluation	No Cost ... No Cost		primary or permanent	No Cost ... No Cost
D0140	Limited oral evaluation - problem focused	No Cost ... No Cost	D2330	Resin-based composite - one surface, anterior	No Cost ... No Cost
D0150	Comprehensive oral evaluation		D2331	Resin-based composite - two surfaces, anterior	No Cost ... No Cost
	- new or established patient	No Cost ... No Cost	D2332	Resin-based composite - three surfaces, anterior	No Cost ... No Cost
D0160	Detailed and extensive oral evaluation		D2335	Resin-based composite - four or more surfaces or	
	- problem focused, by report	No Cost ... No Cost		involving incisal angle (anterior)	No Cost ... No Cost
D0170	Re-evaluation - limited, problem focused		D2390	Resin-based composite crown, anterior	No Cost ... No Cost
	(established patient; not post-operative visit)	No Cost ... No Cost	D2510	Inlay - metallic - one surface ¹	\$ 50.00 No Cost
D0180	Comprehensive periodontal evaluation		D2520	Inlay - metallic - two surfaces ¹	\$ 50.00 No Cost
	- new or established patient	No Cost ... No Cost	D2530	Inlay - metallic - three or more surfaces ¹	\$ 50.00 No Cost
D0210	Intraoral radiographs - complete series (including		D2543	Onlay - metallic - three surfaces ¹	\$ 50.00 No Cost
	bitewings) - limited to 1 series every 24 months	No Cost ... No Cost	D2544	Onlay - metallic - four or more surfaces ¹	\$ 50.00 No Cost
D0220	Intraoral - periapical first film	No Cost ... No Cost	D2710	Crown - resin (indirect)	\$ 35.00 No Cost
D0230	Intraoral - periapical, each additional film	No Cost ... No Cost	D2720	Crown - resin with high noble metal ^{1,2}	\$ 50.00 No Cost
D0240	Intraoral - occlusal film	No Cost ... No Cost	D2721	Crown - resin with predominantly base metal ²	\$ 50.00 No Cost
D0250	Extraoral - first film	No Cost ... No Cost	D2722	Crown - resin with noble metal ²	\$ 50.00 No Cost
D0260	Extraoral - each additional film	No Cost ... No Cost	D2740	Crown - porcelain/ceramic substrate ²	\$ 50.00 No Cost
D0270	Bitewing radiograph - single film	No Cost ... No Cost	D2750	Crown - porcelain fused to high noble metal ^{1,2}	\$ 50.00 No Cost
D0272	Bitewings radiographs - two films	No Cost ... No Cost	D2751	Crown - porcelain fused to predominantly	
D0274	Bitewings radiographs - four films			base metal ²	\$ 50.00 No Cost
	- limited to 1 series every 6 months	No Cost ... No Cost	D2752	Crown - porcelain fused to noble metal ²	\$ 50.00 No Cost
D0330	Panoramic film	No Cost ... No Cost	D2780	Crown - 3/4 cast high noble metal ¹	\$ 50.00 No Cost
D0460	Pulp vitality tests	No Cost ... No Cost	D2781	Crown - 3/4 cast predominantly base metal	\$ 50.00 No Cost
D0999	Unspecified diagnostic procedure, by report		D2782	Crown - 3/4 cast noble metal	\$ 50.00 No Cost
	- includes office visit, per visit		D2790	Crown - full cast high noble metal ¹	\$ 50.00 No Cost
	(in addition to other services)	No Cost ... No Cost	D2791	Crown - full cast predominantly base metal	\$ 50.00 No Cost
			D2792	Crown - full cast noble metal	\$ 50.00 No Cost
D1000-D1999	II. Preventive		D2910	Recement inlay	No Cost ... No Cost
D1110	Prophylaxis cleaning - adult - 2 per 12 month period ..	No Cost ... No Cost	D2920	Recement crown	No Cost ... No Cost
D1120	Prophylaxis cleaning - child - 2 per 12 month period ...	No Cost ... No Cost	D2930	Prefabricated stainless steel crown - primary tooth	No Cost ... No Cost
D1201	Topical application of fluoride (including prophylaxis)		D2931	Prefabricated stainless steel crown	
	- child - to age 19; 1 per 6 month period	No Cost ... No Cost		- permanent tooth	No Cost ... No Cost
D1203	Topical application of fluoride (prophylaxis not included)		D2940	Sedative filling	No Cost ... No Cost
	- child - to age 19; 1 per 6 month period	No Cost ... No Cost	D2950	Core buildup, including any pins	No Cost ... No Cost
D1330	Oral hygiene instructions	No Cost ... No Cost	D2951	Pin retention - per tooth, in addition to restoration	No Cost ... No Cost
D1351	Sealant - per tooth - limited to permanent molars		D2952	Cast post and core in addition to crown	
	up to age 14	\$ 5.00 No Cost		- includes canal preparation ¹	No Cost ... No Cost
D1510	Space maintainer - fixed - unilateral	\$ 10.00 No Cost	D2953	Each additional cast post - same tooth	
D1515	Space maintainer - fixed - bilateral	\$ 10.00 No Cost		- includes canal preparation ¹	No Cost ... No Cost
D1520	Space maintainer - removable - unilateral	\$ 10.00 No Cost	D2954	Prefabricated post and core in addition to crown	
D1525	Space maintainer - removable - bilateral	\$ 10.00 No Cost		- base metal post; includes canal preparation	No Cost ... No Cost
D1550	Recementation of space maintainer	No Cost ... No Cost	D2957	Each additional prefabricated post - same tooth	
				- base metal post; includes canal preparation	No Cost ... No Cost
D2000-D2999	III. Restorative		D3000-D3999	IV. Endodontics	
<i>Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.</i>			D3110	Pulp cap - direct (excluding final restoration)	No Cost ... No Cost
¹	<i>Base or noble metal is the benefit. High noble metal (precious), if used, will be charged to the Enrollee at the additional laboratory cost of the high noble metal. This applies to crowns, bridges, cast posts and cores, inlays and onlays.</i>		D3120	Pulp cap - indirect (excluding final restoration)	No Cost ... No Cost
²	<i>Porcelain or other tooth colored material on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$75.00.</i>		D3220	Therapeutic pulpotomy (excluding final restoration)	
D2140	Amalgam - one surface, primary or permanent	No Cost ... No Cost		- removal of pulp coronal to the dentinocemental	
D2150	Amalgam - two surfaces, primary or permanent	No Cost ... No Cost		junction and application of medicament	No Cost ... No Cost
D2160	Amalgam - three surfaces, primary or permanent	No Cost ... No Cost	D3310	Root canal - anterior (excluding final restoration)	\$ 20.00 No Cost
			D3320	Root canal - bicuspid (excluding final restoration)	\$ 40.00 No Cost
			D3330	Root canal - molar (excluding final restoration)	\$ 60.00 No Cost
			D3346	Retreatment of previous root canal therapy - anterior .	\$ 20.00 No Cost

**DESCRIPTION OF BENEFITS
AND COPAYMENTS**

CODES		BASIC PLAN M34	ENHANCED PLAN M35	CODES		BASIC PLAN M34	ENHANCED PLAN M35
D3347	Retreatment of previous root canal therapy - bicuspid	\$ 40.00	No Cost	D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$ 70.00	No Cost
D3348	Retreatment of previous root canal therapy - molar	\$ 60.00	No Cost	D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$ 70.00	No Cost
D3351	Apexification/recalcification - initial visit (apical closure/calific repair of perforations, root resorption, etc.) (to age 14)	No Cost	No Cost	D5410	Adjust complete denture - maxillary	No Cost	No Cost
D3352	Apexification/recalcification - interim medication replacement (apical closure/calific repair of perforations, root resorption, etc.) (to age 14)	No Cost	No Cost	D5411	Adjust complete denture - mandibular	No Cost	No Cost
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calific repair of perforations, root resorption, etc.) (to age 14)	No Cost	No Cost	D5421	Adjust partial denture - maxillary	No Cost	No Cost
D3410	Apicoectomy/periradicular surgery - anterior	No Cost	No Cost	D5422	Adjust partial denture - mandibular	No Cost	No Cost
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	No Cost	No Cost	D5510	Repair broken complete denture base	\$ 15.00	No Cost
D3425	Apicoectomy/periradicular surgery - molar (first root)	No Cost	No Cost	D5520	Replace missing or broken teeth - complete denture (each tooth)	\$ 15.00	No Cost
D3426	Apicoectomy/periradicular surgery (each additional root)	No Cost	No Cost	D5610	Repair resin denture base	\$ 15.00	No Cost
D3430	Retrograde filling - per root	No Cost	No Cost	D5620	Repair cast framework	\$ 15.00	No Cost
D3450	Root amputation, per root - not covered in conjunction with procedure D3920	No Cost	No Cost	D5630	Repair or replace broken clasp	\$ 15.00	No Cost
D4000-D4999 V. Periodontics				D5640	Replace broken teeth - per tooth	\$ 15.00	No Cost
<i>Includes preoperative and postoperative evaluations and treatment under a local anesthetic.</i>				D5650	Add tooth to existing partial denture	\$ 5.00	No Cost
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$ 20.00	No Cost	D5660	Add clasp to existing partial denture	\$ 5.00	No Cost
D4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	No Cost	No Cost	D5710	Rebase complete maxillary denture	\$ 15.00	No Cost
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	\$ 80.00	No Cost	D5711	Rebase complete mandibular denture	\$ 15.00	No Cost
D4241	Gingival flap procedure, including root planing - one to three teeth, per quadrant	\$ 80.00	No Cost	D5720	Rebase maxillary partial denture	\$ 15.00	No Cost
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	\$ 80.00	No Cost	D5721	Rebase mandibular partial denture	\$ 15.00	No Cost
D4261	Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant	\$ 80.00	No Cost	D5730	Reline complete maxillary denture (chairside)	No Cost	No Cost
D4341	Periodontal scaling and root planing - four or more contiguous teeth or bounded teeth spaces per quadrant - limited to 4 quadrants during any 12 consecutive months	\$ 10.00	No Cost	D5731	Reline complete mandibular denture (chairside)	No Cost	No Cost
D4342	Periodontal scaling and root planing, one to three teeth, per quadrant - limited to 4 quadrants during any 12 consecutive months	\$ 10.00	No Cost	D5740	Reline maxillary partial denture (chairside)	No Cost	No Cost
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis - limited to 1 treatment in any 12 consecutive months	\$ 10.00	No Cost	D5741	Reline mandibular partial denture (chairside)	No Cost	No Cost
D4910	Periodontal maintenance - limited to 2 treatments each 12 month period	\$ 8.00	No Cost	D5750	Reline complete maxillary denture (laboratory)	\$ 15.00	No Cost
D5000-D5899 VI. Prosthodontics (removable)				D5751	Reline complete mandibular denture (laboratory)	\$ 15.00	No Cost
D5110	Complete denture - maxillary	\$ 60.00	No Cost	D5760	Reline maxillary partial denture (laboratory)	\$ 15.00	No Cost
D5120	Complete denture - mandibular	\$ 60.00	No Cost	D5761	Reline mandibular partial denture (laboratory)	\$ 15.00	No Cost
D5130	Immediate denture - maxillary	\$ 60.00	No Cost	D5820	Interim partial denture (maxillary) - limited to initial placement of interim partial denture /stayplate to replace extracted anterior teeth during healing	No Cost	No Cost
D5140	Immediate denture - mandibular	\$ 60.00	No Cost	D5821	Interim partial denture (mandibular) - limited to initial placement of interim partial denture /stayplate to replace extracted anterior teeth during healing	No Cost	No Cost
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$ 70.00	No Cost	D5850	Tissue conditioning, maxillary	No Cost	No Cost
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$ 70.00	No Cost	D5851	Tissue conditioning, mandibular	No Cost	No Cost
D5900-D5999 VII. Maxillofacial Prosthetics - Not Covered				D6000-D6199 VIII. Implant Services - Not Covered			
D6200-D6999 IX. Prosthodontics, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge]).				D6200-D6999 IX. Prosthodontics, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge]).			
<i>¹ Base or noble metal is the benefit. High noble metal (precious), if used, will be charged to the Enrollee at the additional laboratory cost of the high noble metal. This applies to crowns, bridges, cast and post cores, inlays and onlays.</i>				<i>¹ Base or noble metal is the benefit. High noble metal (precious), if used, will be charged to the Enrollee at the additional laboratory cost of the high noble metal. This applies to crowns, bridges, cast and post cores, inlays and onlays.</i>			
<i>² Porcelain or other tooth colored material on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$75.00.</i>				<i>² Porcelain or other tooth colored material on molars are considered a material upgrade with a maximum additional charge to the Enrollee of \$75.00.</i>			
D6210	Pontic - cast high noble metal ¹	\$ 50.00	No Cost	D6210	Pontic - cast high noble metal ¹	\$ 50.00	No Cost
D6211	Pontic - cast predominantly base metal	\$ 50.00	No Cost	D6211	Pontic - cast predominantly base metal	\$ 50.00	No Cost
D6212	Pontic - cast noble metal	\$ 50.00	No Cost	D6212	Pontic - cast noble metal	\$ 50.00	No Cost
D6240	Pontic - porcelain fused to high noble metal ^{1,2}	\$ 50.00	No Cost	D6240	Pontic - porcelain fused to high noble metal ^{1,2}	\$ 50.00	No Cost
D6241	Pontic - porcelain fused to predominantly base metal ²	\$ 50.00	No Cost	D6241	Pontic - porcelain fused to predominantly base metal ²	\$ 50.00	No Cost
D6242	Pontic - porcelain fused to noble metal ²	\$ 50.00	No Cost	D6242	Pontic - porcelain fused to noble metal ²	\$ 50.00	No Cost
D6250	Pontic - resin with high noble metal ^{1,2}	\$ 50.00	No Cost	D6250	Pontic - resin with high noble metal ^{1,2}	\$ 50.00	No Cost
D6251	Pontic - resin with predominantly base metal ²	\$ 50.00	No Cost	D6251	Pontic - resin with predominantly base metal ²	\$ 50.00	No Cost
D6252	Pontic - resin with noble metal ²	\$ 50.00	No Cost	D6252	Pontic - resin with noble metal ²	\$ 50.00	No Cost

DESCRIPTION OF BENEFITS AND COPAYMENTS

CODES	BASIC PLAN M34	ENHANCED PLAN M35	CODES	BASIC PLAN M34	ENHANCED PLAN M35
D6602	Inlay - cast high noble metal, two surfaces ¹	\$ 50.00 No Cost	D7310	Alveoplasty in conjunction with extractions	
D6603	Inlay - cast high noble metal, three or more surfaces ¹	\$ 50.00 No Cost		- per quadrant	No Cost ... No Cost
D6604	Inlay - cast predominantly base metal, two surfaces ..	\$ 50.00 No Cost	D7320	Alveoplasty not in conjunction with extractions	
D6605	Inlay - cast predominantly base metal, three or more surfaces	\$ 50.00 No Cost		- per quadrant	No Cost ... No Cost
D6606	Inlay - cast noble metal, two surfaces	\$ 50.00 No Cost	D7450	Removal of benign odontogenic cyst or tumor	
D6607	Inlay - cast noble metal, three or more surfaces	\$ 50.00 No Cost		- lesion diameter up to 1.25 cm	No Cost ... No Cost
D6611	Onlay - cast high noble metal, three or more surfaces ¹	\$ 50.00 No Cost	D7471	Removal of lateral exostosis - (maxilla or mandible) ...	No Cost ... No Cost
D6613	Onlay - cast predominantly base metal, three or more surfaces	\$ 50.00 No Cost	D7510	Incision and drainage of abscess	
D6615	Onlay - cast noble metal, three or more surfaces	\$ 50.00 No Cost		- intraoral soft tissue	No Cost ... No Cost
D6720	Crown - resin with high noble metal ^{1,2}	\$ 50.00 No Cost	D7960	Frenulectomy (frenectomy or frenotomy)	
D6721	Crown - resin with predominantly base metal ²	\$ 50.00 No Cost		- separate procedure	No Cost ... No Cost
D6722	Crown - resin with noble metal ²	\$ 50.00 No Cost	D8000-D8999 XI. Orthodontics		
D6750	Crown - porcelain fused to high noble metal ^{1,2}	\$ 50.00 No Cost	³ Listed Copayment covers up to 24 months of active orthodontic treatment		
D6751	Crown - porcelain fused to predominantly base metal ²	\$ 50.00 No Cost	excluding the services listed for D8999 "Start-up fee". Beyond 24 months of		
D6752	Crown - porcelain fused to noble metal ²	\$ 50.00 No Cost	active treatment, an additional monthly fee of \$25.00 applies.		
D6780	Crown - ¾ cast high noble metal ¹	\$ 50.00 No Cost	⁴ In the event comprehensive orthodontic treatment is not required or is declined		
D6781	Crown - ¾ cast predominantly base metal	\$ 50.00 No Cost	by the Enrollee, a fee of \$25.00 will apply. The Enrollee is also responsible for		
D6782	Crown - ¾ cast noble metal	\$ 50.00 No Cost	any incurred orthodontic diagnostic record fees.		
D6790	Crown - full cast high noble metal ¹	\$ 50.00 No Cost	⁵ Includes adjustments and/or office visits up to 24 months. After 24 months, a		
D6791	Crown - full cast predominantly base metal	\$ 50.00 No Cost	monthly fee of \$25.00 applies.		
D6792	Crown - full cast noble metal	\$ 50.00 No Cost	D8070	Comprehensive orthodontic treatment of the transitional dentition	
D6930	Recement fixed partial denture	No Cost ... No Cost		Basic: - child or adolescent to age 19 ³	\$1400.00
D6940	Stress breaker	No Cost ... No Cost		Enhanced: - child or adolescent ³	\$1400.00
D6970	Cast post and core in addition to fixed partial denture retainer - includes canal preparation ¹	No Cost ... No Cost	D8080	Comprehensive orthodontic treatment of the adolescent dentition	
D6971	Cast post as part of fixed partial denture retainer - includes canal preparation ¹	No Cost ... No Cost		Basic: - adolescent to age 19 ³	\$1400.00
D6972	Prefabricated post and core in addition to fixed partial denture retainer - base metal post; includes canal preparation	No Cost ... No Cost		Enhanced: - dependent children to age 23 ³	\$1400.00
D6973	Core buildup for retainer, including any pins	No Cost ... No Cost	D8090	Comprehensive orthodontic treatment of the adult dentition	
D6976	Each additional cast post - same tooth - includes canal preparation ¹	No Cost ... No Cost		Basic: - dependent adult children to age 23 ³	\$1400.00
D6977	Each additional prefabricated post - same tooth - base metal post; includes canal preparation	No Cost ... No Cost		Enhanced: - adults ³	\$1600.00
D7000-D7999 X. Oral and Maxillofacial Surgery			D8660	Pre-orthodontic treatment visit - not to be charged with any other consultation procedure(s) ⁴	No Cost ... No Cost
<i>Includes preoperative and postoperative evaluations and treatment under local anesthetic.</i>			D8680	Orthodontic retention (removal of appliances, construction and placement of retainers) ⁵	No Cost ... No Cost
D7111	Coronal remnants - deciduous teeth (extraction)	No Cost ... No Cost	D8999	Unspecified orthodontic procedure, by report - includes START UP FEES (including initial examination, diagnosis, consultation and initial banding)	\$350.00 \$350.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	No Cost ... No Cost	D9000-D9999 XII. Adjunctive General Services		
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	No Cost ... No Cost	D9110	Palliative (emergency) treatment of dental pain	
D7220	Removal of impacted tooth - soft tissue	No Cost ... No Cost		- minor procedure	No Cost ... No Cost
D7230	Removal of impacted tooth - partially bony	\$ 15.00 No Cost	D9211	Regional block anesthesia	No Cost ... No Cost
D7240	Removal of impacted tooth - completely bony	\$ 25.00 No Cost	D9212	Trigeminal division block anesthesia	No Cost ... No Cost
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$ 25.00 No Cost	D9215	Local anesthesia	No Cost ... No Cost
D7250	Surgical removal of residual tooth roots (cutting procedure)	No Cost ... No Cost	D9220	Deep sedation/general anesthesia - first 30 minutes - for extractions only and only when medically necessary	Not Covered ... No Cost
D7285	Biopsy of oral tissue - hard (bone, tooth) - does not include pathology laboratory procedures	No Cost ... No Cost	D9310	Consultation (diagnostic services provided by a dentist or physician other than practitioner providing treatment)	No Cost ... No Cost
D7286	Biopsy of oral tissue - soft (all others) - does not include pathology laboratory procedures	No Cost ... No Cost	D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	No Cost ... No Cost
			D9440	Office visit - after regularly scheduled hours	No Cost ... No Cost
			D9951	Occlusal adjustment - limited	No Cost ... No Cost
			D9952	Occlusal adjustment - complete	No Cost ... No Cost
			D9999	Unspecified adjunctive procedure, by report - includes failed appointment without 24 hour notice	\$ 5.00 \$ 5.00

LIMITATIONS AND EXCLUSIONS OF BENEFITS BASIC & ENHANCED PLANS

● Limitations of Benefits

1. Prophylaxis is limited to two treatments in a 12 month period (includes periodontal maintenance);
2. Full maxillary and/or mandibular dentures including immediate dentures are not to exceed one each in any five year period (Basic Plan), and any three year period (Enhanced Plan) from initial placement;
3. Partial dentures are not to be replaced within any five year period (Basic Plan), and any three year period (Enhanced Plan) from initial placement, unless necessary due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible;
4. Crown(s) and bridges are not to be replaced within any five year period (Basic Plan), and any three year period (Enhanced Plan) from initial placement;
5. Denture relines are limited to one per denture during any 12 consecutive months;
6. Periodontal scaling and root planing are limited to four quadrants during any 12 consecutive months;
7. Full mouth debridement (gross scale) is limited to one treatment in any 12 consecutive month period;
8. Bitewing x-rays are limited to not more than one series of four films in any six month period;
9. Full mouth x-rays are limited to one set every 24 consecutive months;
10. Sealant benefits include the application of sealants only to permanent first and second molars with no decay, with no restorations and with the occlusal surface intact, for first molars up to age nine and second molars up to age fourteen. Sealant benefits do not include the repair or replacement of a sealant on any tooth within three years of its application;
11. General anesthesia and the services of a special anesthesiologist for extractions only and only when medically necessary is covered under the Enhanced Plan only; Refer to Exclusion #1 for the Basic Plan.
12. Accidental injury except as noted in Accident Injury Rider. Accidental injury is defined as damage to the hard and soft tissues of the oral cavity resulting from forces external to the mouth. Damages to the hard and soft tissues of the oral cavity from normal masticatory (chewing) function will be covered at the normal schedule of benefits.

● Exclusions

The following services are not covered benefits of this program:

1. General anesthesia and the services of a special anesthesiologist (Basic Plan); Refer to Limitation #11 for the Enhanced Plan;
2. Cosmetic dental care;
3. Dental conditions arising out of and due to enrollee's employment or for which Worker's Compensation is payable. Services which are provided to the enrollee by state government or agency thereof, or are provided without cost to the enrollee by any municipality, county or other subdivision, except as provided in Section 1373(a) of the California Health and Safety Code;
4. Dental services performed in a hospital and related hospital fees;
5. Treatment of fractures and dislocations;
6. Loss or theft of fixed and removable prosthetics (crowns, bridges, full or partial dentures);
7. Dental expenses incurred in connection with any dental procedures started after termination of eligibility for coverage;
8. Any service that is not specifically listed as a covered expense;
9. Dental expenses incurred in connection with any dental procedure started prior to enrollee's eligibility with the DeltaCare program. Example: teeth prepared for crowns, root canals in progress, orthodontic treatment;
10. Congenital malformations (e.g. congenitally missing teeth, supernumerary);
11. Treatment of malignancies, cysts and neoplasms except as noted in the Description of Benefits and Copayments;
12. Dispensing of drugs not normally supplied in a dental office;
13. Cases which in the professional judgment of the attending contract dentist a satisfactory result cannot be obtained or where the prognosis is poor or guarded;
14. Dental services received from any dental facility other than the assigned contract facility, unless expressly authorized in writing by PMI or as cited under "Out-of-Area Emergency Treatment";
15. Prophylactic removal of impactions (asymptomatic nonpathological);
16. "Specialist consultations" for noncovered benefits;
17. Implant placement or removal, appliances placed on or services associated with implants, including but not limited to prophylaxis and periodontal treatment;
18. Crown lengthening procedures.

● Summary of Orthodontic Limitations and Exclusions

The program provides coverage for orthodontic treatment plans provided through DeltaCare contract orthodontists. The start-up fees and the cost to the enrollee for the treatment plan are listed in the Description of Benefits and Copayments subject to the following:

1. Orthodontic treatment must be provided by a contract orthodontist.
2. Plan benefits cover 24 months of usual and customary orthodontic treatment.
3. Should an enrollee's coverage be cancelled or terminated for any reason, and at the time of cancellation or termination be receiving any orthodontic treatment, the enrollee and not PMI will be responsible for payment of balance due for treatment provided after cancellation or termination. In such a case the enrollee's payment shall be based on a maximum of \$2,300 for dependent children to age 23 (Basic and Enhanced Plans) and \$2,500 for adults (Enhanced Plan). The amount will be pro-rated over the number of months to completion of the treatment and, will be payable by the enrollee on such terms and conditions as are arranged between the enrollee and the contract orthodontist. **Start-up fees are included in these amounts;**
4. Start-up fees cover the initial examination, diagnosis, consultation and the retention phase of treatment of up to two years maximum. This includes initial construction, placement and adjustments to retainers and office visits for a maximum period of two years;

The following services are not covered:

1. Pre, mid- and post- treatment records which include cephalometric x-rays, tracings, photographs and study models;
2. Lost, stolen or broken orthodontic appliances, functional appliances, headgear, retainers and expansion appliances;
3. Retreatment of orthodontic cases;
4. Treatment that extends more than 24 months from the point of banding dentition will be subject to a per office visit charge of \$25;
5. Treatment in progress at inception of eligibility;
6. Transfer after banding has been initiated.

GETTING TO KNOW YOUR DeltaCare PROGRAM

● What is PMI?

PMI administers DeltaCare dental programs and is an affiliate of Delta Dental Plan 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.

● How do I know if my dentist is a DeltaCare dentist?

When you enroll in DeltaCare, you select a primary care dentist from the list of contract dental facilities.

● My dentist is a Delta dentist but is not on the list of DeltaCare panel dentists. Can I still visit this dentist?

No, you must visit 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.

● How do I know DeltaCare dentists provide quality care?

DeltaCare dentists are reviewed for quality, availability and safety before joining the panel. PMI maintains quality standards by visiting each contract dental facility every three months.

● I have a pre-existing dental condition. Can I still join the DeltaCare program?

Yes, 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).

● How are dentists compensated?

A contract dentist is compensated by PMI through monthly capitation (an amount based on the number of enrollees assigned to the dentist), and by enrollees through required copayments for treatment received. A specialist is compensated by PMI through an agreed-upon amount for each covered procedure, and by enrollees through applicable copayments. In no event does PMI pay a dentist or a specialist any incentive as an inducement to deny, reduce, limit or delay any appropriate treatment. You may obtain further information concerning compensation by calling PMI at the toll-free telephone number shown on the back cover of this booklet.

● I have treatment in progress, what should I do?

You must continue treatment through the provider who started your work. The provider is required to complete the treatment at the original agreed upon fee. As much as possible, please plan to start and conclude treatment under your current provider prior to your DeltaCare effective date. All future treatment (or treatment not outlined in the work in progress definition, see page 2) must be provided by your assigned DeltaCare provider.

● 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 services. See the "Description of Benefits and Copayments."

● Does my DeltaCare program cover specialists' services?

Yes. 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.

● Can I change my primary care contract dentist?

Yes. You may change contract dentists by notifying us either by phone or in writing, or by visiting our website (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.

● What if I have questions about my DeltaCare program?


Call PMI Customer Relations at (800) 422-4234. We have multilingual representatives available from 5:00 a.m. to 6:00 p.m., Pacific Time, Monday through Friday. Our Customer Relations representatives have worked in dental facilities and can answer benefits questions, as well as arrange facility transfers and urgent care referrals.

**If you have any questions or need
additional information call:**

Toll Free
(800) 422-4234

or write:

12898 Towne Center Drive
Cerritos, CA 90703-8579



Administered by:
Private Medical-Care, Inc. (PMI)
12898 Towne Center Drive
Cerritos, CA 90703-8579

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 PMI's Customer Relations Department at (800) 422-4234.