



Delta Dental of Washington

# Benefit Booklet

Your all-in-one guide to making the most out of your dental benefits.

## **Yakima County**

**DeltaCare® Charter Plan**

**Plan Number - 09622**

**Effective Date – January 1, 2025**

Welcome to your DeltaCare Plan, administered by Delta Dental of Washington (DDWA), a founding member of the nationwide Delta Dental Plans Association.

We believe everyone can enjoy good oral and overall health, with no one left behind. It drives everything we do and has been our sole focus for over 60 years.

Your Plan is a resource to make it easy for you to care for your smile. This benefit booklet summarizes your coverage and describes how your benefits may be used. Understanding your benefits is the first step to getting the most from your dental Plan. Review this booklet before you visit your Dentist and keep it for your reference.

You deserve a healthy smile. We're happy to help you protect it.

## **Questions Regarding Your Plan**

If you have questions regarding your dental benefits Plan, please call or email our Customer Service Department at:

800-650-1583

CService@DeltaDentalWA.com

Written inquiries may be sent to:

Delta Dental of Washington

Customer Service Department

P.O. Box 75983

Seattle, WA 98175-0983

For the most current listing of Delta Dental Participating Dentists, visit our online directory at [www.DeltaDentalWA.com](http://www.DeltaDentalWA.com) or call us at 800-650-1583.

## **Communication Access for Individuals who are Deaf, Hard of Hearing, Deaf-Blind or Speech-Disabled**

Communication with Delta Dental of Washington for people who are deaf, hard of hearing, deaf-blind and/or speech disabled is available through Washington Relay Service. This is a free telecommunications relay service provided by the Washington State Office of the Deaf and Hard of Hearing.

The relay service allows individuals who use a Teletypewriter (TTY) to communicate with Delta Dental of Washington through specially trained communications assistants.

Dial 711 (the statewide telephone relay number) or 800-833-6384 to connect with a Washington Relay Service communications assistant. Ask them to dial Delta Dental of Washington Customer Service at 800-650-1583. They will then relay the conversation between you and our customer service representatives.

This service is free of charge in local calling areas. Calls can be made anywhere in the world, 24 hours a day, 365 days a year, with no restrictions on the number, length, or type of calls. All calls are confidential, and no records of any conversation are maintained.

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## Section A – Summary of Benefits

### How to use your Plan

The best way to take full advantage of your dental Plan is to know its features. You can learn them by reading this benefit booklet before you go to the Dentist. This benefit booklet is designed to give you a clear understanding of how your dental coverage works and how to make it work for you. It also answers some common questions. If you have questions or do not understand something, please give us a call at 800-650-1583. We're more than happy to help.

This Plan is a "Capitation Plan", in which a DeltaCare network Dentist agrees to provide all or most covered dental services to those that are enrolled with their office. DeltaCare network Dentists who participate will receive a per capita payment each month which is referred to as a Roster Payment.

With this Capitation Plan, you must select and see a Primary Care Dentist (PCD) from the DeltaCare Network. Your PCD will manage all of your dental care needs and will refer you to Specialists when needed.

Consult your PCD regarding any charges that may be your responsibility before treatment begins.

### Benefit Period

Most dental benefits are calculated within a "Benefit Period," which is typically for one year. For this Plan, the Benefit Period is the 12-month period starting the first day of January and ending the last day of December.

### Emergency Care

In the event that an Emergency Dental Condition exists, those rare dental health instances that may be life threatening or cause severe bodily injury, your PCD shall provide care within 24 hours of being contacted. If you require emergency dental care and are not able to be seen by your PCD within 24 hours or are not within a reasonable distance of your PCD's office, you may seek treatment for the relief of pain from another Dentist. Such treatment is limited to the treatment that is necessary to evaluate and stabilize you until further treatment can be obtained from your PCD. Please call us at 800-650-1583 for more information.

## Section B – Your Benefits

### Benefits Covered by Your Plan

The following are the Covered Dental Benefits under this Plan and are subject to the Limitations and Exclusions (refer also to “General Exclusions” section) contained in this benefit booklet. Such benefits (as defined) are available only when provided by a licensed Dentist or other Licensed Professional when appropriate and necessary as determined by the standards of generally accepted dental practice and DDWA.

*Note: Please be sure to consult your PCD before treatment begins regarding any charges that may be your responsibility.*

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#### Diagnostic

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##### Covered Dental Benefits

- ◆ Comprehensive, or detailed and extensive oral evaluation.
- ◆ Diagnostic evaluation for routine or emergency purposes (dental exam).
- ◆ X-rays.

##### Limitations

- ◆ Comprehensive, or detailed and extensive oral evaluation is covered once in the patient’s lifetime by the same Dentist. Subsequent comprehensive or detailed and extensive oral evaluations from the same Dentist are paid as a Periodic Oral Evaluation.
- ◆ Routine evaluation is covered twice in a Benefit Period. Routine evaluation includes all evaluations except limited problem-focused evaluations.
- ◆ Limited problem-focused evaluations are covered twice in a Benefit Period.
- ◆ A set of Bitewing X-rays (two or more images) is covered twice in a Benefit Period.
  - ◇ A single Bitewing X-ray is covered, there are no Limitations on the number of single Bitewing X-rays a patient can have.
- ◆ A Comprehensive Series or Panoramic X-ray is covered once in a three-year period from the date of service for patients over three years of age.

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#### Preventive

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##### Covered Dental Benefits

- ◆ Prophylaxis (cleaning).
- ◆ Periodontal maintenance.
- ◆ Topical application of Fluoride including fluoridated varnishes.
- ◆ Sealants.
- ◆ Space maintainers.
- ◆ Preventive resin restoration.
- ◆ Application of Caries arresting medicament.

##### Limitations

- ◆ Any combination of Prophylaxis (cleaning) and periodontal maintenance is covered twice in a Benefit Period. Additional periodontal maintenance or Prophylaxis procedures are your responsibility.
  - ◇ Periodontal maintenance procedures are covered only if a patient has completed active periodontal treatment.

- ◆ Topical application of Fluoride is limited to two covered procedures in a Benefit Period.
- ◆ The application of a Sealant is covered once in a two-year period per tooth from the date of service.
  - ◇ Benefit coverage for application of Sealants is limited to permanent molars that have no restorations (includes preventive resin restorations) on the occlusal (biting) surface.
- ◆ Space maintainers are covered once in a patient's lifetime through age 13 for the same quadrant.
- ◆ The application of a preventive resin restoration is covered once in a two-year period per tooth from the date of service.
  - ◇ Payment for a preventive resin restoration will be for permanent molars with no restorations on the occlusal (biting) surface.
  - ◇ The application of a preventive resin restoration is Not a Paid Covered Dental Benefit for two years after a Sealant or preventive resin restoration on the same tooth.
- ◆ The application of Caries arresting medicament is covered twice per Benefit Period per tooth.

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## Restorative

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### Covered Dental Benefits

- ◆ Restorations (fillings).
- ◆ Stainless steel Crowns or prefabricated Crowns.
- ◆ Crowns.
- ◆ Crown buildups.
- ◆ Post and core on endodontically-treated teeth.

### Limitations

- ◆ Restorations on the same surface(s) of the same tooth are covered once in a two-year period from the date of service.
- ◆ Restorations placed on the same tooth within two months of the application of Caries arresting medicament are Not a Paid Covered Dental Benefit.
- ◆ Stainless steel or prefabricated Crowns on primary teeth are covered once in a two-year period from the date of service.
- ◆ A Crown on the same tooth is covered once in a five-year period from the original Seat Date.
- ◆ Crowns are covered for patients 16 years of age and older.
- ◆ A Crown buildup is covered for a non-endodontically treated posterior (back) tooth only when one cusp is missing down to, or closer than, 2mm from the gum tissue in preparation for a Restorative Crown.
- ◆ A Crown buildup is covered for an endodontically or a non-endodontically treated anterior (front) tooth only when more than 1/2 of the mesial-distal width of the incisal edge is missing down past the junction of the incisal and middle third of the tooth in preparation for a Restorative Crown.
- ◆ A Crown buildup is covered once in a two-year period on the same tooth from the date of service.
- ◆ A post and core is covered once in a two-year period on the same tooth from the date of service.
- ◆ Crown buildups or post and cores are Not a Paid Covered Dental Benefit within two years of a restoration on the same tooth from the date of service.
- ◆ Resin-Based Composite Crowns on anterior teeth are covered once in a two-year period.

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## Periodontics

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### Covered Dental Benefits

- ◆ Surgical and nonsurgical procedures for treatment of the tissues supporting the teeth.

- ◆ Periodontal scaling/Root Planing.
- ◆ Periodontal surgery.
- ◆ Limited adjustments to occlusion (eight teeth or fewer).
- ◆ Gingivectomy.

#### **Limitations**

- ◆ Periodontal scaling/Root Planing is covered once per quadrant in a 12-month period from the date of service.
- ◆ Limited Occlusal Adjustments are covered once in a 12-month period from the date of service.
- ◆ Periodontal surgery (per site) is covered once in a three-year period from the date of service.
  - ◇ Periodontal surgery must be preceded by scaling and Root Planing done a minimum of six weeks and a maximum of six months prior to treatment, or the patient must have been in active supportive periodontal therapy.
- ◆ Soft tissue grafts (two sites per quadrant) are covered once in a three-year period from the date of service.
- ◆ Full mouth debridement is covered once in a three-year period.
- ◆ Crown lengthening (hard/soft tissue) is covered once in a three-year period.

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### **Endodontics**

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#### **Covered Dental Benefits**

- ◆ Procedures for pulpal and root canal treatment — including pulp exposure treatment, Pulpotomy, and Apicoectomy.

#### **Limitations**

- ◆ Root canal treatment on the same tooth is covered once in a lifetime.
- ◆ Re-treatment of the same tooth is Not a Paid Covered Dental Benefit when performed within two years of the previous root canal treatment.
- ◆ Pulp vitality tests are limited to one per visit, including multiple teeth.

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### **Prosthodontics**

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#### **Covered Dental Benefits**

- ◆ Dentures.
- ◆ Fixed Partial Dentures (fixed Bridges).
- ◆ Adjustment or repair of an existing prosthetic appliance.

#### **Limitations**

- ◆ Replacement of an existing removable partial Denture is covered once every five years from the Delivery Date and only then if it is unserviceable and cannot be made serviceable.
- ◆ Payment for Dentures, Fixed Partial Dentures (fixed Bridges), Inlays (only when used as a retainer for a fixed Bridge), and removable partial Dentures shall be paid upon the Seat/Delivery Date.
- ◆ **Denture adjustments and relines** – Denture adjustments and relines done more than six months after the initial placement are covered. Subsequent relines or rebases (but not both) will be covered once in a 12-month period from the date of service.
- ◆ Rebase of full upper and/or lower Dentures and partial upper and/or lower Dentures are not to exceed one each in a 12-month period following initial placement.

- ◆ Fixed Partial Denture is covered to replace one missing, anterior tooth. Fixed Partial Denture to replace multiple missing anterior teeth and/or any number of posterior teeth is covered at the cost of a partial Denture.
- ◆ Denture tissue conditioning is limited to twice per arch per three-year period.

## Other Benefits

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### Temporomandibular Joint Benefits (TMJ)

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Temporomandibular Joint (TMJ) treatment is defined as dental services provided by a licensed Dentist for the treatment of disorders associated with the Temporomandibular Joint. TMJ disorders shall include those disorders that have one or more of the following characteristics: pain in the musculature associated with the Temporomandibular Joint, internal derangements of the Temporomandibular Joint, arthritic problems with the Temporomandibular Joint, or an abnormal range of motion or limitation of motion of the Temporomandibular Joint.

“Dental Services” are those that are:

- 1) Appropriate, for the treatment of a disorder of the Temporomandibular Joint;
- 2) Effective for the control or elimination of one or more of the following, caused by a disorder of the Temporomandibular Joint: pain, infection, disease, difficulty in speaking, or difficulty in chewing or swallowing food;
- 3) Recognized as effective, according to the professional standards of good dental practice; and
- 4) Not experimental or primarily for cosmetic purposes.

Both surgical and non-surgical procedures are covered. Non-surgical procedures include, but are not limited to:

- ◆ TMJ examination.
- ◆ X-rays (including TMJ film and arthrogram).
- ◆ Temporary repositioning splint.
- ◆ Occlusal orthotic device.
- ◆ Removable metal overlay stabilizing appliance.
- ◆ Fixed stabilizing appliance.
- ◆ Occlusal equilibration.
- ◆ Arthrocentesis.
- ◆ Manipulation under anesthesia.

The annual maximum amount payable by DDWA for covered dental services related to the treatment of TMJ disorders is \$1,000, with a lifetime maximum amount payable of \$5,000, for each covered person, after the application of deductibles and co-payments.

Notwithstanding the payment levels set forth in this Contract, the amount payable by DDWA for TMJ benefits shall be 50 percent of the lesser of the Maximum Allowable Fees or the fees actually charged.

*It is strongly suggested that a request for a Confirmation of Treatment and Cost, including your TMJ treatment plan, be submitted to DDWA prior to commencement of treatment. A Confirmation of Treatment and Cost is not a guarantee of payment. See the “Confirmation of Treatment and Cost” section for additional information. If you have any questions about your Covered Dental Benefits or Plan maximums, please see the “Questions Regarding Your Plan” section on how to contact Customer Service.*

In addition to the Limitations and Exclusions set forth in this Contract, the following also apply to TMJ benefits:

Any procedures which are defined as TMJ services as stated above, but which may otherwise be services covered under the provisions of this Contract, shall be considered defined under the Contract and subject to all the terms and provisions thereof, and are not covered under this TMJ portion of the Contract.

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## Managed Care Orthodontic Limitations and Exclusions

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**Orthodontic treatment is the appliance therapy necessary for the correction of teeth or jaws that are positioned improperly.** This Plan provides coverage for Orthodontic treatment plans provided through DeltaCare network orthodontists.

### Orthodontic Limitations

The cost to the patient for the treatment plan are listed in the Schedule of Benefits and Co-payments subject to the following:

- ◆ Orthodontic treatment must be provided by a DeltaCare orthodontist.
- ◆ Plan benefits cover 24 months of active comprehensive Orthodontic treatment. They include initial examination, diagnosis, consultation, initial banding, 24 months of active treatment, de-banding and the retention phase of treatment. The retention phase includes the initial construction, placement and adjustments to retainers and office visits for a maximum of two years.
- ◆ For treatment plans extending beyond 24 months of active treatment, the patient will be subject to a monthly office visit fee not to exceed \$75.00 per month. This may continue for an additional 12 months with the maximum being 36 months of active treatment from start to finish.
- ◆ Should a patient's coverage be canceled or terminated for any reason, and at the time of cancellation or termination be receiving any Orthodontic treatment, the patient and not DeltaCare will be responsible for payment of balance due for treatment provided after cancellation or termination. In such a case the patient's payment shall be based on the provider's Maximum Allowable Fee at the beginning of treatment. The amount will be pro-rated over the number of months to completion of the treatment and will be payable by the patient on such terms and conditions as are arranged between the patient and the orthodontist.
- ◆ If treatment is not required or the patient chooses not to start treatment after the diagnosis and consultation have been completed by the orthodontist, the patient will be charged a consultation fee of \$25.00 in addition to diagnostic record fees.
- ◆ Comprehensive Orthodontic treatment (Phase II) consists of repositioning all or nearly all of the permanent teeth in an effort to make the patient's occlusion as ideal as possible. This treatment usually requires complete fixed appliances; however, when the DeltaCare orthodontist deems it suitable, removable appliance therapy may be substituted at the same coinsurance amount as for fixed appliances.

### Orthodontic Exclusions

- ◆ Phase I Orthodontics (Orthodontic treatment when both primary and permanent teeth are present);
- ◆ Activator appliances (removable appliances designed to stimulate growth);
- ◆ Minor treatment for tooth guidance and/or arch expansion;
- ◆ Extractions solely for the purpose of Orthodontics. See the "Oral Surgery" Section for information regarding extraction coverage;
- ◆ Transfer after banding has been initiated;
- ◆ Lost, stolen or broken orthodontic appliances, functional appliances, headgear, retainers and expansion appliances;
- ◆ Retreatment of Orthodontic cases;
- ◆ Changes in treatment necessitated by accident of any kind, and/or lack of patient cooperation;
- ◆ Surgical procedures incidental to Orthodontic treatment;
- ◆ Myofunctional therapy;
- ◆ Surgical procedures related to cleft palate, micrognathia, or macrognathia;
- ◆ Treatment related to TMJ disturbances;
- ◆ Supplemental appliances not routinely utilized in typical Phase II Orthodontics;
- ◆ Restorative work caused by Orthodontic treatment; and

◆ Direct-to-consumer Orthodontics.

Composite bands and lingual adaptation of Orthodontic bands are considered optional treatment and would be subject to additional charges.

Additionally, payment for Orthodontic benefits is based upon eligibility. If individuals become dis-enrolled prior to the payment of benefits, subsequent payment is not made.

*It is strongly suggested that a request for a Confirmation of Treatment and Cost, including your Orthodontic treatment plan, be submitted to DDWA prior to commencement of treatment. A Confirmation of Treatment and Cost is not a guarantee of payment. Additionally, payment for Orthodontic benefits is based upon your eligibility. If you become ineligible prior to the subsequent payment of benefits, subsequent payment is not covered. If you have any questions about your Covered Dental Benefits or Plan maximums, please see the "Questions Regarding Your Plan" section on how to contact Customer Service.*

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## General Exclusions

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This Plan does not cover every part of the dental care you may need. The benefits covered under this Plan are subject to Limitations listed above which affect the type or frequency of procedures which will be reimbursed. Additionally, there are Exclusions to the type of services covered. These Limitations and Exclusions are detailed with the specific benefits listed above and in this "General Exclusions" section. These Limitations and Exclusions warrant careful reading.

These items are not paid Covered Dental Benefits under this Plan.

- 1) Dentistry for cosmetic reasons.
- 2) Restorations or appliances necessary to correct vertical dimension or to restore the occlusion, which include restoration of tooth structure lost from attrition, abrasion or erosion, and restorations for malalignment of teeth.
- 3) Services for injuries or conditions that are compensable under Worker's Compensation or Employers' Liability laws, and services that are provided to the covered person by any federal, state or provincial government agency or provided without cost to the covered person by any municipality, county, or other political subdivision, other than medical assistance in this state, under medical assistance RCW 74.09.500, or any other state, under 42 U.S.C., Section 1396a, section 1902 of the Social Security Act.
- 4) Application of desensitizing agents (treatment for sensitivity or adhesive resin application).
- 5) Experimental services or supplies.
  - a) This includes:
    - i) Procedures, services, or supplies are those whose use and acceptance as a course of dental treatment for a specific condition is still under investigation/observation. In determining whether services are experimental, DDWA, in conjunction with the American Dental Association, will consider them if:
      - (1) The services are in general use in the dental community in the state of Washington;
      - (2) The services are under continued scientific testing and research;
      - (3) The services show a demonstrable benefit for a particular dental condition; and
      - (4) They are proven to be safe and effective.
  - b) Any individual whose claim is denied due to this experimental exclusion clause will be notified of the denial within 20 working days of receipt of a fully documented request.
  - c) Any denial of benefits by DDWA on the grounds that a given procedure is deemed experimental may be Appealed to DDWA. DDWA will respond to such an Appeal within 20 working days after receipt of all documentation reasonably required to make a decision. The 20-day period may be extended only with written consent of the covered person.
  - d) Whenever DDWA makes an adverse determination and delay would jeopardize the covered person's life or materially jeopardize the covered person's health, DDWA shall expedite and process either a written or an oral Appeal and issue a decision no later than 72 hours after receipt of the Appeal. If the treating Licensed Professional determines that delay could jeopardize the covered person's health or ability to

regain maximum function, DDWA shall presume the need for expeditious determination in any independent review.

- 6) Analgesics such as nitrous oxide, conscious sedation, and euphoric drugs.
- 7) Injections of anesthetic not in conjunction with a dental service.
- 8) Injection of any medication or drug not associated with the delivery of a covered dental service.
- 9) Prescription drugs.
- 10) Laboratory tests and laboratory exams.
- 11) Implant placement or removal, appliance placed on or services associated with Implants (e.g., grafting, cleaning and repair).
- 12) Hospitalization charges and any additional fees charged by the Dentist for hospital treatment.
- 13) Behavior management.
- 14) Completing claim forms.
- 15) Habit-breaking appliances which are, fixed or removable device(s) fabricated to help prevent potentially harmful oral health habits (e.g., chronic thumb sucking appliance, tongue thrusting appliance etc.).
- 16) Accidental Injury Benefits.
- 17) This Plan does not provide benefits for services or supplies to the extent that those services and supplies are payable under any motor vehicle medical, motor vehicle no-fault, uninsured motorist, underinsured motorist, personal injury protection (PIP), commercial liability, homeowner's policy, or other similar type of coverage.
- 18) Dental services received from any dental office other than the assigned dental office, unless expressly authorized in writing by DDWA or as cited under the "Summary of Benefits" section.

DDWA shall determine whether services are Covered Dental Benefits in accordance with a standard dental practice and the Limitations and Exclusions shown in this benefit booklet. Should there be a disagreement regarding the interpretation of such benefits, the subscriber shall have the right to Appeal the determination in accordance with the non-binding Appeals process in this benefit booklet and may seek judicial review of any denial of coverage of benefits.

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### **Governing Administrative Policies**

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The following guidelines are an integral part of the dental Plan and are consistent with the principles of accepted dental practice and the continued maintenance of good dental health.

In all cases in which the patient selects a more expensive plan of treatment than would normally be provided, the more expensive treatment is considered optional. The patient must pay the difference in cost between the Dentist's DDWA Filed Fees for the covered benefit and the optional treatment plus any co-payment for covered benefits.

Failure to pay a scheduled co-payment at the time of service may prevent future dental services from being rendered. Emergency services that are required for alleviation of severe pain or immediate diagnosis and treatment of unforeseen medical conditions, which, if not immediately diagnosed and treated, could lead to disability and death are exempt from this denial of services.

Replacement of prosthetic appliances (Crowns, Bridges, partials, and full Dentures) shall be considered only if the existing appliance is no longer functional or cannot be made functional by repair or adjustment and meets the five-year limitation for replacement.

### **Partial Dentures**

- ◆ A removable cast metal partial Denture is considered an adequate restoration of a case when more than one tooth is missing in a dental arch. If the patient selects another course of treatment, the patient must pay the difference in cost between the Dentists' DDWA Filed Fees for the covered benefit and the optional treatment, plus any co-payment for the standard benefit.
- ◆ If a cast metal partial Denture will restore the case, the PCD will apply the difference of the cost of such procedure toward any alternative treatments which the patient and Dentist may choose to use. The patient

must pay the difference in cost between the Dentist's DDWA Filed Fees for the covered benefit and the optional treatment plus any co-payment for the covered benefit.

- ◆ An acrylic partial Denture may be considered a standard benefit in cases involving extensive periodontal disease. Patients will pay the applicable co-payment for a cast metal partial Denture.

### **Complete Dentures**

- ◆ If, in the construction of a Denture, the patient and the PCD decide on personalized restorations or employ specialized techniques as opposed to standard procedures, the patient must pay the difference in cost between the Dentists' DDWA Filed Fees for the covered benefit and optional treatment, plus any co-payment for the covered benefit.
- ◆ Full upper and/or lower Dentures are not to exceed one each in any five-year period from initial placement. The patient is entitled to a new upper or lower Denture only if the existing Denture is more than five years old and cannot be made satisfactory by either relining or repair.

### **Fillings and Crowns**

- ◆ Crowns will be covered only if there is not enough retention and resistance form left in the tooth to hold a filling. For example, the buccal or lingual walls are either fractured or decayed to the extent that they will not hold a filling.
- ◆ Porcelain or porcelain fused to metal Crowns on all first, second or third molars are considered optional treatment, base metal Crowns are considered adequate restorations/ the standard benefit. If upgrades are performed, the patient must pay the difference in cost between the Dentists' DDWA Filed Fees for the standard benefit and optional treatment, up to a maximum of \$200 plus any co-payment for the covered benefit. The patient must be permitted the option of the base metal Crown as a benefit if desired.
- ◆ The DeltaCare Plan provides Amalgam (back tooth) and resin-based (front tooth) restorations for treatment of Caries. If the tooth can be restored with such materials, any other restoration such as a Crown or jacket is considered optional, and if provided, the patient must pay the difference in cost between the Dentist's DDWA Filed Fees for the covered benefit and the optional treatment plus any co-payment for the covered benefit.
- ◆ A restoration is a covered benefit only when required for Restorative reasons (radiographic evidence of decay or missing tooth structure). Restorations placed for any other purposes including, but not limited to cosmetics, abrasion, erosion, restoring or altering vertical dimension, or the anticipation of future fractures, are not covered benefits.
- ◆ Composite resin restorations in posterior teeth are considered optional treatment with the exception of the buccal surfaces of the bicusps. If provided, the patient must pay the difference in cost between the Dentist's DDWA Filed Fees for the covered benefit and optional treatment, plus any co-payment for the covered benefit.
- ◆ Anterior porcelain Crowns, porcelain fused to metal or plastic processed to metal type Crowns are not a benefit for children under 16 years of age. An allowance will be made for an acrylic Crown. If performed, the patient must pay the difference in cost between the Dentist's DDWA Filed Fees for the covered benefit and optional treatment, plus any co-payment for the covered benefit.
- ◆ A Crown placed on a specific tooth is allowable only once in a five-year period from initial placement.
- ◆ A Crown used as an abutment to a partial Denture for purposes of recontouring, repositioning or to provide additional retention is not covered unless the tooth is decayed to the extent that a Crown would be required to restore the tooth whether or not a partial Denture is required.

### **Fixed Partial Denture (Fixed Bridges)**

- ◆ A Fixed Partial Denture to replace one (1) missing permanent anterior tooth is covered for patients 16 or older. Such treatment will be covered if the patient's oral health and general condition permits.
- ◆ Fixed Partial Dentures for patients under the age of 16 are optional to a partial Denture.
- ◆ A Fixed Partial Denture to replace more than one permanent anterior tooth or any number of permanent posterior teeth is optional to a removable partial Denture. The patient must pay the difference in cost

between the Dentist's filed fee for the covered benefit (a removable partial Denture) and the optional treatment (a fixed Bridge), plus any co-payment for the covered benefit.

- ◆ Fixed Partial Dentures are not a benefit when provided in connection with a partial Denture on the same arch. A fixed Bridge is not a covered benefit once a removable partial Denture has been delivered in the same arch.
- ◆ Replacement of an existing Fixed Partial Denture (to replace one (1) missing permanent anterior tooth) is covered after five years from initial placement and only if it involves the same teeth as the prior Fixed Partial Denture.

### **Reconstruction**

- ◆ The DeltaCare Plan provides coverage for procedures necessary to eliminate oral disease and to replace missing teeth. Appliances or restorations necessary to increase vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth, periodontal splinting, gnathologic recordings, equilibration, or treatment of disturbances of the Temporomandibular Joint (TMJ) are not covered benefits. Extensive treatment plans involving 10 or more Crowns or units of fixed bridgework are considered full mouth reconstructions and are not a benefit of the DeltaCare Plan.

### **Specialized Techniques**

- ◆ Noble or titanium metal for removable appliances, Crowns, precision abutments for partials or Bridges (overlays, Implants, and appliances associated therewith), personalization and characterization, are all considered optional treatment. If performed, the patient must pay the difference in cost between the Dentist's DDWA Filed Fees for the covered benefit and the optional treatment, plus any co-payment for the covered benefit. (As long as the patient has the option of the benefit procedure.)

### **Preventive Control Programs**

- ◆ Soft tissue management programs are not covered. The periodontal pocket charting, Root Planing/scaling, oral hygiene instruction, and Prophylaxis are covered benefits and, if performed as part of a soft tissue management program, will be provided for listed co-payments, if any.
- ◆ Follow-up examinations for reevaluation, particularly periodontal reevaluation, are considered to be part of the general services rendered.

### **Frenectomy**

- ◆ The frenum can be excised when the tongue has limited mobility; or there is a large diastema between anterior teeth; or when the frenum interferes with a prosthetic appliance.

### **Pedodontia**

- ◆ Referrals to a pediatric Dentist must be preauthorized by DeltaCare. Benefits for dependent children through age three are covered at 100 percent of the agreed upon fee less any applicable co-payments for covered benefits and children four years and older are covered at 50 percent of agreed upon fee less any applicable co-payments for covered services.

### **Treatment Planning**

- ◆ The objective of this Plan is to see that all patients are brought to a good level of oral health and that this level of oral health is maintained. To achieve these objectives takes treatment planning. Priorities have been established on the following basis:
  - ◇ Priority attention is given to those procedures that, if not done first, could have an immediate effect on the patient's overall oral health.
  - ◇ Priority is next given to work such as active dental decay and periodontal problems that would not have an immediate effect on the patient's oral health.
  - ◇ Priority is given to replacement of missing teeth causing a gross lack of function.

- ◇ Exceptions are made to this treatment-planning concept based on individual circumstances.

## Schedule of Benefits and Co-Payments

Please see the following table which describes the Benefits and Co-Payments for this Plan. The Benefits and Co-Payments listed below are effective as of January 1, 2025.

The services covered under the DeltaCare Plan are listed in the following schedule. These co-payments are your total price, including lab work. All coverage is subject to the Limitations and Exclusions outlined in the “Section B – Your Benefits” and “General Exclusions” sections.

CDT Code	Description	Referable	Co-payment	Notes
<b>Diagnostic D0120 - D0999</b>				
D0120	Periodic Oral Evaluation – established patient		\$0.00	
D0140	Limited oral evaluation – problem focused	X	\$0.00	
D0145	Oral Evaluation – patient under age 3		\$0.00	
D0150	Comprehensive Oral Evaluation – new or established (inactive) patient	X	\$0.00	
D0160	Detailed and extensive oral evaluation – Problem focused, by report	X	\$0.00	
D0170	Re-evaluation – limited, problem focused (Established patient, not post op visit)	X	\$0.00	
D0180	Comprehensive Periodontal Exam	X	\$0.00	
D0210	Intraoral – Comprehensive Series of radiographic images (including Bitewings)		\$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		\$0.00	
D0277	Vertical Bitewings – 7 to 8 radiographic images		\$0.00	
D0320	TMJ arthrogram, including injection	X	TMJ	
D0321	Other TMJ radiographic images by report	X	TMJ	
D0322	Tomographic survey		NB	
D0330	Panoramic radiographic image		\$0.00	
D0340	2D Cephalometric radiographic image – acquisition, measurement and analysis		Ortho	
D0350	2D oral/facial photographic image		Ortho	
D0394	Digital subtraction of two or more images or image volumes of the same modality		NB	
D0395	Fusion of two or more 3D image volumes of one or more modalities		NB	
D0396	3D printing of a 3D dental surface scan		\$0.00	
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report		NB	
D0415	Collection of microorganisms for culture and sensitivity		NB	
D0419	Assessment of salivary flow by measurement		\$0.00	
D0425	Caries susceptibility test		\$0.00	
D0460	Pulp vitality tests	X	\$0.00	
D0470	Diagnostic casts		\$0.00	
D0472	Accession of tissue, gross examinations, preparation and transmission of written report		\$0.00	

CDT Code	Description	Referable	Co-payment	Notes
D0473	Accession of tissue, gross and microscopic examinations, preparation and transmission of written report		\$0.00	
D0474	Accession of tissue, gross and microscopic examinations, including assessment of surgical margins for presence of disease, preparation and transmission of written report		\$0.00	
D0600	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report		NB	
D0601	Caries risk assessment and documentation, with a finding of low risk		\$0.00	
D0602	Caries risk assessment and documentation, with a finding of moderate risk		\$0.00	
D0603	Caries risk assessment and documentation, with a finding of high risk		\$0.00	
D0604	Antigen testing for a public health related pathogen		NB	
D0605	Antibodies testing for a public health related pathogen – includes coronavirus		NB	
D0701	Panoramic radiographic image – image capture only		\$0.00	
D0702	2D cephalometric radiographic image – image capture only		\$0.00	
D0703	2D oral/facial photographic image obtained intraorally 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 – complete series of radiographic images – image capture only		\$0.00	
<b>Preventive D1000 - D1999</b>				
D1110	Prophylaxis cleaning – adult		\$0.00	
D1120	Prophylaxis cleaning – child		\$0.00	
D1206	Topical application of Fluoride Varnish		\$0.00	
D1208	Topical application of Fluoride – excluding varnish		\$0.00	
D1310	Nutritional counseling for control of dental disease		\$0.00	
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use		NB	
D1330	Oral hygiene instructions		\$0.00	
D1351	Sealant – per tooth		\$5.00	
D1352	Preventive resin restoration – per tooth		\$5.00	
D1353	Sealant repair – per tooth		\$5.00	
D1354	Application of Caries arresting medicament – per tooth		\$0.00	
D1355	Caries preventive medicament application – per tooth		NB	
D1510	Space maintainer – fixed, unilateral – per quadrant		\$10.00	
D1516	Space maintainer – fixed – bilateral, maxillary		\$10.00	
D1517	Space maintainer – fixed – bilateral, mandibular		\$10.00	

CDT Code	Description	Referable	Co-payment	Notes
D1520	Space maintainer – removable, unilateral – per quadrant		\$10.00	
D1526	Space maintainer – removable, bilateral, maxillary		\$10.00	
D1527	Space maintainer – removable, bilateral, mandibular		\$10.00	
D1551	Re-cement or re-bond bilateral space maintainer – maxillary		\$0.00	
D1552	Re-cement or re-bond bilateral space maintainer – mandibular		\$0.00	
D1553	Re-cement or re-bond unilateral space maintainer – per quadrant		\$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		\$10.00	
<b>Minor Restorative D2000 - D2335</b>				
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 or involving incisal angle (anterior)		\$0.00	
D2390	Resin-Based Composite Crown, anterior		\$0.00	
D2391	Resin-Based Composite – one surface, posterior		\$45.00	
D2392	Resin-Based Composite – two surfaces, posterior		\$55.00	
D2393	Resin-Based Composite – three surfaces, posterior		\$65.00	
D2394	Resin-Based Composite – four or more surfaces, posterior		\$75.00	
<b>Major Restorative D2510 - D2999</b>				
D2510	Inlay – metallic – one surface		\$75.00	
D2520	Inlay – metallic – two surfaces		\$75.00	
D2530	Inlay – metallic – three surfaces		\$75.00	
D2542	Onlay – metallic – two surfaces		\$75.00	
D2543	Onlay – metallic – three surfaces		\$75.00	
D2544	Onlay – metallic – four or more surfaces		\$75.00	
D2610	Inlay – porcelain/ceramic – one surface		\$135.00	
D2620	Inlay – porcelain/ceramic – two surfaces		\$150.00	
D2630	Inlay – porcelain/ceramic – three or more surfaces		\$160.00	
D2642	Onlay – porcelain/ceramic – two surfaces		\$150.00	
D2643	Onlay – porcelain/ceramic – three surfaces		\$165.00	
D2644	Onlay – porcelain/ceramic – four or more surfaces		\$175.00	
D2650	Inlay – Resin-Based Composite – one surface		\$85.00	
D2651	Inlay – Resin-Based Composite – two surfaces		\$95.00	
D2652	Inlay – Resin-Based Composite – three or more surfaces		\$115.00	
D2662	Onlay – Resin-Based Composite – one surface		\$110.00	
D2663	Onlay – Resin-Based Composite – two surfaces		\$120.00	
D2664	Onlay – Resin-Based Composite – three or more surfaces		\$145.00	
D2710	Crown – Resin-Based Composite (indirect)		\$35.00	
D2712	Crown – 3/4 Resin-Based Composite (indirect)		\$35.00	

CDT Code	Description	Referable	Co-payment	Notes
D2720	Crown – resin with high noble metal		\$155.00	
D2721	Crown – resin with predominantly base metal		\$55.00	
D2722	Crown – resin with noble metal		\$95.00	
D2740	Crown – porcelain/ceramic		\$195.00	
D2750	Crown – porcelain fused to high noble metal		\$195.00	
D2751	Crown – porcelain fused to predominantly base metal		\$95.00	
D2752	Crown – porcelain fused to noble metal		\$135.00	
D2753	Crown – porcelain fused to titanium or titanium alloy		\$195.00	
D2780	Crown – 3/4 cast high noble metal		OP	
D2781	Crown – 3/4 cast predominantly base metal		\$70.00	
D2782	Crown – 3/4 cast noble metal		OP	
D2783	Crown – 3/4 porcelain/ceramic		OP	
D2790	Crown – full cast high noble metal		\$170.00	
D2791	Crown – full cast predominantly base metal		\$70.00	
D2792	Crown – full cast noble metal		\$110.00	
D2794	Crown – titanium/titanium alloy		\$195.00	
D2799	Interim Crown		NB	
D2910	Re-cement or re-bond Inlay, Onlay, Veneer, or partial coverage restoration		\$0.00	
D2915	Re-cement or re-bond indirectly prefabricated post and core		\$0.00	
D2920	Re-cement or re-bond Crown		\$0.00	
D2921	Reattachment of tooth fragment, incisal edge or cusp		\$0.00	
D2928	Prefabricated porcelain/ceramic Crown – permanent tooth		NB	
D2930	Prefabricated stainless steel Crown – primary tooth		\$0.00	
D2931	Prefabricated stainless steel Crown – permanent tooth		\$0.00	
D2932	Prefabricated resin Crown – anterior teeth only		\$15.00	
D2933	Prefabricated stainless steel Crown with resin window		\$10.00	
D2934	Prefabricated esthetic coated stainless steel Crown – primary tooth		NB	
D2940	Placement of interim direct restoration		\$0.00	
D2949	Restorative foundation for an indirect restoration		\$0.00	
D2950	Core build-up, including any pins		\$50.00	
D2951	Pin retention – per tooth, in addition to restoration		\$0.00	
D2952	Cast post and core in addition to Crown		\$0.00	
D2953	Each additional indirectly fabricated post – same tooth		\$0.00	
D2954	Prefabricated post and core in addition to Crown		\$0.00	
D2956	Removal of an indirect restoration on a natural tooth		\$0.00	
D2957	Each additional prefabricated post – same tooth		\$0.00	
D2971	Additional procedures to customize a Crown to fit under an existing partial Denture framework		\$19.00	
D2976	Band stabilization – per tooth		\$0.00	
D2980	Crown repair necessitated by Restorative material failure		\$10.00	
D2981	Inlay repair necessitated by Restorative material failure		\$10.00	
D2982	Onlay repair necessitated by Restorative material failure		\$10.00	
D2983	Veneer repair necessitated by Restorative material failure		\$10.00	
D2989	Excavation of a tooth resulting in the determination of non-restorability		\$0.00	
<b>Endodontics D3000 - D3999</b>				
D3110	Pulp cap – direct (excluding final restoration)		\$0.00	

CDT Code	Description	Referable	Co-payment	Notes
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		\$0.00	
D3221	Pulpal debridement – primary and permanent teeth		\$5.00	
D3222	Partial Pulpotomy for apexogenesis – permanent tooth with incomplete root development		NB	
D3230	Pulpal therapy (resorbable filling) – anterior, primary tooth (exclude final restoration)		\$5.00	
D3240	Pulpal therapy (resorbable filling) – posterior, primary tooth (exclude final restoration)		\$5.00	
D3310	Root canal – anterior (excluding final restoration)		\$45.00	
D3320	Root canal – premolar tooth (excluding final restoration)		\$90.00	
D3330	Endodontic therapy – molar tooth (excluding final restorations)	X	\$205.00	
D3331	Treatment of root canal obstruction – non-surgical access		\$0.00	
D3332	Incomplete endodontic therapy – inoperable, unrestorable or fractured tooth	X	\$45.00	
D3346	Retreatment of previous root canal therapy – anterior	X	\$60.00	
D3347	Retreatment of previous root canal therapy – premolar	X	\$105.00	
D3348	Retreatment of previous root canal therapy – molar	X	\$220.00	
D3351	Apexification/recalcification – initial visit (apical closure/calcify repair of perforations, root resorption, etc.)	X	\$70.00	
D3352	Apexification/recalcification – interim medication replacement	X	\$45.00	
D3353	Apexification/recalcification – final visit (includes completed root canal therapy – apical closure/calcific repair of perforations, root resorption, etc.)	X	\$45.00	
D3410	Apicoectomy – anterior	X	\$0.00	
D3421	Apicoectomy surgery – premolar (first root)	X	\$0.00	
D3425	Apicoectomy surgery molar (first root)	X	\$0.00	
D3426	Apicoectomy (each additional root)	X	\$0.00	
D3428	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site	X	\$195.00	
D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site	X	\$60.00	
D3430	Retrograde filling – per root	X	\$50.00	
D3450	Root amputation – per root	X	\$0.00	
D3471	Surgical repair of root resorption – anterior	X	\$0.00	
D3472	Surgical repair of root resorption – premolar	X	\$0.00	
D3473	Surgical repair of root resorption – molar	X	\$0.00	
D3501	Surgical exposure of root surface without Apicoectomy or repair of root resorption – anterior	X	\$0.00	
D3502	Surgical exposure of root surface without Apicoectomy or repair of root resorption – premolar	X	\$0.00	
D3503	Surgical exposure of root surface without Apicoectomy or repair of root resorption - molar	X	\$0.00	
D3910	Surgical procedure for isolation of tooth with rubber dam		\$0.00	
D3911	Intraorifice barrier		\$0.00	
D3920	Hemisection (including any root removal) – not including root canal therapy	X	\$0.00	
D3921	Decoronation or submergence of an erupted tooth		\$0.00	

CDT Code	Description	Referable	Co-payment	Notes
D3950	Canal preparation and fitting of preformed dowel or post		\$0.00	
<b>Periodontics D4000 - D4999</b>				
D4210	Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces per quadrant		\$80.00	
D4211	Gingivectomy or gingivoplasty – one to three contiguous teeth or bounded teeth spaces per quadrant		\$50.00	
D4212	Gingivectomy or gingivoplasty to allow access for Restorative procedure, per tooth		\$50.00	
D4240	Gingival flap procedure, including Root Planing – four or more contiguous teeth or bounded teeth spaces per quadrant	X	\$80.00	
D4241	Gingival flap procedure, including Root Planing – one to three contiguous teeth or bounded teeth spaces per quadrant	X	\$50.00	
D4245	Apically positioned flap	X	\$75.00	
D4249	Crown lengthening – hard/soft tissue	X	\$75.00	
D4260	Osseous surgery (including elevation or a full thickness flap and closure) – four or more contiguous teeth or bounded teeth spaces per quadrant	X	\$175.00	
D4261	Osseous surgery (including elevation or a full thickness flap and closure) – one to three teeth per quadrant	X	\$140.00	
D4263	Bone replacement graph – first site in quadrant	X	\$195.00	
D4264	Bone replacement graph – each additional site in quadrant	X	\$60.00	
D4268	Surgical revision procedure – per tooth		\$0.00	
D4270	Pedicle soft tissue graft procedure	X	\$195.00	
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	X	\$45.00	
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) – first tooth, Implant, or edentulous tooth position in graft	X	\$195.00	
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	X	\$98.00	
D4322	Splint – intra-coronal; natural teeth or prosthetic Crowns		NB	
D4323	Splint – extra-coronal; natural teeth or prosthetic Crowns		NB	
D4341	Periodontal Root Planing – four or more teeth per quadrant		\$0.00	
D4342	Periodontal Root Planing – one to three teeth per quadrant		\$0.00	
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation		\$0.00	
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on subsequent visit		\$0.00	
D4910	Periodontal maintenance		\$0.00	
<b>Prosthodontics, removable D5000 - D5899</b>				
D5110	Complete Denture – maxillary		\$100.00	
D5120	Complete Denture – mandibular		\$100.00	
D5130	Immediate Denture – maxillary		\$120.00	
D5140	Immediate Denture – mandibular		\$120.00	

CDT Code	Description	Referable	Co-payment	Notes
D5211	Maxillary partial Denture – resin base (including retentive/clasping materials, rests, and teeth)		\$80.00	
D5212	Mandibular partial Denture – resin base (including retentive/clasping materials, rests, and teeth)		\$80.00	
D5213	Maxillary partial Denture – cast metal framework with resin Denture bases (including any retentive/clasping materials, rests and teeth)		\$120.00	
D5214	Mandibular partial Denture – cast metal framework with resin Denture bases (including any retentive/clasping materials, rests and teeth)		\$120.00	
D5221	Immediate maxillary partial Denture – resin base (including any retentive/clasping materials, rests and teeth)		\$196.00	
D5222	Immediate mandibular partial Denture – resin base (including any retentive/clasping materials, rests and teeth)		\$196.00	
D5223	Immediate maxillary partial Denture – cast metal framework with resin Denture bases (including any retentive/clasping materials, rests and teeth)		\$144.00	
D5224	Immediate mandibular partial Denture – cast metal framework with resin Denture bases (including any retentive/clasping materials, rests and teeth)		\$144.00	
D5225	Maxillary partial Denture – flexible base (including retentive/clasping materials, rests, and teeth)		\$170.00	
D5226	Mandibular partial Denture – flexible base (including retentive/clasping material, rests, and teeth)		\$170.00	
D5227	Immediate maxillary partial Denture – flexible base (including any clasps, rests and teeth)		\$144.00	
D5228	Immediate mandibular partial Denture – flexible base (including any clasps, rests and teeth)		\$196.00	
D5284	Removable unilateral partial Denture – one piece flexible base (including clasps and teeth) – per quadrant		NB	
D5286	Removable unilateral partial Denture – one piece resin (including retentive/clasping materials, rests, and teeth) – per quadrant		NB	
D5410	Adjust complete Denture – maxillary		\$0.00	
D5411	Adjust complete Denture – mandibular		\$0.00	
D5421	Adjust partial Denture – maxillary		\$0.00	
D5422	Adjust partial Denture – mandibular		\$0.00	
D5511	Repair broken complete Denture base – mandibular		\$15.00	
D5512	Repair broken complete Denture base – maxillary		\$15.00	
D5520	Replace missing or broken teeth – complete Denture – per tooth		\$5.00	
D5611	Repair resin partial Denture base – mandibular		\$15.00	
D5612	Repair resin partial Denture base – maxillary		\$15.00	
D5621	Repair cast partial framework – mandibular		\$15.00	
D5622	Repair cast partial framework – maxillary		\$15.00	
D5630	Repair or replace broken retentive clasping materials per tooth		\$15.00	
D5640	Replace missing or broken teeth – partial Denture – per tooth		\$5.00	
D5650	Add tooth to existing partial Denture – per tooth		\$5.00	

CDT Code	Description	Referable	Co-payment	Notes
D5660	Add clasp to existing partial Denture – per tooth		\$5.00	
D5670	Replace all teeth and acrylic on cast metal framework – maxillary		\$75.00	
D5671	Replace teeth and acrylic on cast metal framework – mandibular		\$75.00	
D5710	Rebase complete Denture – maxillary		\$35.00	
D5711	Rebase complete Denture – mandibular		\$35.00	
D5720	Rebase partial Denture – maxillary		\$35.00	
D5721	Rebase partial Denture – mandibular		\$35.00	
D5725	Rebase hybrid prosthesis		\$35.00	
D5730	Reline complete Denture (chairside) – maxillary		\$0.00	
D5731	Reline complete Denture (chairside) – mandibular		\$0.00	
D5740	Reline partial Denture (chairside) – maxillary		\$0.00	
D5741	Reline partial Denture (chairside) – mandibular		\$0.00	
D5750	Reline complete Denture (laboratory) – maxillary		\$35.00	
D5751	Reline complete Denture (laboratory) – mandibular		\$35.00	
D5760	Reline partial Denture (laboratory) – maxillary		\$35.00	
D5761	Reline partial Denture (laboratory) – mandibular		\$35.00	
D5765	Soft liner for complete or partial removable Denture – indirect		\$35.00	
D5820	Interim partial Denture (including retentive/clasping materials, rests, and teeth) – maxillary		\$45.00	
D5821	Interim partial Denture (including retentive/clasping materials, rests, and teeth) – mandibular		\$45.00	
D5850	Tissue conditioning – maxillary		\$0.00	
D5851	Tissue conditioning – mandibular		\$0.00	
<b>Maxillofacial Prosthetics, D5900 - D5999</b>				
D5900- D5999	Maxillofacial Prosthetics		NB	
<b>Prosthodontics, Fixed D6000 - D6999</b>				
D6000- D6199	Implant Services		NB	
D6205	Pontic – indirect Resin-Based Composite		NB	
D6210	Pontic – cast high noble metal		\$170.00	
D6211	Pontic – cast predominantly base metal		\$70.00	
D6212	Pontic – cast noble metal		\$110.00	
D6214	Pontic – titanium or titanium alloys		NB	
D6240	Pontic – porcelain fused to high noble metal		\$195.00	
D6241	Pontic – porcelain fused to predominantly base metal		\$95.00	
D6242	Pontic – porcelain fused to noble metal		\$135.00	
D6243	Pontic – porcelain fused to titanium or titanium alloys		NB	
D6245	Pontic – porcelain/ceramic		\$195.00	
D6250	Pontic – resin with high noble metal		\$155.00	
D6251	Pontic – resin with predominantly base metal		\$55.00	
D6252	Pontic – resin with noble metal		\$95.00	
D6600	Retainer Inlay – porcelain/ceramic, two surface		\$150.00	
D6601	Retainer Inlay – porcelain/ceramic, three or more surfaces		\$160.00	
D6602	Retainer Inlay – cast high noble metal, two surfaces		\$100.00	
D6603	Retainer Inlay – cast high noble metal, three or more surfaces		\$100.00	

CDT Code	Description	Referable	Co-payment	Notes
D6604	Retainer Inlay – cast predominantly base metal, two surfaces		\$0.00	
D6605	Retainer Inlay – cast predominantly base metal, three or more surfaces		\$0.00	
D6606	Retainer Inlay – cast noble metal, two surfaces		\$40.00	
D6607	Retainer Inlay – cast noble metal, three or more surfaces		\$40.00	
D6608	Retainer Onlay – porcelain/ceramic, two surfaces		\$150.00	
D6609	Retainer Onlay – porcelain/ceramic, three or more surfaces		\$165.00	
D6610	Retainer Onlay – cast high noble metal, two surfaces		\$100.00	
D6611	Retainer Onlay – cast high noble metal, three or more surfaces		\$100.00	
D6612	Retainer Onlay – cast predominantly base metal, two surfaces		\$0.00	
D6613	Retainer Onlay – cast predominantly base metal, three or more surfaces		\$0.00	
D6614	Retainer Onlay – cast noble metal, two surfaces		\$40.00	
D6615	Onlay – cast noble metal, three or more surfaces		\$40.00	
D6720	Retainer Crown – resin fused to high noble metal		\$155.00	
D6721	Retainer Crown – resin with predominantly base metal		\$55.00	
D6722	Retainer Crown – resin with noble metal		\$95.00	
D6740	Retainer Crown – porcelain/ceramic		\$195.00	
D6750	Retainer Crown – porcelain fused to high noble metal		\$195.00	
D6751	Retainer Crown – porcelain fused to predominantly base metal		\$95.00	
D6752	Retainer Crown – porcelain fused to noble metal		\$135.00	
D6753	Retainer Crown – porcelain fused to titanium or titanium alloys		OP	
D6780	Retainer Crown – 3/4 cast high noble metal		\$170.00	
D6781	Retainer Crown – 3/4 cast predominantly base metal		\$70.00	
D6782	Retainer Crown – 3/4 cast noble metal		\$110.00	
D6783	Retainer Crown – 3/4 porcelain/ceramic		\$195.00	
D6784	Retainer Crown 3/4 – titanium and titanium alloys		OP	
D6790	Retainer Crown – full cast high noble metal		\$170.00	
D6791	Retainer Crown – full cast predominantly base metal		\$70.00	
D6792	Retainer Crown – full cast noble metal		\$110.00	
D6930	Re-cement or re-bond Fixed Partial Denture		\$0.00	
D6940	Stress breaker		\$0.00	
D6980	Fixed Partial Denture repair necessitated by Restorative material failure		\$10.00	
<b>Oral Surgery D7000 - D7999</b>				
D7111	Extraction, coronal remnants – primary tooth		\$0.00	
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)		\$0.00	
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated		\$15.00	
D7220	Removal of impacted tooth – soft tissue	X	\$25.00	
D7230	Removal of impacted tooth – partially bony	X	\$50.00	
D7240	Removal of impacted tooth – completely bony	X	\$70.00	

CDT Code	Description	Referable	Co-payment	Notes
D7241	Removal of impacted tooth – completely bony, with unusual surgical complications	X	\$90.00	
D7250	Surgical removal of residual tooth roots (cutting procedure)	X	\$0.00	
D7251	Coronectomy – intentional partial tooth removal, impacted teeth only	X	\$90.00	
D7280	Surgical access of an unerupted tooth	X	\$85.00	
D7283	Placement of device to facilitate eruption of impacted tooth	X	\$0.00	
D7286	Incisional biopsy of oral tissue – soft	X	\$0.00	
D7298	Removal of temporary anchorage device (screw retained plate), requiring flap		NB	
D7299	Removal of temporary anchorage device, requiring flap		NB	
D7300	Removal of temporary anchorage device without flap		NB	
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		\$0.00	
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces per quadrant		\$0.00	
D7320	Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant		\$0.00	
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces per quadrant		\$0.00	
D7450	Removal of benign odontogenic cyst or tumor – lesion diameter up to 1.25 cm		\$0.00	
D7451	Removal of benign odontogenic cyst or tumor – lesion diameter greater than 1.25 cm		\$0.00	
D7471	Removal of lateral exostosis (maxilla or mandible)	X	\$0.00	
D7472	Removal of torus palatinus	X	\$0.00	
D7473	Removal of torus mandibularis	X	\$0.00	
D7509	Marsupialization of odontogenic cyst		\$0.00	
D7510	Incision and drainage of abscess – intraoral soft tissue	X	\$0.00	
D7880	Occlusal orthotic device, by report	X	TMJ	
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization – per site		\$0.00	
D7961	Buccal/labial frenectomy (frenulectomy)	X	\$0.00	
D7962	Lingual frenectomy (frenulectomy)	X	\$0.00	
D7970	Excision of hyperplastic tissue – per arch	X	\$0.00	
D7993	Surgical placement of craniofacial Implant – extra oral		NB	
D7994	Surgical placement: zygomatic Implant		NB	
<b>Adjunctive General Services D9000 - D9999</b>				
D9110	Palliative treatment of dental pain – per visit		\$5.00	
D9210	Local anesthesia, Regional Block, Trigeminal Block		\$0.00	
D9211	Regional block anesthesia		\$0.00	
D9212	Trigeminal division block anesthesia		\$0.00	
D9215	Local anesthesia in conjunction with operative or surgical procedures		\$0.00	
D9219	Evaluation for moderate sedation, deep sedation or General Anesthesia		\$0.00	*Only Covered for children through age 6 or when
D9222	Deep sedation/General Anesthesia – first 15 minutes	X	\$80.00*	
D9223	Deep sedation/General Anesthesia – each subsequent 15-minute increment	X	\$80.00*	

CDT Code	Description	Referable	Co-payment	Notes
D9239	Intravenous moderate (conscious) sedation/analgesia – first 15 minutes	X	\$40.00*	medically necessary.
D9243	Intravenous moderate (conscious) sedation/analgesia – each subsequent 15-minute increment	X	\$40.00*	
D9310	Consultation		\$0.00	
D9311	Consultation with a medical health care professional		\$0.00	
D9430	Office visit for observation (during regularly scheduled hours) – no other services performed		\$5.00	
D9440	Office visit – after regularly scheduled hours		\$20.00	
D9450	Case presentation, subsequent to detailed and extensive treatment planning		\$0.00	
D9912	Pre-visit patient screening		\$0.00	
D9943	Occlusal Guard adjustment		\$10.00	
D9944	Occlusal Guard – hard appliance, full arch		\$95.00	
D9945	Occlusal Guard – soft appliance, full arch		\$24.00	
D9946	Occlusal Guard – hard appliance, partial arch		\$48.00	
D9947	Custom sleep apnea appliance fabrication and placement		NB	
D9948	Adjustment of custom sleep apnea appliance		NB	
D9949	Repair of a custom sleep apnea appliance		NB	
D9951	Occlusal Adjustment – limited		\$0.00	
D9952	Occlusal Adjustment – complete		\$0.00	
D9972	External bleaching - per arch performed in office		\$125.00	
D9975	External bleaching for home application – per arch		NB	
D9986	Missed appointment		\$10.00	
D9987	Canceled Appointment		\$10.00	
D9991	Dental case management – addressing appointment compliance barriers		NB	
D9992	Dental case management – care coordination		NB	
D9993	Dental case management – motivational interviewing		NB	
D9994	Dental case management – patient education to improve		NB	
D9997	Dental case management – patients with special health care needs		NB	

Key	
NB = Treatment is not a benefit under this Plan	X = Treatment is referable to a Specialist
OP = Optional Treatment	Ortho = Treatment is covered under Orthodontic Benefit
TMJ = Treatment is covered under TMJ Benefit	

The DeltaCare Managed Care Orthodontic plan is based on a full banded case. A full banded case is treatment where braces are placed on all, or nearly all of the permanent teeth.

CDT Code	Description	DeltaCare Ortho Plan A
D8660	Pre-orthodontic treatment examination to monitor growth and development (Consultation (applied to treatment fee if patient proceeds))	\$25.00
D0330, D0340, D0350, D0470	Diagnostic images and records (applies to treatment fee if patient proceeds)	\$270.00
D8670	Periodic Orthodontic treatment visit (Monthly maximum per office visit fee exceeding 24 months)	\$75.00
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))	\$0.00
D8010 – D8040	Limited Orthodontic treatment	NB
D8070	Comprehensive Orthodontic treatment transitional dentition	\$1,600.00
D8080	Comprehensive Orthodontic treatment adolescent dentition	\$1,600.00
D8090	Comprehensive Orthodontic treatment for the adult dentition	\$2,000.00

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**Confirmation of Treatment and Cost**

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A Confirmation of Treatment and Cost, also known as a predetermination of benefits, is a request made by your Dentist to DDWA to determine your benefits for a particular service. This Confirmation of Treatment and Cost will provide you and your Dentist with general coverage information regarding your benefits and your potential out-of-pocket cost for services.

A Confirmation of Treatment and Cost is not an authorization for services but a notification of Covered Dental Benefits available at the time the Confirmation of Treatment and Cost is made and is not a guarantee of payment (please refer to the “Initial Benefit Determination” section regarding claims requirements).

A standard Confirmation of Treatment and Cost is processed within 15 days from the date of receipt of all appropriate information. If the information received is incomplete DDWA will notify you and your Dentist in writing that additional information is required in order to process the Confirmation of Treatment and Cost. Once the additional information is available your Dentist should submit a new request for a Confirmation of Treatment and Cost to DDWA.

In the event your benefits are changed, terminated, or you are no longer covered under this Plan, the Confirmation of Treatment and Cost is no longer valid. DDWA will make payments based on your coverage at the time treatment is provided.

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**Urgent Confirmation of Treatment and Cost Requests**

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Should a Confirmation of Treatment and Cost request be of an urgent nature, whereby a delay in the standard process may seriously jeopardize life, health, the ability to regain maximum function, or could cause severe pain in the opinion of a physician or Dentist who has knowledge of the medical condition, DDWA will review the request within 72 hours from the receipt of the request and all supporting documentation. When practical, DDWA may provide notice of the determination orally with written or electronic confirmation to follow within 72 hours.

Immediate treatment is allowed without a requirement to obtain a Confirmation of Treatment and Cost in an emergency situation subject to the Contract provisions.

## Section C – Choosing a Primary Care Dentist (PCD)

Your provider network is: DeltaCare Network.

When you enroll in the DeltaCare Plan, you must complete the enrollment information and should indicate your preferred DeltaCare Primary Care Dentist choices at that time. A Primary Care Dentist (PCD) is a Washington state general practitioner who has chosen to participate in the DeltaCare Network. New enrollees have 60 days to select and notify us of your preferred PCD.

If you do not select a PCD within 60 days, we will assign you to one near your home. The choice of PCD can be changed with proper notice to DDWA. A request to change your PCD must be received by the 20<sup>th</sup> of the month to be eligible by the first day of the following month with the newly chosen DeltaCare Dentist. Please contact us at 800-650-1583 for more information on selecting or changing your PCD or to notify us of your selection.

Your selected dental office is now the center for all of your dental needs. The PCD will perform most dental services. For specialty care, the PCD may elect to refer treatment to a DeltaCare Specialist.

After you have enrolled, you will receive a letter which will include the address and telephone number of your PCD. You can also review information about your PCD and print a membership ID Card on our website at [www.DeltaDentalWA.com](http://www.DeltaDentalWA.com) or you may call us at 800-650-1583.

If your PCD's participation in the DeltaCare Network ends for any reason, you will receive written notification. This notification will explain your option to: 1) automatically be assigned to another PCD; or 2) select another PCD from the directory of open PCD's.

If your PCD is to be absent for an extended period of time, your PCD is required to provide you with a back-up provider. You may be re-assigned to another PCD during the period of the absence. To be re-assigned to your original PCD upon their return, please contact us at 800-650-1583 for more information on changing your PCD.

### Appointments

To receive dental care, simply call your primary care dental office to make an appointment. Routine, non-emergency appointments will be scheduled within three weeks of the date of the request. Dental services which are not performed by the assigned PCD or properly referred to a DeltaCare Specialist will not be covered by the DeltaCare Plan.

### Specialty Services

Your PCD is responsible for coordinating all specialty care and will either perform the specialty treatment or refer you to a DeltaCare Specialist. In some unique cases the PCD may refer you to a non-DeltaCare Specialist. In all instances, your PCD will coordinate care and is required to provide notification to you and DDWA prior to referral of specialty services.

## Section D – Eligibility and Termination

### Employee Eligibility and Enrollment

An Eligible Employee is an employee who meets the qualifications for eligibility established by Group.

Eligible Employees become Enrolled Employees once they have fully completed the enrollment process and DDWA has received the employer contributions for their enrollment.

New employees are eligible to enroll in this Plan on the first day of the month after satisfying any waiting period established by the Group.

You must complete the enrollment process in order to receive benefits.

### Employee Termination

Eligibility and Coverage terminates at the end of the month in which you cease to be an employee, or at the end of the month for which timely payment of monthly Premiums was made by Group on your behalf to DDWA, or upon termination of Group's Contract with DDWA, whichever occurs first.

In the event of a suspension or termination of compensation, directly or indirectly as a result of a strike, lockout, or other labor dispute, an Enrolled Employee may continue coverage by paying the applicable Premium directly to your employer for a period not to exceed six months. Payments of Premiums must be made when due, or DDWA may terminate the coverage. If continued coverage is needed after the six-month period, please see the "Conversion Option" section.

You may change or terminate plan coverage only during an Open Enrollment Period, except as specified under the "Special Enrollment Periods" section below.

You may change plans (i.e., a DeltaCare Plan to a non-DeltaCare Plan offered by your employer,) only at a renewal or extension of the Contract. In the event that an Employee moves and there is not a PCD within 30 miles of their new address, then you may change to the non-DeltaCare Plan prior to renewal or extension of the Contract, by contacting the Benefit Manager/Coordinator or Human Resource Department of your employer.

### Dependent Eligibility and Enrollment

Eligible Dependents are your spouse or registered domestic partner, and children of yours, your spouse, or your domestic partner, from birth through age 25. Children include biological children, stepchildren, foster children and adopted children. A dependent child's spouse and/or child(ren) are not eligible for coverage under this Plan.

Eligible Dependents may not enroll in this Plan unless the employee is an Enrolled Employee.

A new family member, with the exception of newborns, adopted and foster children, should be enrolled on the first day of the month following the date they qualify as an Eligible Dependent. See the "Special Enrollment Periods" section for more information.

A newborn shall be covered from and after the moment of birth, and an adopted child or child placed in anticipation of adoption shall be covered from the date of assumption of a legal obligation for total or partial support or upon placement of the child in anticipation of adoption. A foster child is covered from the time of placement.

A child will be considered an Eligible Dependent as an adopted child if one of the following conditions are met: 1) the child has been placed with the eligible Enrolled Employee for the purpose of adoption under the laws of the state in which the employee resides; or 2) the employee has assumed a legal obligation for total or partial support of the child in anticipation of adoption.

When additional Premium is required for a newborn or adopted child or child placed in anticipation of adoption, enrollment must be received by DDWA within the timeframe listed under "Marriage, Birth or Adoption" section, which is no less than 60 days from the date of the qualifying event.

When additional Premium is not required for a newborn or adopted child or child placed in anticipation of adoption, we encourage enrollment as soon as possible to prevent delays in claims processing but coverage will be provided in any event. Dental coverage provided shall include, but is not limited to, coverage for congenital anomalies of infant children.

Enrolled employees who choose not to enroll an Eligible Dependent during the initial enrollment period of the dental Plan may enroll the Eligible Dependent only during an Open Enrollment Period, except under special enrollment. See the “Special Enrollment Periods” section for more information. An Enrolled Dependent is an Eligible Dependent that has completed the enrollment process.

## **Dependent Termination**

An Enrolled Dependent may terminate coverage at the renewal or extension of the dental plan or at an Open Enrollment Period only unless changes are allowed following a qualifying event. Once an Enrolled Dependent’s coverage is terminated, the coverage cannot be reinstated unless there is a qualifying event as defined in the “Special Enrollment Periods” section.

Unless otherwise indicated, an Enrolled Dependent shall cease to be enrolled in this Plan at the end of the calendar month of the Enrolled Employee’s employment, or when the person no longer meets the definition of an Eligible Dependent, or the end of the calendar month for which Group has made timely payment of the monthly Premiums on behalf of the Enrolled Employee to DDWA, or upon termination of Group’s Contract with DDWA, whichever occur first.

A Dependent may be enrolled or terminated from coverage or reinstate coverage under this Plan during an Open Enrollment Period or during a Special Enrollment Period following a qualifying event as defined in the “Special Enrollment Periods” section.

## **Other Dependent Eligibility Topics**

Coverage for an Enrolled Dependent child who attains the limiting age while covered under this Plan will not be terminated if the child is and continues to be both 1) incapable of self-sustaining employment by reasons of developmental disability (attributable to intellectual disability or related conditions which include cerebral palsy, epilepsy, autism, or another neurological condition which is closely related to intellectual disability or which requires treatment similar to that required for intellectually disabled individuals) or physical disability; and 2) chiefly dependent upon the Enrolled Person for support and maintenance. Continued coverage requires that proof of incapacity and dependency be furnished to DDWA within 31 days of the dependent’s attainment of the limiting age. DDWA reserves the right to periodically verify the disability and dependency but not more frequently than annually after the first two years.

Pursuant to the terms of a Qualified Medical Child Support Order (QMCSO), the Plan also provides coverage for a child, even if the parent does not have legal custody of the child or the child is not dependent on the parent for support. This applies regardless of any enrollment season restrictions that might otherwise exist for dependent coverage. A QMCSO may be either a National Medical Child Support Notice issued by a state child support agency or an order or judgment from a state court or administrative body directing the company to cover a child under the Plan. Federal law provides that a QMCSO must meet certain form and content requirements to be valid. If the parent is not enrolled in the Plan, the parent must enroll for coverage for both the parent and the child. If the Plan receives a valid QMCSO and the parent does not enroll the dependent child, the custodial parent or state agency may do so. A child who is eligible for coverage through a QMCSO may not enroll dependents for coverage under the Plan.

## **Special Enrollment Periods**

Enrollment or termination of you or your Eligible Dependent is allowed during an Open Enrollment Period, and during Special Enrollment Periods, which are triggered by the following situations:

### **Loss of Other Coverage**

If you and/or your Eligible Dependents involuntarily lose coverage or are no longer eligible under another dental plan, you may apply for coverage or make changes under this Plan if the following applies:

- ◆ You declined enrollment in this Plan.
- ◆ You lose eligibility in another health Plan, or your coverage is terminated due to the following:
  - ◇ Legal separation or divorce
  - ◇ Cessation of dependent status
  - ◇ Death of Employee
  - ◇ Termination of employment or employer contributions
  - ◇ Reduction in hours
  - ◇ Loss of individual or Group market coverage due to moving away from the Plan area or termination of benefit plan
  - ◇ Exhaustion of COBRA coverage
- ◆ The enrollment process must be completed within 31 days of losing other coverage. Coverage will be effective the first day of the month following receipt of application.

If these conditions are not met, you must wait until the next Open Enrollment Period, or the occurrence of another valid qualifying election event, to apply for coverage.

**Note:** *Eligible dependents may not enroll in this Plan unless the Employee is a Subscriber.*

### **Marriage, Birth or Adoption**

If you declined enrollment in this Plan, you may apply for coverage for yourself and your Eligible Dependents in the event of marriage, birth of a child(ren), or when you or your spouse assume legal obligation for total or partial support or upon placement of a child(ren) in anticipation of adoption.

- ◆ Marriage or Domestic Partner Registration – The enrollment process must be completed within the timeframe established by the Group. If enrollment and payment are not completed within the timeframe established, any changes to enrollment can be made during the next Open Enrollment Period or upon the occurrence of another valid qualifying election change event.  
DDWA considers the terms spouse, marriage, marital, husband, wife, widow, widower, next of kin, and family to apply equally to domestic partnerships or individuals in domestic partnerships, as well as to marital relationships and married persons. References to dissolution of marriage will apply equally to domestic partnerships that have been terminated, dissolved, or invalidated. Where necessary, gender-specific terms such as husband and wife used in any part of this benefit booklet will be considered as gender neutral and applicable to individuals in domestic partnerships. DDWA and the Group will follow all applicable state and federal requirements, including any applicable regulations.
- ◆ Birth – A newborn shall be covered from and after the moment of birth. The enrollment process must be completed within 90 days of the date of birth. If additional Premium for coverage is required and enrollment and payment is completed after 90 days, the enrollment becomes effective on the first day of the month in which enrollment occurs. Enrollment may be completed at any time up to the fourth birthday. Enrollment after the fourth birthday must be coincident with an Open Enrollment Period or upon the occurrence of another valid qualifying election change event.
- ◆ Adoption – The enrollment process must be completed within 90 days of the date of assumption of a legal obligation for total or partial support or upon placement of the child in anticipation of adoption. If an additional Premium for coverage is required and enrollment and payment is not completed within the 90 days, any changes to enrollment can be made during the next Open Enrollment Period or upon the occurrence of another valid qualifying election change event.

Contact your employer for further clarification and details of how they plan to implement this continuation of coverage for Eligible Persons.

## **Uniformed Services Employment & Re-Employment Rights Act (USERRA)**

Enrolled Employees who join a branch of military service have the right to continue dental coverage as established by Group by paying the monthly Premiums, even if they are employed by Groups that are too small to comply with COBRA. For further information on your rights under this act, please contact your legal counsel.

## **Family and Medical Leave Act (FMLA) and Paid Family and Medical Leave (PFML)**

The benefits for an enrolled member under this DDWA dental Plan may be continued provided the employee is eligible for the Federal Family and Medical Leave Act (FMLA) or Washington State's Paid Family and Medical Leave (PFML) and is on a leave of absence that meets the appropriate criteria. For further information, contact your employer.

## **Consolidated Omnibus Budget Reconciliation Act (COBRA)**

Federal law requires that should certain qualifying events occur which would have previously terminated coverage, coverage may continue for a period of time on a self-pay basis.

When you terminate for reasons other than gross misconduct, you may continue your dental benefits for up to 18 months by self-paying the required Premium. This option to continue dental benefits terminates if you become eligible for coverage under another Group dental plan.

If a dependent no longer meets the eligibility requirements due to the death, divorce, or dissolution of domestic partnership of the employee, or does not meet the age requirement for children, coverage may continue up to three years by self-paying the required Premium. This option to continue dental benefits terminates if the dependent becomes eligible for coverage under another Group dental plan.

Contact your employer for further clarification and details of how they plan to implement this continuation of coverage for Eligible Persons.

## Section E – Claim Review

### Initial Benefit Determinations

An initial benefit determination is conducted at the time of claim submission to DDWA for payment modification or denial of payment. In accordance with regulatory requirements, DDWA processes all clean claims within 30 days from the date of receipt. Clean claims are claims that have no defect or impropriety, including a lack of any required substantiating documentation, or particular circumstances requiring special treatment that prevents timely payments from being made on the claim. Claims not meeting this definition are paid or denied within 60 days of receipt.

If a claim is denied, in whole or in part, or is modified, we will send you an Explanation of Benefits (EOB) that will include the following information:

- ◆ The specific reason for the denial or modification
- ◆ Reference to the specific plan provision on which the determination was based
- ◆ Your Appeal rights should you wish to dispute the original determination

### Appeals of Denied Claims

If your claim or Confirmation of Treatment and Cost has been completely or partially denied, or you have received any other adverse benefit determination, you have the right to initiate an Appeal. An appeal is a request for DDWA to reconsider the prior determination, and your opportunity to provide us with any additional comments or information you would like us to consider. The Appeals process includes two levels of review, informal and formal. An informal review of your Appeal is when DDWA staff evaluates the claim and the terms of your Plan to determine if the claim processed consistently with the terms of your Plan. A formal review of your Appeal is when our Appeals Committee evaluates your claim, the terms of your Plan, any existing or new information, all correspondence and communications between you and DDWA, and any clinical considerations in order to determine if a claim processed consistently with the terms of your Plan.

### How to contact us

We will accept notice of an Appeal if made by you, your covered dependent, or an authorized representative of you or your covered dependent by contacting us via email at [memberappeals@deltadentalwa.com](mailto:memberappeals@deltadentalwa.com), by mail at the following address: Delta Dental of Washington, P.O. Box 75983, Seattle, WA 98175-0983. You may also contact us by telephone at 800-650-1583 for assistance submitting an Appeal, or for more information. When submitting an Appeal, you may include any written comments, documents, or other information that you believe supports your claim.

### Authorized Representative

You may authorize another person to represent you or your dependent and receive communications from DDWA regarding you or your dependent's specific Appeal. The authorization must be in writing and signed by you. If an Appeal is submitted by another party without this authorization, a request will be made to obtain a completed authorized representative form. The Appeal process will not commence until this form, or appropriate written authorization in another format, is received. Should the form, or any other document confirming the right of the individual to act on your behalf, i.e., power of attorney, not be returned, the Appeal will be closed.

### Informal Review

Your first step in the Appeal process is to request an informal review of the decision. Either you, or your authorized representative (see the "Authorized Representative" section), must submit your request for a review within 180 days from the date of the adverse benefit determination (please see your EOB form). A request for a review may be made orally or in writing and must include the following information:

- ◆ Your name, the patient's name (if different) and ID number
- ◆ The claim number (from your EOB)
- ◆ The name of the Dentist

DDWA will review your request and send you a notice within 14 days of receiving your request. This notice will either be the determination of our review or a notification that we will require an additional 16 days, for a total of 30 days. When our review is completed, DDWA will send you a written notification of the review decision and provide you information regarding any further Appeal rights available should the result be unfavorable to you. Upon request, you will be granted access to, and copies of, all relevant information used in making the review decision. Informal reviews of wholly or partially denied claims are conducted by persons not involved in the initial claim determination.

### **Formal Review**

If you are dissatisfied with the outcome of the informal review, you may request a formal review for your Appeal. Your formal Appeal will be reviewed by the DDWA Appeals Committee. This Committee includes only persons who were not involved in either the original decision or the previous review.

Your request for a formal review by the Appeals Committee must be made within 90 days of the date of the letter notifying you of the informal review decision. Your request should include the information submitted with your informal review request plus a copy of the informal review decision letter. You may also submit any other documentation or information you believe supports your case.

The Appeals Committee will review your claim within 30 days of receiving your request. Upon completion of their review the Appeals Committee will send you written notification of their decision. Upon request, you will be granted access to, and copies of, all relevant information used in making the review decision.

Whenever DDWA makes an adverse determination and delay would jeopardize the covered person's life or materially jeopardize the covered person's health, DDWA shall expedite and process either a written or an oral Appeal and issue a decision no later than 72 hours after receipt of the Appeal. If the treating Licensed Professional determines that delay could jeopardize the Eligible Person's health or ability to regain maximum function, DDWA shall presume the need for expeditious review, including the need for an expeditious determination in any independent review consistent with applicable regulations.

### **How to Report Suspicion of Fraud**

If you suspect a dental provider, an insurance producer, or an individual might be committing insurance fraud, please contact DDWA at 800-554-1907. You may also want to alert any of the appropriate law enforcement authorities including:

- ◆ The National Insurance Crime Bureau (NICB). You can reach the NICB at 800-835-6422 (callers do not have to disclose their names when reporting fraud to the NICB).
- ◆ The Office of the Insurance Commissioner (OIC). You can reach the OIC at 800-562-6900 or go to [www.insurance.wa.gov](http://www.insurance.wa.gov) for more information.

### **Your Rights and Responsibilities**

We view our benefit packages as a partnership between DDWA, our subscribers, and our Participating Dentists. All partners in this process play an important role in achieving quality oral health services. We would like to take a moment and share our views of the rights and responsibilities that make this partnership work.

#### **You Have the Right To:**

- ◆ Seek care from any licensed Dentist in Washington or nationally. Our reimbursement for such care varies depending on your choice (Delta Dental Participating Dentist or Non-Participating Dentist), but you can receive care from any Dentist you choose.
- ◆ Participate in decisions about your oral health care.
- ◆ Be informed about the oral health options available to you and your family.
- ◆ Request information concerning benefit coverage levels for proposed treatments prior to receiving services.
- ◆ Have access to Specialists when services are required to complete a treatment, diagnosis or when your PCD makes a specific referral for specialty care.

- ◆ Contact the DDWA Customer Service Department during established business hours to ask questions about your oral health benefits. Alternatively, information is available on our website at [www.DeltaDentalWA.com](http://www.DeltaDentalWA.com).
- ◆ Appeal orally or in writing, decisions or grievances regarding your dental benefit coverage and have these issues resolved in a timely, professional, and fair manner.
- ◆ Have your individual health information kept confidential and used only for resolving health care decisions or claims.
- ◆ Receive quality care regardless of your gender, race, sexual orientation, marital status, cultural, economic, educational, or religious background.

**To Receive the Best Oral Health Care Possible, It Is Your Responsibility To:**

- ◆ Know your benefit coverage and how it works.
- ◆ Arrive at the dental office on time or let the dental office know well in advance if you are unable to keep a scheduled appointment. Some offices require 24-hour notice for appointment cancellations before they will waive service charges.
- ◆ Ask questions about treatment options that are available to you regardless of coverage levels or cost.
- ◆ Give accurate and complete information about your health status and history and the health status and history of your family to all healthcare providers when necessary.
- ◆ Read carefully and ask questions about all forms and documents that you are requested to sign and request further information about items you do not understand.
- ◆ Follow instructions given by your Dentist or their staff concerning daily oral health improvement or post service care.
- ◆ Send requested documentation to DDWA to assist with the processing of claims, Confirmation of Treatment and Costs, or Appeals.
- ◆ If applicable, pay the dental office any appropriate coinsurance or deductible amounts at time of visit.
- ◆ Respect the rights, office policies and property of each dental office you have the opportunity to visit.
- ◆ Inform your Dentist and your employer promptly of any change to your, or a family member's address, telephone, or family status.

**Health Insurance Portability and Accountability Act (HIPAA)**

Delta Dental of Washington is committed to protecting the privacy of your dental health information in compliance with the Health Insurance Portability and Accountability Act. You can get our Notice of Privacy Practices by visiting [www.DeltaDentalWA.com](http://www.DeltaDentalWA.com), or by calling DDWA at 800-554-1907.

**Conversion Option**

If your dental coverage stops because your employment or eligibility ends or the Group policy ends, you may apply directly to DDWA to obtain coverage under a Delta Dental Individual and Family plan. The benefits and Premium costs of a Delta Dental Individual and Family plan may be different from those available under your current plan. To avoid any potential waiting periods, your new coverage must be effective within 63 days of any prior coverage. You may learn about our Individual and Family plans and apply for coverage online at [www.DeltaDentalCoversMe.com](http://www.DeltaDentalCoversMe.com) or by calling 888-899-3734.

**Extension of Benefits**

In the event a person ceases to be eligible for enrollment, or ceases to be enrolled, or in the event of termination of this Plan, DDWA shall not be required to pay for services beyond the termination date. An exception will be made for the completion (within three weeks) of procedures requiring multiple visits that were started while coverage was in effect and that are otherwise benefits under the terms of this Plan.

**Coordination of Benefits**

This Plan does not coordinate benefits with other plans. If other plans are covering you, this Plan will be primary.

**Subrogation**

If we pay benefits under this policy, and you are paid by someone else for the same procedures we pay for, we have the right to recover what we paid from the excess received by you, after full compensation for your loss is received. Any legal fees for recovery will be pro-rated between the parties based on the percentage of the recovery received. You have to sign and deliver to us any documents relating to the recovery that we reasonably request.

## Section F - Resources

### Frequently Asked Questions about Your Dental Benefits

#### What is a Delta Dental “Participating Dentist”?

A Delta Dental Participating Dentist is a Dentist who has signed an agreement with Delta Dental stipulating that they will provide dental treatment to subscribers and their dependents who are covered by DDWA’s Group dental care plans. Delta Dental Participating Dentists submit claims directly to DDWA for their patients.

#### Can I choose my own PCD?

See the “Choosing a Primary Care Dentist (PCD)” section for more information.

#### How can I obtain a list of Delta Dental Participating Dentists?

You can obtain a current list of Delta Dental Participating Dentists by going to our website at [www.DeltaDentalWA.com](http://www.DeltaDentalWA.com). You may also call us at 800-650-1583.

#### How can I get claim forms?

You can obtain American Dental Association-approved claim forms from your Dentist. You can also obtain a copy of the approved claim form by logging on to your “MySmile® Personal Benefits Center” on our website at [www.DeltaDentalWA.com](http://www.DeltaDentalWA.com) or by calling our Customer Service Number at 800-650-1583. Note: If your Dentist is a Delta Dental Participating Dentist, they will complete and submit claim forms for you.

#### What is the mailing address for DDWA claim forms?

If you see a Delta Dental Participating Dentist, the dental office will submit your claims for you. If your Dentist is not a Participating Dentist, it will be up to you to ensure that the dental office submits your claims to Delta Dental of Washington at P.O. Box 75983, Seattle, WA 98175-0983.

#### Who do I call if I have questions about my dental Plan?

If you have questions about your dental benefits, call DDWA’s Customer Service Department at 800-650-1583. Questions can also be addressed via email at [CService@DeltaDentalWA.com](mailto:CService@DeltaDentalWA.com).

#### Do I have to get an “estimate” before having dental treatment done?

You are not required to get an estimate before having treatment, but you may wish to do so. You may ask your Dentist to complete and submit a request for an estimate, called a Confirmation of Treatment and Cost. The estimate will provide you with an estimated cost for your procedure but is not a guarantee of payment.

#### Who is Delta Dental?

Delta Dental Plans Association is a national organization made up of local, nonprofit Delta Dental plans that provide dental benefits coverage. DDWA is a member of the Delta Dental Plans Association.

## **Glossary**

### **Amalgam**

A mostly silver filling often used to restore decayed teeth.

### **Apicoectomy**

Surgery on the root of the tooth.

### **Appeal**

A written or verbal request for consideration submitted by or on behalf of a subscriber or patient regarding the denial, modification, reduction, or termination of payment, coverage, authorization, or provision of health care services or benefits.

### **Bitewing X-ray**

An X-ray picture that shows, simultaneously, the portions of the upper and lower back teeth that extend above the gum line, as well as a portion of the roots and supporting structures of these teeth.

### **Bridge**

Also known as a Fixed Partial Denture. See “Fixed Partial Denture”.

### **Capitation Plan**

A dental plan in which a DeltaCare network Dentist agrees to provide all or most covered dental services to those that are enrolled with their office. DDWA pays the PCD for each DeltaCare patient assigned to their office, rather than per service. Payments are made monthly and are referred to as a Roster Payment.

### **Caries**

Decay. A disease process initiated by bacterially produced acids on the tooth surface.

### **Certificate of Coverage**

The benefits booklet which describes in summary form the essential features of the Contract coverage, and to or for whom the benefits hereunder are payable.

### **Complaint**

An oral or written report by a subscriber or authorized representative regarding dissatisfaction with customer service or the availability of a health service.

### **Comprehensive Oral Evaluation**

Typically used by a general Dentist and/or Specialist when evaluating a patient comprehensively. It is a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues.

### **Contract**

This agreement between DDWA and Group. The Contract constitutes the entire Contract between the parties and supersedes any prior agreement, understanding or negotiation between the parties.

### **Covered Dental Benefits**

Those dental services that are covered under this Contract, subject to the Limitations set forth in “Benefits Covered by Your Plan” section.

### **Crown**

A restoration that replaces the entire surface of the visible portion of tooth.

### **DDWA**

Delta Dental of Washington, a nonprofit corporation incorporated in Washington State. DDWA is a member of the Delta Dental Plans Association.

### **Delivery Date**

The date a prosthetic appliance is permanently cemented into place.

### **Delta Dental**

Delta Dental Plans Association, which is a nationwide not-for-profit organization of health care service plans, which offers a range of Group dental benefit plans.

**Delta Dental Participating Dentist**

A licensed Dentist who has agreed to render services and receive payment in accordance with the terms and conditions of a written agreement between Delta Dental and such Dentist, which includes looking solely to Delta Dental for payment for covered services.

**Dentist**

A licensed Dentist legally authorized to practice dentistry at the time and in the place, services are performed. This Plan provides for covered services only if those services are performed by or under direction of a licensed Dentist or other Licensed Professional operating within the scope of their license.

**Denture**

A removable prosthesis that replaces missing teeth. A complete (or “full”) Denture replaces all of the upper or lower teeth. A partial Denture replaces one to several missing upper or lower teeth.

**Eligible Dependent**

Any dependent of an Eligible Employee who meets the conditions of eligibility set forth in “Dependent Eligibility and Enrollment” section.

**Eligible Employee**

Any employee who meets the conditions of eligibility set forth in “Employee Eligibility and Enrollment” section.

**Eligible Person**

An Eligible Employee or an Eligible Dependent.

**Emergency Dental Condition**

The emergent and acute onset of a symptom or symptoms, including severe pain, that would lead a prudent layperson acting reasonably to believe that a dental condition exists that requires immediate dental attention, if failure to provide dental attention would result in serious impairment to oral functions or serious dysfunction of the mouth or teeth, or would place the person’s oral health in serious jeopardy.

**Emergency Examination**

Also known as a “limited oral evaluation – problem focused.” Otherwise covered dental care services medically necessary to evaluate and treat an Emergency Dental Condition.

**Endodontics**

The diagnosis and treatment of dental diseases, including root canal treatment, affecting dental nerves and blood vessels.

**Enrolled Dependent, Enrolled Employee, Enrolled Person**

Any Eligible Dependent, Eligible Employee or Eligible Person, as applicable, who has completed the enrollment process and for whom Group has submitted the monthly Premium to DDWA.

**Exclusions**

Those dental services that are not Contract benefits set forth in your “Benefits Covered by Your Plan” section and all other services not specifically included as a Covered Dental Benefit set forth in your “Benefits Covered by Your Plan” section.

**Filed Fees**

Approved fees that participating Delta Dental Participating Dentists have agreed to accept as the total fees for the specific services performed.

**Fixed Partial Denture**

A replacement for a missing tooth or teeth. The Fixed Partial Denture consists of the artificial tooth (pontic) and attachments to the adjoining abutment teeth (retainers). They are cemented (fixed) in place and therefore are not removable.

**Fluoride**

A chemical agent used to strengthen teeth to prevent cavities.

**Fluoride Varnish**

A Fluoride treatment contained in a varnish base that is applied to the teeth to reduce acid damage from the bacteria that causes tooth decay. It remains on the teeth longer than regular Fluoride and is typically more effective than other Fluoride delivery systems.

**General Anesthesia**

A drug or gas that produces unconsciousness and insensibility to pain.

**Group**

The employer or entity that is contracting for the dental benefits described in this benefit booklet for its employees.

**Implant**

A device specifically designed to be placed surgically within the jawbone as a means of providing an anchor for an artificial tooth or Denture.

**Inlay**

A dental filling shaped to the form of a cavity and then inserted and secured with cement.

**Intraoral X-rays Comprehensive Series (including bitewings)**

A series of radiographs which display the tooth and coronal portions of all the teeth in the mouth.

**Intravenous (I.V.) Sedation**

A form of sedation whereby the patient experiences a lowered level of consciousness but is still awake and can respond.

**Licensed Professional**

An individual legally authorized to perform services as defined in his or her license. Licensed Professionals include, but are not limited to, denturist, hygienist and radiology technician. Benefits under this Contract will not be denied for any health care service performed by a registered nurse licensed to practice under chapter 18.88 RCW, if first, the service performed was within the lawful scope of such nurse's license, and second, this Contract would have provided benefits if such service had been performed by a Doctor of Medicine licensed to practice under chapter 18.71 RCW.

**Limitations**

An exception or condition of coverage for a particular Covered Dental Benefit.

**Not a Paid Covered Dental Benefit**

Any dental procedure that, under some circumstances, would be covered by DDWA, but is not covered under other conditions. Examples are listed in the "Benefits Covered by Your Plan" section.

**Occlusal Adjustment**

Modification of the occluding surfaces of opposing teeth to develop harmonious relationships between the teeth themselves and neuromuscular mechanism, the Temporomandibular Joints and the structure supporting the teeth.

**Occlusal Guard – (Nightguard)**

A removable dental appliance – sometimes called a nightguard – that is designed to minimize the effects of gnashing or grinding of the teeth (bruxism). An occlusal guard is typically used at night.

**Onlay**

A restoration of the contact surface of the tooth that covers the entire surface.

**Open Enrollment Period**

The annual period in which subscribers can select benefits plans and add or delete Eligible Dependents.

**Orthodontics**

Diagnosis, prevention, and treatment of irregularities in tooth and jaw alignment and function, frequently involving braces.

**Overdenture**

A removable Denture constructed over existing natural teeth or implanted studs.

**Panoramic X-ray**

An X-ray, taken from outside the mouth that shows the upper and lower teeth and the associated structures in a single picture.

**Periodic Oral Evaluation – (Routine Examination)**

An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status following a previous comprehensive or periodic evaluation.

**Periodontics**

The diagnosis, prevention, and treatment of diseases of gums and the bone that supports teeth.

**Pocket Depth**

An internal measurement from the top of the gum tissue to its attachment on the root of a tooth.

**Premium**

The monthly amount payable to DDWA by Group, and/or by an Enrolled Employee to Group, as designated in the Contract.

**Primary Care Dentist (PCD)**

A general practitioner that has chosen to be a DeltaCare network provider.

**Prophylaxis**

Cleaning and polishing of teeth.

**Prosthodontics**

The replacement of missing teeth by artificial means such as Bridges and Dentures.

**Pulpotomy**

The removal of nerve tissue from the crown portion of a tooth.

**Qualified Medical Child Support Order (QMCSO)**

An order issued by a court under which a member must provide medical coverage for a dependent child. QMSCO's are often issued, for example, following a divorce or legal separation.

**Resin-Based Composite**

A tooth-colored filling, made of a combination of materials, used to restore teeth.

**Restorative**

Replacing portions of lost or diseased tooth structures with a filling or Crown to restore proper dental function.

**Root Planing**

A procedure done to smooth roughened root surfaces.

**Roster Payment**

A network provider's monthly per capita payment for each assigned DeltaCare member in their office. This payment is made in advance.

**Sealants**

A material applied to teeth to seal surface irregularities and prevent tooth decay.

**Seat Date**

The date a Crown, Veneer, Inlay, or Onlay is permanently cemented into place on the tooth.

**Specialist**

A licensed Dentist who has successfully completed an educational program accredited by the Commission of Dental Accreditation, two or more years in length, as specified by the Council on Dental Education or holds a diploma from an American Dental Association recognized certifying board.

**Temporomandibular Joint**

The joint just ahead of the ear, upon which the lower jaw swings open and shut, and can also slide forward.

**Veneer**

A layer of tooth-colored material, usually porcelain or acrylic resin, attached to the surface by direct fusion, cementation, or mechanical retention.

## Nondiscrimination and Language Assistance Services

Delta Dental of Washington complies with applicable Federal and Washington State civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity or sexual orientation.

Delta Dental of Washington does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity or sexual orientation.

We will provide free auxiliary aids and services to people with disabilities to assist in communicating effectively with DDWA staff, such as:

- ◆ Qualified sign language interpreters
- ◆ Written information in other formats (large print, audio, accessible electronic formats, other formats)

We will provide free language assistance services to assist in communicating effectively with DDWA staff for people whose primary language is not English, such as:

- ◆ Qualified interpreters
- ◆ Information written in other languages

If you need these services, contact Delta Dental of Washington's Customer Service at: 800-554-1907. If you need translation or interpreter assistance at your dental provider's office, please contact their staff. The cost for translations and interpreter services for communication between you and your provider are not covered by DDWA.

If you believe that Delta Dental of Washington has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity or sexual orientation, you can file a grievance with our Compliance/Privacy Officer who may be reached as follows: PO Box 75983 Seattle, WA 98175, Ph: 800-554-1907, TTY: 800-833-6384, Fx: 206 729-5512 or by email at: [Compliance@DeltaDentalWA.com](mailto:Compliance@DeltaDentalWA.com). You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, our Compliance/Privacy Officer is available to help you.

You can also file a civil rights Complaint with:

- ◆ The U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201, 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
- ◆ The Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/online-services/cc/pub/complaintinformation.aspx>

Notice of Language Services	
<b>Amharic</b>	እርስዎ፣ ወይም ሌላ እየረዱት ያለ ሰው፣ ስለ Delta Dental of Washington ጥያቄ ካላችሁ፣ በራሳችሁ ቋንቋ ያለምንም ክፍያ እርዳታ እና መረጃ የማግኘት መብት አላችሁ። ከአስተርጓሚ ጋር ለማውራት፣ በ 800-554-1907 ይደውሉ።
<b>Arabic</b>	إذا كانت لديك أو لدى أي شخص آخر تساعده أسئلة حول Delta Dental of Washington، فلك الحق في طلب المساعدة والمعلومات بلغتك دون أن تتحمل أي تكلفة. للتحدث إلى مترجم، يُرجى الاتصال على الرقم 800-554-1907.
<b>Cambodian (Mon-Khmer)</b>	ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលអ្នកកំពុងជួយ មានសំណួរអំពីកម្មវិធី Delta Dental of Washington អ្នកមានសិទ្ធិទទួលបានជំនួយ និងព័ត៌មានជាភាសារបស់អ្នកដោយឥតគិតថ្លៃ។ ដើម្បីនិយាយទៅកាន់អ្នកបកប្រែសូមទូរស័ព្ទទៅលេខ 800-554-1907។

Notice of Language Services	
<b>Chinese</b>	如果您或您正在帮助的人对 Delta Dental of Washington 有任何疑问，您有权免费以您的语言获得帮助和信息。要想联系翻译员，请致电 800-554-1907。
<b>Cushite (Oromo)</b>	Ati yookaan namni ati gargaaraa jirtu waa'ee Delta Dental of Washington gaaffilee yoo qabaattan kaffaltii malee afaan keetiin gargaarsaa fi odeeffannoo argachuu ni dandeessa. Nama afaan sii hiiku dubbisuuf lakk. 800-554-1907tiin bilbili.
<b>French</b>	Si vous, ou quelqu'un à qui vous apportez votre aide, avez des questions à propos de Delta Dental of Washington, vous avez le droit d'obtenir gratuitement de l'aide et des informations dans votre langue. Pour parler à un interprète, appelez le 800-554-1907.
<b>German</b>	Falls Sie oder jemand, dem Sie helfen, Fragen zu Delta Dental of Washington haben, sind Sie berechtigt, kostenlos Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 800-554-1907 an.
<b>Japanese</b>	ご本人様、またはお客様の身寄りの方でも Delta Dental of Washington についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合 800-554-1907 までお電話ください。
<b>Korean</b>	귀하 또는 귀하가 돕고 있는 누군가에게 Delta Dental of Washington 에 대한 질문이 있을 경우, 귀하는 무료로 귀하의 언어로 도움을 제공받을 권리가 있습니다. 통역사와 통화를 원하시면 800-554-1907 로 전화하십시오.
<b>Laotian</b>	ຖ້າທ່ານ ຫຼື ບຸກຄົນໃດໜຶ່ງທີ່ທ່ານກຳລັງໃຫ້ການຊ່ວຍເຫຼືອມີຄຳຖາມກ່ຽວກັບ Delta Dental of Washington, ທ່ານມີສິດໄດ້ຮັບຄວາມຊ່ວຍເຫຼືອ ແລະ ຂໍ້ມູນເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ເພື່ອນົມກັບຜູ້ແປພາສາ, ໂທ 800-554-1907.
<b>Persian (Farsi)</b>	دارد، این حق را دارید که اطلاعات مورد نیازتان را به Delta Dental of Washington اگر شما، یا شخصی که به وی کمک می‌کنید، سؤالی درباره‌ی تماس بگیرید. 800-554-1907 جهت صحبت با یک مترجم شفاهی، با شماره زبان خود و بدون هیچ هزینه‌ای دریافت کنید.
<b>Punjabi</b>	ਜੇ ਤੁਹਾਡੇ ਜਾਂ ਜਿਸ ਦੀ ਤੁਸੀਂ ਸਹਾਇਤਾ ਕਰ ਰਹੇ ਹੋ ਉਸ ਦੇ, Delta Dental of Washington ਬਾਰੇ ਕੋਈ ਪ੍ਰਸ਼ਨ ਹਨ, ਤਾਂ ਤੁਹਾਨੂੰ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਦੇ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਸਹਾਇਤਾ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਦੁਆਬੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, 800-554-1907 'ਤੇ ਕਾਲ ਕਰੋ।
<b>Romanian</b>	Dacă dumneavoastră sau o persoană pe care o asistați aveți întrebări despre Delta Dental of Washington, aveți dreptul de a obține gratuit ajutor și informații în limba dumneavoastră. Pentru a vorbi cu un interpret, sunați la 800-554-1907.
<b>Russian</b>	Если у Вас или у лица, которому Вы помогаете, имеются вопросы относительно Delta Dental of Washington, то Вы имеете право на получение бесплатной помощи и информации на Вашем языке. Чтобы поговорить с переводчиком, позвоните по номеру 800-554-1907.
<b>Serbo-Croatian</b>	Ako vi, ili osoba kojoj pomažete, imate pitanja o kompaniji Delta Dental of Washington, imate pravo da potražite besplatnu pomoć i informacije na svom jeziku. Pozovite 800-554-1907 da razgovarate s prevodiocem.
<b>Spanish</b>	Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Delta Dental of Washington, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 800-554-1907.

Notice of Language Services	
<b>Sudan (Fulfulde)</b>	To onon, mala mo je on mballata, don mari emmmolji do Delta Dental of Washington, on mari jarfuye kebbugo wallende be matinolji be wolde modon mere. Ngam wolwugo be lornowo, ewne 800-554-1907.
<b>Tagalog</b>	Kung ikaw, o isang taong tinutulungan mo, ay may mga katanungan tungkol sa Delta Dental of Washington, mayroon kang karapatan humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 800-554-1907.
<b>Ukrainian</b>	Якщо у Вас або у когось, кому Ви допомагаєте, є запитання щодо Delta Dental of Washington, Ви маєте право безкоштовно отримати допомогу та інформацію Вашою мовою. Щоб поговорити з перекладачем, телефонуйте за номером 800-554-1907.
<b>Vietnamese</b>	Nếu quý vị, hoặc ai đó mà quý vị đang giúp đỡ, có thắc mắc về Delta Dental of Washington, quý vị có quyền được nhận trợ giúp và thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với thông dịch viên, hãy gọi 800-554-1907.

Your smile is part of an incredible, complex system – your body. Research shows your smile's health influences your body's health the same way an engine effects how a car performs. Taking care of your smile now helps prevent painful, expensive problems down the road.

Here are our top tips for a healthy smile:

- ◆ Brush for two minutes, twice a day with fluoride toothpaste
- ◆ Floss at least once a day
- ◆ Eat a well-balanced diet
- ◆ Drink fluoridated water
- ◆ Visit your Dentist at least once a year

Remember, your smile has a great service plan – your dental coverage. It makes dental visits easy and affordable.

So, why wait? Call your Dentist and schedule your next visit today. If you're looking for a Dentist, visit [www.DeltaDentalWA.com](http://www.DeltaDentalWA.com) to find one near you.

Follow us online for fun, helpful tips to keep your smile healthy and get the most from your dental benefits.

