DENTAL BENEFITS ADDENDUM

Chinese Community Health Plan

CCHP Senior Program HMO

CAS04

Administered by:

Delta Dental of California

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INTRODUCTION

We are pleased to welcome you to the dental plan for Chinese Community Health Plan. Your plan is administered by Delta Dental of California ("Delta Dental"). Our goal is to provide you with high quality dental care and to help you maintain good dental health. We encourage you not to wait until you have a problem to see the dentist, but to see him/her on a regular basis.

This plan is available in the following counties: Alameda, San Francisco and San Mateo.

Using This Evidence of Coverage

This Dental Benefit Addendum ("Plan"), which includes Attachment A, Schedule of Copayments and, Attachment B, Services, Limitations and Exclusions, discloses the terms and conditions of your coverage and is designed to help you make the most of your dental plan. It will help you understand how the Plan works and how to obtain dental care. Please read this booklet completely and carefully. Please read the Definitions section, which will explain any words that have special or technical meanings in this Plan.

The benefit explanations contained in this Plan booklet are subject to all provisions of the Contract on file with Chinese Community Health Plan ("Contractholder") and do not modify the terms and conditions of the Contract in any way, nor shall you accrue any rights because of any statement in or omission from this booklet.

Notice: *This Plan booklet is a summary of your dental plan and its accuracy should be verified before receiving treatment. This information is not a guarantee of covered Benefits, services or payments.*

Contact Us

For more information please visit cchphealthplan.com/medicare-member or call Delta Dental's Customer Service Center at 855-245-1120, 8 a.m. to 8 p.m. local time, 7 days a week October 1st through March 31st; Monday through Friday from 8 a.m. to 8 p.m. (TTY 711). A Customer Service Representative can answer questions you may have about obtaining dental care, help you locate a Delta Dental Participating Provider, explain Benefits, check the status of a claim, and assist you in filing a claim.

You can access Delta Dental's automated information line at 855-245-1120 (TTY 711) during regular business hours to obtain information about Member's eligibility and Benefits, or claim status, or to speak to a Customer Service Representative for assistance. If you prefer to write Delta Dental with your question(s), please mail your inquiry to the following address:

Delta Dental
1130 Sanctuary Parkway
Alpharetta, GA 30009

DEFINITIONS

Terms when capitalized in this Plan booklet have defined meanings, given in the section below or throughout the booklet sections.

Appeal is something you do if you disagree with a decision to deny a request for dental care services or payment for services you already received. You may also make an appeal if you disagree with a decision to stop services that you are receiving. For example, you may ask for an appeal if our Plan doesn't pay for a service you think you should be able to receive.

Benefits -- the dental services under this Plan to which you are entitled to receive.

Calendar Year -- the 12 months of the year from January 1st through December 31st.

Claim Form -- the standard form used to file a claim or request a Pre-Treatment Estimate.

Contract-- the Agreement between Chinese Community Health Plan and Delta Dental of California for the Provision of Dental Services.

Contractholder – Chinese Community Health Plan.

Cost-sharing – the amounts which may be charged to a Member as the Member's share of the cost for the provision of covered services. Cost sharing under this Plan consists of copayments listed in Attachment A.

Delta Dental Participating Provider (Participating Provider) – means a person licensed to practice dentistry when and where performed who has entered into a contract with Delta Dental agreeing to participate in this Plan and provide covered services in general dentistry to Members.

Emergency Service means dental care furnished to a Member needed to treat a dental condition which manifests as a symptom of sufficient severity, including severe pain, such that the absence of immediate attention could reasonably be expected by the Member to result in either: (i) placing the Member's dental health in serious jeopardy, or (ii) serious impairment to dental functions.

Effective Date -- the original date the Plan starts. This date is given on this booklet's cover and Attachment A.

Member – a person with Medicare who is eligible to get covered services, who has enrolled in the Plan and whose enrollment has been confirmed by CMS.

Non Participating Provider -- a dentist who has not entered into an agreement with Delta Dental to be a Participating Provider under this Plan.

Plan - this dental plan which describes the Benefits, limitations, exclusions, terms and conditions of coverage for Members enrolled in Contractholder's Medicare Advantage Plan.

Plan Year -- the 12 months starting on the Effective Date and each subsequent 12 month period thereafter.

Pre-Treatment Estimate -- an estimation of the allowable Benefits under the Plan for the services proposed.

Procedure Code -- the Current Dental Terminology® (CDT) number assigned to a Single Procedure by the American Dental Association.

Reasonable means that a Member exercises prudent judgment in determining that a dental emergency exists and makes at least one attempt to contact his/her Participating Provider to obtain Emergency Services and, in the event the Participating Provider is not available, makes at least one attempt to contact Delta Dental for assistance before seeking care from another Participating Provider.

Single Procedure -- a dental procedure that is assigned a separate Procedure Code.

Specialist Services mean services performed by a licensed dentist who specializes in the practice of oral surgery, endodontics, periodontics or pediatric dentistry, and which must be preauthorized in writing by Delta Dental.

Treatment in Progress means any single dental procedure, as defined by the Procedure Code that has been started while the Member was eligible to receive Benefits, and for which multiple appointments are necessary to complete the procedure whether or not the Member continues to be eligible for Benefits under the Plan. Examples include: teeth that have been prepared for crowns, root canals where a working length has been established, full or partial dentures for which an impression has been taken.

How to use this Plan - Choice of Participating Provider

To receive Benefits under this Plan, you must select a Participating Provider from the directory of Participating Providers. If you fail to select a Participating Provider or the Participating Provider selected by you becomes unavailable, we will request you select another Participating Provider or we will assign you to a Participating Provider. You may change your assigned Participating Provider by directing a request to the Customer Service department at 855-245-1120, 8 a.m. to 8 p.m. local time, 7 days a week October 1st through March 31st; Monday through Friday from 8 a.m. to 8 p.m. (TTY users call 711). In order to ensure that your Participating Provider is notified and our eligibility lists are correct, changes in Participating Providers made by the 15th of the month are effective immediately. Selections made on or after the 16th of the month will be effective on the first day of the following month.

Shortly after enrollment you will receive a membership packet that tells you the effective date of your Plan and the address and telephone number of your Participating Provider. After the effective date in your membership packet, you may obtain dental services under the Plan. To make an appointment simply call your Participating Provider's facility and identify yourself as a Member through Chinese Community Health Plan. Inquiries regarding availability of appointments and accessibility of Participating Providers should be directed to the Customer Service department at 855-245-1120, 8 a.m. to 8 p.m. local time, 7 days a week October 1st through March 31st; Monday through Friday from 8 a.m. to 8 p.m. (TTY users 711).

EXCEPT FOR EMERGENCY SERVICES OR SERVICES PROVIDED BY A SPECIALIST, EACH MEMBER MUST GO TO HIS OR HER ASSIGNED PARTICIPATING PROVIDER TO OBTAIN COVERED SERVICES. ANY OTHER TREATMENT IS NOT COVERED UNDER THIS PLAN.

If your assigned Participating Provider's agreement with Delta Dental terminates, that Participating Provider will complete (a) a partial or full denture for which final impressions have been taken, and (b) all work on every tooth upon which work has started (such as completion of root canals in progress and delivery of crowns when teeth have been prepared).

Continuity of Care

Existing Members:

You may have the right to have completion of care with your terminated Participating Provider for certain specified dental conditions. Please call Customer Service at 855-245-1120, 8 a.m. to 8 p.m. local time, 7 days a week October 1st through March 31st; Monday through Friday from 8 a.m. to 8 p.m., (TTY users call 711) to see if you may be eligible for this benefit. You may request a copy of our Continuity of Care Policy. You must make a specific request to continue under the care of your terminated Participating Provider. We are not required to continue your care with that Participating Provider if you are not eligible for coverage under the Plan or if we cannot reach agreement with your terminated Participating Provider on the terms regarding your care.

New Members:

You may have the right to the qualified benefit of completion of care with a Non Participating Provider for certain specified dental conditions. Please call the Customer Service department at 855-245-1120, 8 a.m. to 8 p.m. local time, 7 days a week October 1st through March 31st; Monday through Friday from 8 a.m. to 8 p.m. (TTY users call 711) to see if you may be eligible for this benefit. You may request a copy of our Continuity of Care Policy. You must make a specific request to continue under the care of your current Non Participating Provider. We are not required to continue your care with that dentist if you are not eligible under the Plan or if we cannot reach agreement with your dentist on the terms regarding your care.

Facility Accessibility

Many facilities provide Delta Dental with information about special features of their offices, including accessibility information for patients with mobility impairments. To obtain information regarding facility accessibility, contact Delta Dental's Customer Service department at 855-245-1120, 8 a.m. to 8 p.m. local time, 7 days a week October 1st through March 31st; Monday through Friday from 8 a.m. to 8 p.m. (TTY users call 711).

Benefits, Limitations and Exclusions

This Plan provides the Benefits described in Attachment A, *Description of Benefits and Copayments* subject to the limitations and exclusions described in Attachment B. The services are performed as deemed appropriate by your attending Participating Provider. A Participating Provider may provide services either personally or through associated dentists, technicians or hygienists who may lawfully perform the services.

Copayments and Other Charges

You are required to pay any Copayments listed in the Attachment A, *Description of Benefits and Copayments* directly to the Participating Provider or Specialist who provides treatment. Charges for broken appointments (unless notice is received by the dentist at least 24 hours in advance or an emergency prevented such notice), and charges for visits after normal visiting hours are listed in the *Description of Benefits and Copayments*.

Emergency Services

If Emergency Services are needed, you should contact your Participating Provider whenever possible. If you are a new Member needing Emergency Services, but do not have an assigned Participating Provider yet, contact Delta Dental's Customer Service department at 855-245-1120, 8 a.m. to 8 p.m. local time, 7 days a week October 1st through March 31st; Monday through Friday from 8 a.m. to 8 p.m. (TTY users call 711) for help in locating a Participating Provider. Benefits for Emergency Services by a Non Participating Provider are limited to necessary care to stabilize your condition and/or provide palliative relief when you:

1) have made a Reasonable attempt to contact the Participating Provider and the Participating Provider is unavailable or you cannot be seen within 24 hours of making contact; or

2) have made a Reasonable attempt to contact Delta Dental prior to receiving Emergency Services, or it is Reasonable for you to access Emergency Services without prior contact with Delta Dental; or

3) reasonably believe that your condition makes it dentally/medically inappropriate to travel to the Participating Provider to receive Emergency Services.

Benefits for Emergency Services not provided by the Participating Provider are limited to a maximum of $100.00 per emergency less the applicable Copayment. If the maximum is exceeded, or the above conditions are not met, you are responsible for any charges for services by a dentist other than your Participating Provider.

Specialist Services

Except for emergency services needed to stabilize your condition and/or provide palliative relief, members must be referred, by the assigned Participating Provider, for Specialist Services. To avoid any unanticipated financial liabilities that could result from the denial of the claim due to not meeting the criteria for payment, Delta Dental recommends pre-service review, in writing, for Specialist Services.

Second Opinion

You may request a second opinion if you disagree with or question the diagnosis and/or treatment plan determination made by your Participating Provider. Delta Dental may also request that you obtain a second opinion to verify the necessity and appropriateness of dental treatment or the application of Benefits.

Second opinions will be rendered by a licensed dentist in a timely manner, appropriate to the nature of your condition. Requests involving cases of imminent and serious health threat will be expedited (authorization approved or denied within 72 hours of receipt of the request, whenever possible). For assistance or additional information regarding the procedures and timeframes for second opinion authorizations, contact Delta Dental's Customer Service department at 855-245-1120, 8 a.m. to 8 p.m. local time, 7 days a week October 1st through March 31st; Monday through Friday from 8 a.m. to 8 p.m. (TTY users call 711) or write to Delta Dental.

Second opinions will be provided at another Participating Provider's facility, unless otherwise authorized by Delta Dental. Delta Dental will authorize a second opinion by a Non Participating Provider if an appropriately qualified Participating Provider is not available. Delta Dental will only pay for a second opinion which Delta Dental has approved or authorized. You will be sent a written notification should Delta Dental decide not to authorize a second opinion. If you disagree with this determination, you may file an Appeal with Chinese Community Health Plan. Please refer to the section of this booklet titled "Grievance and Appeals Process" below for an explanation of how to file an Appeal.

Claims for Reimbursement

Claims for Emergency Services or preauthorized Specialist Services should be submitted to Delta Dental within 90 days of the end of treatment. Valid claims received after the 90-day period will be reviewed if you can show that it was not reasonably possible to submit the claim within that time. The address for claims submission is Claims Department, P. O. Box 1810, Alpharetta, GA 30023.

Provider Compensation

A Participating Provider is compensated by Delta Dental through monthly capitation (an amount based on the number of Members assigned to the Participating Provider), and by Members through required Cost Sharing for treatment received. A Specialist is compensated by Delta Dental through an agreed-upon amount for each covered procedure, less the applicable Copayment paid by the Member. In no event does Delta Dental pay a Participating Provider or a Specialist any incentive as an inducement to deny, reduce, limit or delay any appropriate treatment.

In the event we fail to pay a Participating Provider, you will not be liable to that Participating Provider for any sums owed by us. The Participating Provider's contract with Delta Dental contains a provision prohibiting the Participating Provider from charging a Member for any sums owed by Delta Dental. Except for the provisions in *Emergency Services*, if you have not received Preauthorization for treatment from a Non Participating Provider or Specialist, and we fail to pay that dentist you may be liable to that dentist for the cost of services.

You may obtain further information concerning compensation by calling Delta Dental at the toll-free telephone number listed in this booklet.

Processing Policies

The dental care guidelines for the Plan explain to Participating Providers what services are covered under the dental Contract. Participating Providers will use their professional judgment to determine which services are appropriate for the Member. Services performed by the Participating Provider that fall under the scope of Benefits of the dental Plan are provided subject to any Copayments. If a Participating Provider believes that a Member should obtain treatment from a Specialist, the Participating Provider contacts Delta Dental for a determination of whether the proposed treatment is a covered benefit. Delta Dental will also determine whether the proposed treatment requires treatment by a Specialist. A Member may contact Delta Dental's Customer Service department at 855-245-1120, 8 a.m. to 8 p.m. local time, 7 days a week October 1st through March 31st; Monday through Friday from 8 a.m. to 8 p.m. (TTY users call 711) for information regarding the dental care guidelines for the Plan.

Coordination of Benefits

This Plan provides Benefits without regard to coverage by any other group insurance policy or any other group health benefits Plan if the other policy or Plan covers services or expenses in addition to dental care. Otherwise, Benefits provided under this Plan by Specialists or Non Participating Providers are coordinated with such other group dental insurance policy or any group dental benefits Plan. The determination of which policy or Plan is primary shall be governed by the rules stated in the Contract.

If this plan is secondary, it will pay the lesser of:

- the amount that it would have paid in the absence of any other dental benefit coverage, or
- the enrollee's total out-of-pocket cost payable under the primary dental benefit plan.

A Member must provide to Delta Dental and Delta Dental may release to or obtain from any insurance company or other organization, any information about the Member that is needed to administer coordination of benefits. Delta Dental shall, in its sole discretion, determine whether any reimbursement to an insurance company or other organization is warranted under these coordination of benefits provisions, and any such reimbursement paid shall be deemed to be Benefits under this Plan. Delta Dental will have the right to recover from a dentist, Member, insurance company or other organization, as Delta Dental chooses, the amount of any Benefits paid by Delta Dental which exceeds its obligations under these coordination of benefit provisions.

Grievance and Appeals Process

Our commitment to you is to ensure not only quality of care, but also quality in the treatment process. This quality of treatment extends from the professional services provided by Participating Providers to the courtesy extended you by our telephone representatives. If you have any question or complaint regarding eligibility, the denial of dental services or claims, the policies, procedures or operations of Delta Dental or the quality of dental services performed by a Participating Provider, you have the right to file a grievance or appeal with Chinese Community Health Plan. See your Chinese Community Health Plan Evidence of Coverage Booklet for information on the grievance process or contact Chinese Community Health Plan at the (phone number) on your Chinese Community Health Plan Member ID card.

Renewal and Termination of Benefits

This Plan renews on the anniversary of the contract term unless we provide notice of a change in premiums or Benefits and Chinese Community Health Plan does not accept the change. All Benefits terminate for any Member as of the date that this Plan is terminated, such person ceases to be eligible under the terms of this Plan, or such person's enrollment is cancelled under the terms of this Plan. We are not obligated to continue to provide Benefits to any such person in such event, except for completion of Single Procedures commenced while this Plan was in effect.

Cancellation of Enrollment

To be eligible for Benefits under this Plan, you must be enrolled under one of the various Medicare Advantage health plans or products offered by Chinese Community Health Plan. If you lose your eligibility or you terminate your enrollment under your Chinese Community Health Plan you are not eligible to receive Benefits under this Plan. See your Chinese Community Health Plan Evidence of Coverage Booklet for enrollment terms and conditions.

SCHEDULE A

Description of Benefits and Copayments

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

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

CODE	DESCRIPTION	ENROLLEE PAYS
D0100-D0999	I. DIAGNOSTIC	
D0120	Periodic oral evaluation - established patient - *Two oral evaluations (D0120, D0140, D0160 or D0170) every calendar year*	No Cost
D0140	Limited oral evaluation - problem focused - *Two oral evaluations (D0120, D0140, D0160 or D0170) every calendar year*	No Cost
D0150	Comprehensive oral evaluation - new or established patient - *One comprehensive evaluation (D0150 or D0180) every 3 calendar years per provider or location*	No Cost
D0160	Detailed and extensive oral evaluation - problem focused, by report - *Two oral evaluations (D0120, D0140, D0160 or D0170) every calendar year*	No Cost
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit) - *Two oral evaluations (D0120, D0140, D0160 or D0170) every calendar year*	No Cost
D0171	Re-evaluation – post-operative office visit	No Cost
D0180	Comprehensive periodontal evaluation - new or established patient - *One comprehensive evaluation (D0150 or D0180) every 3 calendar years per provider or location*	No Cost
D0190	Screening of a patient - *One (D0190 or D0191) every calendar year*	No Cost
D0191	Assessment of a patient - *One (D0190 or D0191) every calendar year*	No Cost
D0210	Intraoral – comprehensive series of radiographic image - *One (D0210 or D0330) every 2 calendar years*	No Cost
D0220	Intraoral - periapical first radiographic image - *Two periapicals (D0220 or D0230) every calendar year*	No Cost
D0230	Intraoral - periapical each additional radiographic image - *Two periapicals (D0220 or D0230) every calendar year*	No Cost
D0270	Bitewing - single radiographic image - *One set of bitewing x-rays (D0270, D0272, D0273, D0274 or D0277) every calendar year*	No Cost
D0272	Bitewings - two radiographic images - *One set of bitewing x-rays (D0270, D0272, D0273, D0274 or D0277) every calendar year*	No Cost
D0273	Bitewings - three radiographic images - *One set of bitewing x-rays (D0270, D0272, D0273, D0274 or D0277) every calendar year*	No Cost
D0274	Bitewings - four radiographic images - *One set of bitewing x-rays (D0270, D0272, D0273, D0274 or D0277) every calendar year*	No Cost
D0277	Vertical bitewings - 7 to 8 radiographic images - *One set of bitewing x-rays (D0270, D0272, D0273, D0274 or D0277) every calendar year*	No Cost

D0330	Panoramic radiographic image - *One (D0210 or D0330) every 2 calendar years*	No Cost
D0419	Assessment of salivary flow by measurement – *One every 2 calendar years*	No Cost
D0460	pulp vitality tests – *One every 2 calendar years*	No Cost
D0601	Caries risk assessment and documentation, with a finding of low risk - *One (D0601, D0602 or D0603)every 2 calendar years*	No Cost
D0602	Caries risk assessment and documentation, with a finding of moderate risk - *One (D0601, D0602 or D0603)every 2 calendar years*	No Cost
D0603	caries risk assessment and documentation, with a finding of high risk- *One (D0601, D0602 or D0603)every 2 calendar years*	No Cost
D0701	Panoramic radiographic image - image capture only	No Cost
D0702	2-D cephalometric radiographic image - image capture only	No Cost
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only	No Cost
D0705	Extra-oral posterior dental radiographic image - image capture only	No Cost
D0706	Intraoral - occlusal radiographic image - image capture only	No Cost
D0707	Intraoral - periapical radiographic image - image capture only	No Cost
D0708	Intraoral - bitewing radiographic image - image capture only	No Cost
D0709	Intraoral - comprehensive series of radiographic images - image capture only	No Cost
D1000-D1999	II. PREVENTIVE	
D1110	Prophylaxis - adult - *Two (D1110, D4346 or D4910) every calendar year*	No Cost
D1206	Topical application of fluoride varnish - *Two (D1206 or D1208) every calendar year*	No Cost
D1208	Topical application of fluoride – excluding varnish - *Two (D1206 or D1208) every calendar year*	No Cost
D1310	Nutritional counseling for control of dental disease – *One every calendar year*	No Cost
D1330	Oral hygiene instructions – *One every calendar year*	No Cost
D2000-D2999	III. RESTORATIVE – NOT COVERED	
D3000-D3999	IV. ENDODONTICS – NOT COVERED	
D4000-D4999	V. PERIODONTICS	
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - *One (D4341 or D4342) per quadrant every 2 calendar years*	$55.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - *One (D4341 or D4342) per quadrant every 2 calendar years*	$45.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - *Two (D1110, D4346 or D4910) every calendar year*	No Cost
D4355	Full mouth debridement to enable a comprehensive periodontal evaluation and diagnosis on a subsequent visit – *One every 2 calendar years*	$55.00
D4910	Periodontal maintenance - *Two (D1110, D4346 or D4910) every calendar year*	$40.00
D4921	Gingival irrigation with a medicinal agent – per quadrant	No Cost
D5000-D5899	VI. PROSTHODONTICS (removable) – NOT COVERED	
D5900-D5999	VII. MAXILLOFACIAL PROSTHETICS - NOT COVERED	
D6000-D6199	VIII. IMPLANT SERVICES - NOT COVERED	

D6200-D6999	IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge]) – NOT COVERED	
D7000-D7999	X. ORAL AND MAXILLOFACIAL SURGERY – NOT COVERED	
D8000-D8999	XI. ORTHODONTICS – NOT COVERED	
D9000-D8999	XII. ADJUNCTIVE GENERAL SERVICES	
D9110	Palliative treatment of dental pain – per visit – *One per day*	$5.00
D9990	Certified translation or sign-language services – per visit – *Included in fee*	No Cost
D9991	Dental case management - addressing appointment compliance barriers – *Included in fee*	No Cost
D9992	Dental case management - care coordination – *Included in fee*	No Cost
D9995	Teledentistry – synchronous; real-time encounter	No Cost
D9996	Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review	No Cost
D9997	Dental case management - Patients with special Health Care Needs	No Cost

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

SCHEDULE B

Limitations and Exclusions of Benefits

1. The frequency of certain Benefits is limited. All frequency limitations are listed in Schedule A, Description of Benefits and Copayments.

2. Any procedure that in the professional opinion of the Network Dentist or Delta Dental clinical staff:

   a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or

   b. is inconsistent with generally accepted standards for dentistry, or

   c. services considered inclusive or part of another procedure cannot be charged separately.

3. The following oral evaluations (D0140, D0170, D0171, D0190 and D0191) are not billable to the patient on the same day as codes D0120 or D0150.

4. Full mouth x-rays and radiographic images (D0210) are limited to one set every 2 calendar years and include any combination of periapicals (D0220, D0230) and bitewings (D0270, D0272, D0273, D0274, D0277). Benefits are limited to either an intraoral complete series radiographic images (D0210) or panoramic radiographic image (D0330) within two calendar years. Panoramic images are not considered part of a comprehensive intraoral series. Bitewings of any type are included in the fee of a comprehensive series when taken within 6 months of the comprehensive images.

5.. Periodontal scaling and planning (D4341, D4342) are not billable to the patient on the same day as a prophylaxis (D1110).

6. Periodontal scaling and root planing are limited to one (D4341 or D4342) per quadrant every 2 calendar years.

Exclusions of Benefits

1. Any procedure that is not specifically listed under Schedule A, Description of Benefits and Copayments.
2. Any procedure that in the professional opinion of the Network Dentist or Delta Dental clinical staff:
    a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or
    b. is inconsistent with generally accepted standards for dentistry, or
    c. services considered inclusive or part of another procedure cannot be charged separately.
3. Services solely for cosmetic purposes, or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing or unerupted teeth, and teeth that are discolored or lacking enamel.
4. Restorations placed solely due to wear, abrasion, attrition, or erosion.
5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).
6. Procedures, appliances or restorations if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
8. Implant placement, implant-supported dental appliances and attachments, maintenance, removal and all other services associated with a dental implant.
9. Consultations for non-covered benefits.
10. Dental services received from any dental facility other than the assigned Network Dentist. This includes the services of an out-of-network dental specialist, unless expressly authorized by Delta Dental except for Emergency Services as described in the Contract and/or Certificate of Coverage.
11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
12. Prescription drugs.
13. Dental expenses incurred in connection with any dental procedure started before the Enrollee's eligibility with the DHMO program. Examples include: teeth prepared for crowns, root canals in progress and full or partial dentures for which an impression has been taken.
14. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.