



Delta Dental Medicare Advantage Dental Plan

Our Medicare Advantage Supplemental Dental Program

Welcome!

Your dental program is administered by Delta Dental Plan of Indiana, Inc., an Indiana nonprofit limited service health maintenance organization doing business as Delta Dental of Indiana. Delta Dental of Indiana is the state’s dental benefits specialist. Good oral health is a vital part of good general health, and your Delta Dental program is designed to promote regular dental visits. We encourage you to take advantage of this program by calling your Dentist today for an appointment.

This Certificate, along with your Summary of Dental Plan Benefits, describes the specific benefits of your Delta Dental program and how to use them. If you have any questions about this program, please call our Customer Service department at (800) 330-2732 (TTY Users call 711) or access the Southeastern Indiana Health Organization website at www.siho.org.

You can easily verify your own benefit, claims and eligibility information online 24 hours a day, seven days a week by visiting www.deltadentalin.com and selecting the link for our Member Portal. The Member Portal will also allow you to print claim forms and ID cards, select paperless Explanation of Benefits statements (EOBs), search our Dentist directories, and read oral health tips.

We look forward to serving you!

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Note: Please read this Certificate together with the Summary of Dental Plan Benefits and Covered Code List. The Summary of Dental Plan Benefits and Covered Code List provides the specific provisions of your dental plan.

Southeastern Indiana Health Organization
Group Number 10150-3000

Summary of Dental Plan Benefits

For Southeastern Indiana Health Organization
Medicare Advantage Supplemental Optional PPO Dental Plan
Group Number 10150-3000

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations.

*Services received from Dentists who do NOT participate in Delta Dental's Medicare Advantage PPO or Delta Dental's Medicare Advantage Premier Network will be processed as services received from a Nonparticipating Dentist and your out of pocket costs may be higher. Please note Delta Dental's Medicare Advantage PPO and Delta Dental's Medicare Advantage Premier Networks only consist of dentist in the states of Michigan, Indiana and Ohio.

IMPORTANT: If you receive services from a dentist that DOES NOT participate in either Delta Dental's Medicare Advantage PPO or Delta Dental's Medicare Advantage Premier Network YOU WILL BE RESPONSIBLE for the difference between Delta Dental's payment to you and the amount charged by the Nonparticipating Dentist. If you choose to receive services from a Nonparticipating dentist, be sure to ask the dentist if they are excluded from the Medicare program. Delta Dental is unable to make payment to either you or your dentist for any services received from a provider that has been excluded from Medicare.

Control Plan – Delta Dental of Indiana

Benefit Year – January 1 through December 31

Covered Services –

| The following Diagnostic and Preventive services are included with your SIHO PPO medical plan. | Delta Dental Medicare Advantage PPO or Premier Dentist | Nonparticipating (out-of-network) Dentist |
|--|--|---|
| | Plan Pays | Plan Pays* |
| Diagnostic & Preventive Services | | |
| Diagnostic and Preventive Services - exams and cleanings | 100% | 100% |
| Radiographs - bitewing X-rays | 100% | 100% |

| These services are included with the Delta Dental Supplemental Optional PPO Dental Plan and are in addition to the Covered Services included with your SIHO PPO medical plan. | Delta Dental Medicare Advantage PPO or Premier Dentist | Nonparticipating (out-of-network) Dentist |
|---|--|---|
| | Plan Pays | Plan Pays* |
| Diagnostic & Preventive Services | | |
| Fluoride treatment - to prevent tooth decay | 100% | 100% |

| | | |
|---|------|------|
| Emergency Palliative Treatment – to temporarily relieve pain | 100% | 100% |
| Brush Biopsy – to detect oral cancer | 100% | 100% |
| Other Radiographs – Full mouth series, Periapicals or Panoramic X-rays | 50% | 50% |
| Comprehensive Services | | |
| Minor Restorative Services – fillings and crown repair | 50% | 50% |
| Simple Extractions – non surgical extractions | 50% | 50% |
| Removable Prosthodontic Services – complete and partial dentures | 50% | 50% |
| Adjustments and Repairs – to dentures | 50% | 50% |
| Relines and Rebase – to dentures | 50% | 50% |
| Other Services – miscellaneous services | 100% | 100% |

The copay/coinsurance amounts listed above are applicable for services from both in-network (participating) providers and out-of-network (non-participating) providers. If out-of-network (Nonparticipating) providers charge more for a service than what Delta Dental has agreed to pay, you will be responsible for the difference. Therefore, you will likely pay less out-of-pocket by receiving treatment from an in-network (participating) dentist. If you choose to receive services from a Nonparticipating dentist, be sure to ask the dentist if they are excluded from the Medicare program. Delta Dental is unable to make payment to either you or your dentist for any services received from a provider that has been excluded from Medicare.

Maximum Payment – \$1,000 per Member total per Calendar Year on all services covered by Delta Dental's Supplemental Optional PPO Dental Plan. Covered Services including with your SIHO PPO medical plan do not apply to this maximum.

Deductible – None.

Waiting Period – Not Applicable.

Eligible People – All members that elect the Delta Dental Supplemental Optional PPO Dental Plan and are enrolled in the SIHO PPO Medicare Advantage Plan.

For enrollment and disenrollment information, please refer to your plan's Evidence of Coverage at www.siho.org.

I. Delta Dental Certificate

Delta Dental Plan of Indiana, Inc., referred to herein as Delta Dental, issues this Certificate to you, the Member. The Certificate is a summary of your dental benefits coverage. It reflects and is subject to a contract between Delta Dental and Southeastern Indiana Health Organization, Inc. (SIHO), your Medicare Advantage Organization.

The Benefits provided under This Plan may change if any state or federal laws change.

Delta Dental agrees to provide Benefits as described in this Certificate and the Summary of Dental Plan Benefits.

All the provisions in the following pages form a part of this document as fully as if they were stated over the signature below.

IN WITNESS WHEREOF, this Certificate is executed at Delta Dental's home office by an authorized officer.



Goran M. Jurkovic, CPA
President and CEO
Delta Dental Plan of Indiana, Inc.

II. Definitions

Adverse Benefit Determination

Any denial, reduction or termination of the benefits for which you filed a claim. Or a failure to provide or to make payment (in whole or in part) of the benefits you sought, including any such determination based on eligibility, application of any utilization review criteria, or a determination that the item or service for which benefits are otherwise provided was experimental or investigational, or was not medically necessary or appropriate.

Allowed Amount

The amount permitted under the Medicare Advantage Dentist Fee Schedule which Delta Dental will base its payment for a Covered Service.

Appeal

The procedures that deal with the review of adverse initial determination for payment of services.

Benefit Year

The calendar year.

Benefits

Payment for the Covered Services that have been selected under This Plan.

Certificate

This document. Delta Dental will provide Benefits as described in this Certificate. Any changes in this Certificate will be based on changes to the contract between Delta Dental and SIHO.

Completion Dates

The date that treatment is complete. Some procedures may require more than one appointment before they can be completed. Treatment is complete:

- ◆ For dentures and partial dentures, on the delivery dates;
- ◆ For crowns and bridgework, on the permanent cementation date;
- ◆ For root canals and periodontal treatment, on the date of the final procedure that completes treatment.

Coinsurance

The percentage of the charge, if any, that you must pay for Covered Services.

Copayment

A fixed amount of money that you must pay for Covered Services, if any

Covered Code List

The unique list of the ADA dental codes that are covered services under This Plan. These codes are subject to the terms of this Certificate.

Covered Services

The unique dental services selected for coverage as described in the Summary of Dental Plan Benefits and subject to the terms of this Certificate.

Deductible

The amount a person and/or a family must pay toward Covered Services before Delta

Dental begins paying for those services under this Certificate. The Summary of Dental Plan Benefits lists the Deductible that applies to you, if any.

Delta Dental

Delta Dental Plan of Indiana, Inc., an Indiana nonprofit limited service health maintenance organization providing dental benefits. Delta Dental is not an insurance company. Delta Dental of Indiana, Inc. has been delegated by SIHO to provide dental benefits for This Plan.

Dental Emergency

A Dental Emergency is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in: Serious jeopardy to the health of the individual or, in the case of a pregnant woman, the health of the woman or her unborn child; Serious impairment to bodily functions; or Serious dysfunction of any bodily organ or part.

Dentist

A person licensed to practice dentistry in the state or jurisdiction in which dental services are performed.

- ◆ **Delta Dental Medicare Advantage PPO Dentist** – a Dentist located in Michigan, Indiana, or Ohio who has signed an agreement with Delta Dental for this Plan that is part of Delta Dental's Medicare Advantage PPO Network.
- ◆ **Delta Dental Medicare Advantage Premier Dentist** – a Dentist located in Michigan, Indiana, or Ohio who has signed an agreement with Delta Dental for this Plan that is part of Delta Dental's Medicare Advantage Premier Network.
- ◆ **Nonparticipating Dentist** – a Dentist who has not signed an agreement with Delta Dental to become part of the Delta Dental Medicare Advantage Premier or Delta Dental Medicare Advantage PPO Network or is located in a state other than Michigan, Indiana or Ohio. **Services received from Dentists who do NOT participate in Delta Dental's Medicare Advantage PPO or Delta Dental's Medicare Advantage Premier**

network will be processed as services received from a Nonparticipating Dentist and your out of pocket costs may be higher.

- ◆ **IMPORTANT:** If you receive services from a dentist that DOES NOT participate in either Delta Dental's Medicare Advantage PPO or Delta Dental's Medicare Advantage Premier network YOU WILL BE RESPONSIBLE for the difference between Delta Dental's payment to you and the amount charged by the Nonparticipating Dentist. If you choose to receive services from a Nonparticipating dentist, be sure to ask the dentist if they are excluded from the Medicare program. Delta Dental is unable to make payment to either you or your dentist for any services received from a provider that has been excluded from Medicare.

Delta Dental Medicare Advantage PPO and Delta Dental Medicare Advantage Premier Dentists are sometimes collectively referred to as "Medicare Advantage Participating Dentists."

Grievance

Any complaint or dispute, other than an Adverse Benefit Determination, expressing dissatisfaction with the manner in which Delta Dental, SIHO, or a dentist has provided dental services.

Inquiry

A verbal or written request for information that does not involve a grievance, coverage or appeals process, such as a routine question about a benefit.

Maximum Approved Fee

The maximum fee that Delta Dental approves for a given procedure in a given region and/or specialty, under normal circumstances, based upon applicable Medicare Advantage Participating Dentist schedules and internal procedures.

Maximum Payment

The maximum dollar amount Delta Dental will pay in any Benefit Year or lifetime for

Covered Services. (See the Summary of Dental Plan Benefits.)

Medicare Advantage PPO Dentist Fee Schedule

The maximum fee allowed per procedure for services rendered by a Delta Dental Medicare Advantage Dentist as determined by Delta Dental.

Medicare Advantage Premier Dentist Schedule

The maximum fee allowed per procedure for services rendered by a Delta Dental Medicare Advantage Premier Dentist as determined by Delta Dental.

Member

A person with coverage under This Plan.

Nonparticipating Dentist Fee

The maximum fee allowed per procedure for services rendered by a Nonparticipating Dentist as determined by Delta Dental.

Post-Service Claims

Claims for Benefits that are not conditioned on your seeking advance approval, certification, or authorization to receive the full amount for any Covered Services. In other words, Post-Service Claims arise when you receive the dental service or treatment before you file a claim for Benefits.

Pre-Service Organization Determination

A determination that is made prior to receiving dental services based on your benefits and coverage. This decision will determine whether a dental service will be covered and will provide information on how much you may have to pay for this service. This is a request submitted by you or your Dentist.

Processing Policies

Delta Dental's policies and guidelines used for Pre-Service Organization Determinations and payment of claims. The Processing Policies may be amended from time to time.

Submitted Amount

The amount a Dentist bills to Delta Dental for a specific treatment or service. A Delta Dental Medicare Advantage Participating Dentist cannot charge you for the difference between this amount and the amount Delta Dental approves for the treatment.

Summary of Dental Plan Benefits

A description of the specific provisions of your group dental coverage. The Summary of Dental Plan Benefits is and should be read as a part of this Certificate, and supersedes any contrary provision of this Certificate.

This Plan

The dental coverage established for Eligible Persons pursuant to this Certificate.

III. Selecting a Dentist

You may choose any Dentist, so long as that Dentist has not been excluded from Medicare participation. If you receive services from a Dentist that has been excluded from the Medicare program, Delta Dental will be unable to make any payments to either you or your Dentist and you will be responsible for all costs. Prior to receiving services from your Dentist, you should confirm whether or not your Dentist has been excluded from participating in the Medicare program.

When selecting a Dentist, you may choose any Dentist. Your out-of-pocket costs are likely to be less if you go to a Delta Dental Medicare Advantage Participating Dentist. Delta Dental Medicare Advantage Participating Dentists agree to accept payment according to the applicable Delta Dental Medicare Advantage Participating Dentist Agreement and, in most cases, this results in a reduction of their fees. Additionally, when receiving treatment from a Delta Dental Medicare Advantage Participating Dentist, your out-of-pocket costs may be further reduced if you go to a Delta Dental Medicare Advantage PPO Dentist. To verify that a Dentist is a Medicare Advantage Participating Dentist, you can use Delta Dental's online Dentist Directory at www.deltadentalin.com/findadentist or call (800) 330-2732 (TTY Users call 711). **When accessing Delta Dental's online Dentist Directory you must follow the link labeled Medicare Advantage PPO and Medicare Advantage Premier.**

If the Dentist you select is not a Delta Dental Medicare Advantage Participating Dentist, you will still be covered, but you may have to pay more.

If you choose a Nonparticipating Dentist, you will be responsible for any difference between the Nonparticipating Dentist Fee and the Dentist's Submitted Fee, in addition to any Coinsurance, Copayment or Deductible, if applicable.

The provider network may change at any time. You will receive notice when necessary.

IV. Accessing Your Benefits

To utilize your dental benefits, follow these steps:

1. Please read this Certificate and the Summary of Dental Plan Benefits carefully so you are familiar with your benefits, payment methods, and terms of This Plan.
2. Make an appointment with your Dentist and tell him or her that you have dental benefits with Delta Dental's Medicare Advantage Dental Plan. If your Dentist is not familiar with This Plan or has any questions, have him or her contact Delta Dental by writing to Delta Dental, Attention: Customer Service, P.O. Box 9230, Farmington Hills, Michigan 48333-9230, or calling the toll-free number at (800) 330-2732.
3. After you receive your dental treatment, you or the dental office staff will file a claim form, completing the information portion with:
 - a. Your full name and address
 - b. Your SIHO Member ID number
 - c. Your date of birth

Notice of Claim Forms

Your Dentist should submit your dental claims form using the most recent American Dental Association ("ADA") approved claim form. Medicare Advantage Participating Dentists will fill out and submit your dental claims for you.

Mail claims and completed information requests to:

**Delta Dental
P.O. Box 9298
Farmington Hills, Michigan 48333-9298**

Pre-Service Organization Determination

Your Dentist can submit a request for a coverage decision to determine whether you qualify for a dental service that may be

covered under This Plan through the Dental Office Toolkit[®] (DOT). You can also request a coverage decision to determine whether you qualify for a dental service that may be covered under This Plan by calling the Customer Service department toll-free at (800) 330-2732 or in writing at:

**Delta Dental
P.O. Box 9230
Farmington Hills, MI 48333-9230**

For a standard coverage decision, Delta Dental will provide an answer within 14 calendar days after receiving your request. To file a fast coverage decision the standard deadlines must potentially cause serious harm to your health or hurt your ability to function. If Delta Dental approves the fast request, an answer will be provided within 72 hours. For both standard and fast requests, Delta Dental may take up to 14 additional calendar days under certain circumstances. If additional time is taken, Delta Dental will notify you in writing and explain the reasons for the extension.

If Delta Dental does not approve your standard or fast coverage request, you have the right to file an appeal. Please see the Appeal section for more information. Availability of dental benefits at the time your request is completed is dependent on several factors. These factors include, but are not limited to, medical necessity, your continued eligibility for benefits, your available annual or lifetime Maximum Payments, any coordination of benefits, the status of your Dentist, This Plan's limitations and any other provisions, together with any additional information or changes to your dental treatment. To determine whether a service may be covered under This Plan, please review the benefits included in this document.

Written Notice of Claim and Time of Payment

All claims for Benefits must be filed with Delta Dental within one year of the date the services were completed. Once a claim for payment is filed, Delta Dental will decide it within 30 days of receiving it. If there is not enough information to decide your claim, Delta Dental will notify you or your Dentist

within 30 days. The notice will (a) describe the information needed, (b) explain why it is needed, (c) request an extension of time in which to decide the claim, and (d) inform you or your Dentist that the information must be received within 60 days or your claim will be denied. You will receive a copy of any notice sent to your Dentist. Once Delta Dental receives the requested information, it will decide your claim and send you notice of that decision. If you or your Dentist does not supply the requested information, Delta Dental will have no choice but to deny your claim. Once Delta Dental decides your claim, it will notify you within five days.

Authorized Representative

You may also appoint an authorized representative to deal with Delta Dental on your behalf with respect to any benefit claim you file or any review of a denied claim you wish to pursue (see the Grievance and Appeals Procedure section). You should call Delta Dental's Customer Service department, toll-free, at (800) 330-2732, or write them at P.O. Box 9230, Farmington Hills, Michigan, 48333-9230, to request a form to designate the person you wish to appoint as your representative or you may use the CMS Appointment of Representative Form (Form CMS-1696). While in some circumstances your Dentist is treated as your authorized representative, generally Delta Dental only recognizes the person whom you have authorized on the last dated form filed with Delta Dental. Once you have appointed an authorized representative, Delta Dental will communicate directly with your representative and will not inform you of the status of your claim. You will have to get that information from your representative. If you have not designated a representative, Delta Dental will communicate directly with you.

Questions and Assistance

Questions regarding your coverage should be directed to Delta Dental's Customer Service department, toll-free, at (800) 330-2732 (TTY Users call 711). You may also write to Delta Dental's Customer Service department at P.O. Box 9230, Farmington Hills, Michigan, 48333-9230. When writing to Delta Dental, please include your name, your SIHO Member ID number, and your daytime telephone number.

V. How Payment is Made

If your Dentist is a Medicare Advantage Participating Dentist, Delta Dental will base payment on the Maximum Approved Fee for Covered Services.

Delta Dental will send payment directly to the Medicare Advantage Participating Dentists and you will be responsible for any applicable Coinsurance, Copayments or Deductibles.

If your Dentist is a Nonparticipating Dentist, Delta Dental will base payment on the Nonparticipating Dentist Fee for Covered Services.

For Covered Services rendered by a Nonparticipating Dentist, Delta Dental will send payment to you unless otherwise required by law or contract, and you will be responsible for making full payment to the Dentist. You will be responsible for any difference between Delta Dental's payment and the Dentist's Submitted Amount.

VI. Benefit Categories

Important

ONLY the dental services listed in your Summary of Dental Plan Benefits and Covered Code List are covered by This Plan. Covered Services are also subject to exclusions and limitations. You will want to review this section of this Certificate carefully.

VII. Exclusions and Limitations

Exclusions

Delta Dental will make no payment for the following services or supplies, unless otherwise specified in the Summary of Dental Plan Benefits or Covered Code List. All charges for the same will be your responsibility (though your payment obligation may be satisfied by insurance or some other arrangement for which you are eligible):

1. Services or supplies, as determined by Delta Dental, for correction of congenital or developmental malformations.
2. Cosmetic surgery or dentistry for aesthetic reasons, as determined by Delta Dental.

3. Services started or appliances started before a person became eligible under This Plan. This exclusion does not apply to orthodontic treatment in progress (if a Covered Service)
4. Prescription drugs (except intramuscular injectable antibiotics), premedication, medicaments/ solutions, and relative analgesia.
5. General anesthesia and intravenous sedation for (a) surgical procedures, unless medically necessary, or (b) restorative dentistry.
6. Charges for hospitalization, laboratory tests, and histopathological examinations.
7. Charges for failure to keep a scheduled visit with the Dentist.
8. Services or supplies, as determined by Delta Dental, for which no valid dental need can be demonstrated.
9. Services or supplies, as determined by Delta Dental that are investigational in nature, including services or supplies required to treat complications from investigational procedures.
10. Services or supplies, as determined by Delta Dental, which are specialized techniques.
11. Treatment by other than a Dentist, except for services performed by a licensed dental hygienist other dental professional, as determined by Delta Dental under the scope of his or her license as permitted by applicable state law.
12. Services or supplies for which the patient is not legally obligated to pay, or for which no charge would be made in the absence of Delta Dental coverage.
13. Services or supplies received due to an act of war, declared or undeclared or terrorism.
14. Services or supplies covered under a hospital, surgical/medical (including Medicare Advantage), or prescription drug program.
15. Services or supplies that are not within the categories of Benefits selected by your Medicare Advantage Organization and that are not covered under the terms of this Certificate.
16. Fluoride rinses, self-applied fluorides, or desensitizing medicaments.
17. Interim caries arresting medicament.
18. Preventive control programs (including oral hygiene instruction, caries susceptibility tests, dietary control, tobacco counseling, home care medicaments, etc.).
19. Sealants.
20. Space maintainers.
21. Lost, missing, or stolen appliances of any type or replacement or repair of orthodontic appliances or space maintainers.
22. Cosmetic dentistry, including repairs to facings posterior to the second bicuspid position.
23. Veneers.
24. Prefabricated crowns used as final restorations on permanent teeth.
25. Major Restorative Services
26. Endodontic Services
27. Periodontic Services including periodontal maintenance and full mouth debridement.
28. Oral Surgery Services other than Simple Extractions.
29. Prosthodontic Services.
30. Implants and Implant Services.
31. Occlusal guards.
32. Occlusal adjustments.
33. Appliances, surgical procedures, and restorations for increasing vertical dimension; for altering, restoring, or maintaining occlusion; for replacing tooth structure loss resulting from attrition, abrasion, abfraction, or erosion; or for periodontal splinting. If Orthodontic Services are Covered Services, this exclusion will not apply to Orthodontic Services as limited by the terms and conditions of the contract between Delta Dental and your employer or organization.
34. Implant/abutment supported interim fixed denture for edentulous arch
35. Paste-type root canal fillings on permanent teeth.
36. Replacement, repair, relines, or adjustments of occlusal guards.
37. Chemical curettage.

38. Services associated with overdentures.
39. Metal bases on removable prostheses.
40. The replacement of teeth beyond the normal complement of teeth.
41. Personalization or characterization of any service or appliance.
42. Temporary crowns used for temporization during crown or bridge fabrication.
43. Posterior bridges in conjunction with partial dentures in the same arch.
44. Precision attachments and stress breakers.
45. Biologic materials to aid in soft and osseous tissue regeneration when submitted on the same day as tooth extraction, periradicular surgery, soft tissue grafting, guided tissue regeneration and periodontal or implant bone grafting.
46. Bone replacement grafts and specialized implant surgical techniques, including radiographic/surgical implant index.
47. Orthodontic Services
48. Appliances, restorations, or services for the diagnosis or treatment of disturbances of the temporomandibular joint (TMJ).
49. Diagnostic photographs and cephalometric films, unless done for orthodontics and orthodontics are a Covered Service.
50. Myofunctional therapy.
51. Mounted case analyses.
52. Any and all taxes applicable to the services.
53. Processing policies may otherwise exclude payment by Delta Dental for services or supplies.

Delta Dental will make no payment for the following services or supplies. Medicare Advantage Participating Dentists may not charge Members for these services or supplies. All charges from Nonparticipating Dentists for the following are your responsibility:

1. Services or supplies, as determined by Delta Dental, which are not provided in accordance with generally accepted standards of dental practice.
2. The completion of forms or submission of claims.
3. Consultations, patient screening, or patient assessment when performed in conjunction with examinations or evaluations.
4. Local anesthesia.
5. Acid etching, cement bases, cavity liners, and bases or temporary fillings.
6. Infection control.
7. Temporary, interim, or provisional crowns.
8. Gingivectomy as an aid to the placement of a restoration.
9. The correction of occlusion, when performed with prosthetics and restorations involving occlusal surfaces.
10. Diagnostic casts, when performed in conjunction with restorative or prosthodontic procedures.
11. Palliative treatment, when any other service is provided on the same date except X-rays and tests necessary to diagnose the emergency condition.
12. Post-operative X-rays, when done following any completed service or procedure.
13. Periodontal charting.
14. Pins and preformed posts, when done with core buildups for crowns, onlays, or inlays.
15. Any substructure when done for inlays, onlays, and veneers.
16. A pulp cap, when done with a sedative filling or any other restoration. A sedative or temporary filling, when done with pulpal debridement for the relief of acute pain prior to conventional root canal therapy or another endodontic procedure. The opening and drainage of a tooth or palliative treatment, when done by the same Dentist or dental office on the same day as completed root canal treatment.
17. A pulpotomy on a permanent tooth, except on a tooth with an open apex.
18. A therapeutic apical closure on a permanent tooth, except on a tooth where the root is not fully formed.
19. Retreatment of a root canal by the same Dentist or dental office within two years of the original root canal treatment.

20. A prophylaxis or full mouth debridement, when done on the same day as periodontal maintenance or scaling in the presence of gingival inflammation.
21. A prophylaxis when done on the same day a periodontal maintenance or scaling and root planing.
22. Scaling in the presence of gingival inflammation when done on the same day as periodontal maintenance.
23. Prophylaxis, scaling in the presence of gingival inflammation, or periodontal maintenance when done within 30 days of three or four quadrants of scaling and root planing or other periodontal treatment.
24. Full mouth debridement when done within 30 days of scaling and root planing.
25. Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant services without flap entry and closure, when performed within 12 months of implant restorations, provisional implant crowns and implant or abutment supported interim dentures.
26. Scaling and debridement in the presence of inflammation or mucositis of a single implant, when done on the same day as a prophylaxis, scaling in the presence of gingival inflammation, periodontal maintenance, full mouth debridement, periodontal scaling and root planing, periodontal surgery or debridement of a peri-implant defect.
27. Full mouth debridement, when done on the same day as comprehensive evaluation.
28. An occlusal adjustment, when performed on the same day as the delivery of an occlusal guard.
29. Reline, rebase, or any adjustment or repair within six months of the delivery of a partial denture.
30. Tissue conditioning, when performed on the same day as the delivery of a denture or the reline or rebase of a denture.
31. Periapical and/or bitewing X-rays, when done within a clinically unreasonable period of time of performing panoramic and/or full mouth X-rays, as determined solely by Delta Dental.
32. Charges or fees for overhead, internet/video connections, software, hardware or other equipment necessary to deliver services, including but not limited to teledentistry services.
33. Processing policies may otherwise exclude payment by Delta Dental for services or supplies.

Limitations

The Benefits for the following services or supplies are limited as follows, unless otherwise specified in the Summary of Dental Plan Benefits. All charges for services or supplies that exceed these limitations will be your responsibility. All time limitations are measured from the applicable prior dates of services in our records with any Delta Dental Plan or, at the request of your group, any dental plan:

1. Bitewing X-rays are payable once per calendar year and are included with your medical plan.
2. Prophylaxes (cleanings) are payable twice per calendar year and are included with your medical plan.
3. Oral examinations and evaluations (not included limited problem focused evaluations or patient screenings) are only payable twice per calendar year, regardless of the Dentist's specialty and are included with your medical plan.
4. Patient screening is payable once per calendar year.
5. Preventive fluoride treatments are payable twice per calendar year.
6. Assessments of salivary flow by measurement are payable once in any 36-month period.
7. Delta Dental's obligation for payment of Benefits ends on the last day of coverage. This date is usually the first of the month following receipt of a valid, written request to disenroll that was accepted by your plan during a valid Medicare election period. However, Delta Dental will make

payment for Covered Services provided on or before the last day of coverage, as long as Delta Dental receives a Claim for those services within one year of the date of service.

8. When services in progress are interrupted, Delta Dental will not issue payment for any incomplete services; however, Delta Dental will calculate the Maximum Approved Fee that the dentist may charge you for such incomplete services, and those charges will be your responsibility. In the event the interrupted services are completed later by a Dentist, Delta Dental will review the Claim to determine the amount of payment, if any, to the Dentist in accordance with Delta Dental's policies at the time services are completed.
9. Optional treatment: If you select a more expensive service than is customarily provided, Delta Dental will make an allowance for certain services based on the fee for the customarily provided service. You are responsible for the difference in cost. In all cases, Delta Dental will make the final determination regarding optional treatment and any available allowance.

Listed below are services for which Delta Dental will provide an allowance for optional treatment. Remember, you are responsible for the difference in cost for any optional treatment.

- a. Inlays, regardless of the material used – Delta Dental will pay only the amount that it would pay for an amalgam or composite resin restoration.
10. Maximum Payment:
 - a. All Benefits available under This Plan are subject to the Maximum Payment limitations set forth in your Summary of Dental Plan Benefits.
11. If a Deductible amount is stated in the Summary of Dental Plan Benefits, Delta Dental will not pay for any services or supplies, in whole or in part, to which the Deductible applies until the Deductible amount is met.
12. Processing Policies may limit Delta Dental's payment for services or supplies.

Delta Dental will make no payment for services or supplies that exceed the following limitations. All charges are your responsibility. However, Medicare Advantage Participating Dentists may not charge Members for these services or supplies when performed by the same Dentist or dental office. All time limitations are measured from the applicable prior dates of services in our records with any Delta Dental Plan or, at the request of your Medicare Advantage Organization, any dental plan:

1. Amalgam and composite resin restorations are payable once in any two-year period, regardless of the number or combination of restorations placed on a surface.
2. Core buildups and other substructures are payable only when needed to retain a crown on a tooth with excessive breakdown due to caries (decay) and/or fractures.
3. Recementation of a crown, onlay, inlay, or bridge within six months of the seating date.
4. Retention pins are payable once in any two-year period. Only one substructure per tooth is a Covered Service.
5. Root planing is payable once in any two-year period.
6. Periodontal surgery is payable once in any three-year period.
7. A complete occlusal adjustment is payable once in any five-year period. The fee for a complete occlusal adjustment includes all adjustments that are necessary for a five-year period. A limited occlusal adjustment is not payable more than three times in any five-year period. The fee for a limited occlusal adjustment includes all adjustments that are necessary for a six-month period.
8. Tissue conditioning is payable twice per arch in any three-year period.
9. The allowance for a denture repair (including reline or rebase) will not exceed half the fee for a new denture.

10. Services or supplies, as determined by Delta Dental, which are not provided in accordance with generally accepted standards of dental practice.
11. Scaling and debridement in the presence of inflammation or mucositis of a single implant is payable once per tooth in any 24-month period when performed by the same office.
12. One assessment of salivary flow by measurement is allowed within a twelve (12) month period when done by the same Dentist/dental office.
13. Processing Policies may limit Delta Dental's payment for services or supplies.

VIII. Coordination of Benefits

Coordination of Benefits ("COB") provision applies when a Person has health care coverage under more than one plan. "Plan" is defined below.

The order of benefit determination rules govern the order in which each Plan will pay a claim for benefits. The Plan that pays first is called the Primary Plan. The Primary Plan must pay benefits in accordance with its policy terms without regard to the possibility that another Plan may cover some expenses. The Plan that pays after the Primary Plan is the Secondary Plan. The Secondary Plan may reduce the benefits it pays so that payments from all Plans does not exceed 100 percent of the total Allowable Expense.

Definitions

Plan is any of the following that provides benefits or services for medical or dental care or treatment. If separate contracts are used to provide coordinated coverage for members of a group, the separate contracts are considered parts of the same Plan and there is no COB among those separate contracts.

1. Plan includes: group and non-group insurance contracts, medical care components of long-term care contracts, such as skilled nursing care; medical benefits under group or individual automobile contracts; and Medicare or any other federal governmental plan, as permitted by law.
2. Plan does not include: hospital indemnity coverage or other fixed indemnity coverage;

accident only coverage; specified disease or specified accident coverage; school accident type coverage; benefits for non-medical components of long-term care policies; Medicare supplement policies; or coverage under other federal governmental plans that do not permit coordination.

Each contract for coverage under (1) or (2) above is a separate Plan. If a Plan has two parts and COB rules apply only to one of the two, each of the parts is treated as a separate Plan.

This Plan, for purposes of this section, means the part of the contract providing the health care benefits to which the COB provision applies and which may be reduced because of the benefits of other Plans. Any other part of the contract providing health care benefits is separate from This Plan. A contract may apply one COB provision to certain benefits, such as dental benefits, coordinating only with similar benefits, and may apply another COB provision to coordinate other benefits.

Order of Benefit Determination Rules determine whether This Plan is a Primary Plan or Secondary Plan when the person has health care coverage under more than one Plan.

When This Plan is primary, it determines payment for its Benefits first before those of any other Plan without considering any other Plan's Benefits. When This Plan is secondary, it determines its Benefits after those of another Plan and may reduce the Benefits it pays so that the total benefits paid by all Plans do not exceed the Submitted Amount. In no event will This Plan's payments exceed the Maximum Approved Fee.

Order of Benefits Determination Rules

When a person is covered by two or more Plans, the rules for determining the order of benefit payments are as follows:

1. This Plan will pay primary over any Medicaid or Retiree Plan that you may have.
2. This Plan will pay secondary to any employer sponsored, automobile, group,

or individual Plan you may have, except for those listed in (1) above.

3. If This Plan is the Primary Plan, it will pay its benefits according to its terms of coverage and without regard to the benefits under any other Plan.
4. Except as provided in the following paragraph, a Plan that does not contain a COB provision is always primary unless otherwise required by law.

Coverage that is obtained by virtue of membership in a group that is designed to supplement a part of a basic package of benefits and provides that this supplementary coverage shall be excess to any other parts of the Plan provided by the contract holder, shall be secondary regardless of whether or not it contains a COB provision.
5. A Plan may consider the benefits paid or provided by another Plan in calculating payment of its benefits only when it is secondary to that other Plan.

Effect on the Benefits of This Plan

When This Plan is secondary, it may reduce its Benefits so that the total benefits paid or provided by all Plans during a plan year are not more than the total Submitted Amount. In determining the amount to be paid, This Plan will calculate the benefits it would have paid in the absence of other health care coverage (Maximum Approved Fee) and apply that the remaining amount that you owe to the Dentist following the Primary Plan's payment. The amount paid by This Plan will not exceed the Maximum Approved Fee.

Right of Recovery

If the amount of the payments made by Delta Dental is more than it should have paid under this COB provision, it may recover the excess from one or more of the persons it has paid or for whom it has paid, or any other person or organization that may be responsible for the benefits or services provided for the covered person. The "amount of the payments made" includes the reasonable cash value of any benefits provided in the form of services.

Coordination Disputes

If you believe that we have not paid a claim properly, you should first attempt to resolve the problem by contacting us. You or your Dentist should contact Delta Dental's Customer Service department and ask them to check the claim to make sure it was processed correctly. You may do this by calling the toll-free number, (800) 330-2732, and speaking to a telephone advisor. You may also mail your inquiry to the Customer Service Department at PO Box 9230, Farmington Hills, Michigan, 48333-9230. You may also follow the Grievance and Appeals Procedure below

IX. Grievance and Appeals Procedures

If we make an Adverse Benefit Determination, you will receive a Notice of Denial of Coverage. Your or your authorized representative should seek a review as soon as possible, but you must file your request for review within **60 days** of the date that you received that Notice of Denial of Coverage. Delta Dental may give you more time if you have a good reason for missing the deadline.

There are two types of appeals.

Standard Appeal – We will give you a written decision on a standard appeal within 30 days after we get your appeal for a Pre-Service Organization Determination. Our decision might take longer if you ask for an extension, or if we need more information about your case. We will tell you if we are taking extra time and will explain why more time is needed. If your appeal is for payment of a service you have already received, we will give you a written decision within 60 days.

Fast Appeal – We will give you a decision on a fast appeal within 72 hours after we get your appeal. You can ask for a fast appeal if you or your doctor believe your health could be seriously harmed by waiting up to 30 Days for a decision. You cannot request a fast appeal if you are asking us to pay you back for a service you have already received.

Send appeals to the following:

Delta Dental
Attn: Dental Director
P.O. Box 9230
Farmington Hills, MI 48333-9230

Fax: 517.381.5527
Phone: (800) 330-2732
TTY: 711

Please include your name and address, the Member ID, the explanation of benefits, the reason why you believe your claim was wrongly denied, and any other information you believe supports your claim. Indicate in your letter that you are requesting a formal appeal (Standard/Fast Appeal) of your claim. You also have the right to review any documents related to your appeal. If you would like a record of your request and proof that Delta Dental received it, mail your request certified mail, return receipt requested.

If you want someone else to act for you, you can name a relative, friend, attorney, dentist or someone else to act as your representative. You can do this by following the authorized representative section above. Both you and the person you want to act for you must sign and date a statement confirming this is what you want. You will need to mail or fax the statement to Delta Dental.

The Dental Director or any person reviewing your claim will not be the same as, nor subordinate to, the person(s) who initially decided your claim. The reviewer will grant no deference to the prior decision about your claim. The reviewer will assess the information, including any additional information that you have provided, as if he or she were deciding the claim for the first time. The reviewer's decision will take into account all comments, documents, records and other information relating to your claim even if the information was not available when your claim was initially decided.

The notice of any adverse determination regarding your appeal will (a) inform you of the specific reason(s) for the denial, (b) list the pertinent Plan provision(s) on which the denial is based, (c) contain a description of any additional information or material that is needed to decide the claim and an explanation of why such information is needed, (d)

reference any internal rule, guideline, or protocol that was relied on in making the decision on review.

Adverse appeals will be automatically submitted to the CMS's contracted independent review entity within 60 calendar days from the date Delta Dental received the member's first level appeal. The Appeals Staff will concurrently notify the member that the appeal is being forwarded to CMS's independent review entity.

If you have a complaint or dispute, other than a Notice of Denial of Coverage, expressing dissatisfaction with the manner in which Delta Dental or a dentist has provided dental services, you can contact Delta Dental at the address listed above in this section or call customer service at (800) 330-2732 within 60 days of the event. Delta Dental will respond in writing to all Grievances within 30 days of receipt, unless issue is resolved by customer service on the call.

X. Termination of Coverage

Your Delta Dental coverage may automatically terminate:

- ◆ When SHIO advises Delta Dental to terminate your coverage.
- ◆ On the first day of the month for which SIHO has failed to pay Delta Dental.
- ◆ For fraud or misrepresentation in the submission of any claim.
- ◆ For any other reason stated in the contract between Delta Dental and SIHO.

Delta Dental will not continue eligibility for any person covered under This Plan beyond the termination date requested by SIHO. A person whose eligibility is terminated may not continue coverage under this Certificate.

XI. General Conditions

Subrogation and Right of Reimbursement

If Delta Dental provides Benefits under this Certificate and you have a right to recover damages from another, Delta Dental is subrogated to that right.

To the extent that This Plan provides or pays Benefits for Covered Services, Delta Dental is

subrogated to any right you or your Eligible Dependent has to recover from another, his or her insurer, or under his or her “Medical Payments” coverage or any “Uninsured Motorist,” “Underinsured Motorist,” or other similar coverage provisions. You or your legal representative must do whatever is necessary to enable Delta Dental to exercise its rights and do nothing to prejudice them.

If you recover damages from any party or through any coverage named above, you must reimburse Delta Dental from that recovery to the extent of payments made under This Plan.

Obtaining and Releasing Information

While you are an Eligible Person, you agree to provide Delta Dental with any information it needs to process your claims and administer your Benefits. This includes allowing Delta Dental access to your dental records.

Dentist-Patient Relationship

Eligible Persons are free to choose any Dentist. Each Dentist maintains the dentist-patient relationship and is solely responsible to the patient for dental advice and treatment and any resulting liability.

Loss of Eligibility During Treatment

If an Eligible Person loses eligibility while receiving dental treatment, only Covered Services received while that person was covered under This Plan will be payable.

Certain services begun before the loss of eligibility may be covered if they are completed within 60 days from the date of termination. In those cases, Delta Dental evaluates those services in progress to determine what portion may be paid by Delta Dental. The difference between Delta Dental’s payment and the total fee for those services is your responsibility.

Late Claims Submission

Delta Dental will make no payment for services or supplies if a claim for such has not been received by Delta Dental within one year following the date the services or supplies were completed.

Change of Certificate or Contract

No agent has the authority to change any provisions in this Certificate or the provisions of the contract on which it is based. No changes to this Certificate or the underlying contract are

valid unless Delta Dental approves them in writing.

Actions

No action on a legal claim arising out of or related to this Certificate will be brought within 60 days after notice of the legal claim has been given to Delta Dental, unless prohibited by applicable state law. In addition, no action can be brought more than three years after the legal claim first arose or after expiration of the applicable statute of limitations, if longer. Any person seeking to do so will be deemed to have waived his or her right to bring suit on such legal claim. Except as set forth above, this provision does not preclude you from seeking a judicial decision or pursuing other available legal remedies.

Right of Recovery Due to Fraud

If Delta Dental pays for services that were sought or received under fraudulent, false, or misleading pretenses or circumstances, pays a claim that contains false or misrepresented information, or pays a claim that is determined to be fraudulent due to your acts or acts of your Eligible Dependents, it may recover that payment from you or your Eligible Dependents. You and your Eligible Dependents authorize Delta Dental to recover any payment determined to be based on false, fraudulent, misleading, or misrepresented information by deducting that amount from any payments properly due to you or your Eligible Dependents. Delta Dental will provide an explanation of the payment recovery at the time the deduction is made.

Change of Status

You must notify Delta Dental, through your employer or organization, of any event that changes the status of an Eligible Dependent. Events that can affect the status of an Eligible Dependent include, but are not limited to, marriage, birth, death, divorce, and entrance into military service.

Governing Law

This Certificate and the underlying group contract will be governed by and interpreted under the Centers for Medicare and Medicaid Services (CMS)

Legally Mandated Benefits

If any applicable law requires broader coverage or more favorable treatment for you or your Eligible Dependents than is provided by this Certificate, that law shall control over the language of this Certificate.

Any person intending to deceive an insurer, who knowingly submits an application or files a claim containing a false or misleading statement, is guilty of insurance fraud.

Insurance fraud significantly increases the cost of health care. If you are aware of any false information submitted to Delta Dental, please call our toll-free hotline. We only accept anti-fraud calls at this number.

ANTI-FRAUD TOLL-FREE HOTLINE:

800.524.0147

This section provides a list of dental procedures covered by your plan. If a procedure is not on this list, it is not a standard covered benefit under your plan. Standard benefit limitations under these programs are listed where applicable in the Benefit Limitations column. Some services share frequencies. Additional information on the frequency limitations can be found in Section VII of your Delta Dental Certificate.

*Please note, procedures in the following code ranges may require routine review or diagnostic information such as radiographs or patient treatment records for claims processing and final payment determinations: D0220-D0250, D0999 Diagnostic; D1999 Preventive; D2710-D2794, D2910-D2921, D2951-D2999 Restorative; D7111, D7140, D7288; D7999 Oral and Maxillofacial Surgery; D9120, D9310, D9410, D9420, D9930 and D9999 Adjunctive Services

| Code | Description | Plan pay for Delta Dental Medicare Advantage Dentist | Plan pay for Nonparticipating (out-of-network) Dentist | Benefit Limitations |
|-----------------------------------|---|--|--|---|
| D0100-D0999 Diagnostic | | | | |
| D0120 | periodic oral evaluation - established patient | 100% | 100% | Twice per calendar year |
| D0140 | limited oral evaluation - problem focused | 100% | 100% | As needed for diagnosis of emergency condition |
| D0150 | comprehensive oral evaluation - new or established patient | 100% | 100% | Once per 36 months |
| D0160 | detailed and extensive oral evaluation - problem focused, by report | 100% | 100% | Once per 36 months |
| D0180 | comprehensive periodontal evaluation - new or established patient | 100% | 100% | Once per calendar year |
| D0190 | screening of a patient | 100% | 100% | Once per calendar year |
| D0210 | intraoral - complete series | 100% | 100% | Once per 5 year period |
| D0220*, D0230* | intraoral - periapical image | 100% | 100% | Covered service |
| D0240* | intraoral - occlusal image | 100% | 100% | Covered service |
| D0250* | extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector | 100% | 100% | Covered service |
| D0270, D0272, D0273, D0274, D0277 | bitewing x-rays | 100% | 100% | Once per calendar year |
| D0330 | panoramic image | 100% | 100% | Once per 5 year period |
| D0419 | assessment of salivary flow, by measurement | 100% | 100% | Once per 3 year period |
| D0460 | pulp vitality tests | 100% | 100% | Payable per visit not per tooth for the diagnosis of emergency conditions |

| | | | | |
|---|---|----------|----------|--|
| D0999* | unspecified diagnostic procedure, by report | 100% | 100% | Benefit determined by consultant review |
| D1000-D1999 Preventive | | | | |
| D1110 | prophylaxis - adult | 100% | 100% | Twice per calendar year |
| D1206, D1208 | topical application of fluoride | 100% | 100% | Twice per calendar year |
| D1999* | unspecified preventive procedure, by report | 100% | 100% | Benefit determined by consultant review |
| D2000-D2999 Restorative | | | | |
| D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2390 | amalgam and resin-based composite | 50% | 50% | Amalgam and composite resin restorations are payable once in any two-year period, same tooth and same surface, regardless of the number or combination of restorations placed on a surface |
| D2391, D2392, D2393, D2394 | resin-based composite - posterior | 50% | 50% | Amalgam and composite resin restorations are payable once in any two-year period, same tooth and same surface, regardless of the number or combination of restorations placed on a surface |
| D2410, D2420, D2430 | gold foil | Optional | Optional | Plan will pay only the applicable amount that it would have paid for an amalgam restoration (D2140, D2150, D2160) |
| D2510, D2520, D2530, D2610, D2620, D2630, D2650, D2651, D2652 | inlay - any material | Optional | Optional | Plan will pay only the applicable amount that it would have paid for an amalgam restoration (D2140, D2150, D2160, D2161) |
| D2910* | re-cement or re-bond inlay, onlay, veneer or partial coverage restoration | 50% | 50% | Covered service |
| D2915* | re-cement or re-bond indirectly fabricated or prefabricated post and core | 50% | 50% | Covered service |
| D2920* | re-cement or re-bond crown | 50% | 50% | Covered service |
| D2921* | reattachment of tooth fragment, incisal edge or cusp | 50% | 50% | Covered service |

| | | | | |
|--|--|-----|-----|--|
| D2940 | protective restoration | 50% | 50% | Once per tooth per lifetime and considered to be part of the fee when done in conjunction with a definitive restoration, indirect pulp cap or endodontic treatment (including pulpotomy) |
| D2941 | interim therapeutic restoration - primary dentition | 50% | 50% | Once per primary tooth |
| D2951* | pin retention - per tooth, in addition to restoration | 50% | 50% | Once per tooth per lifetime |
| D2980*, D2981*, D2982*, D2983* | repair necessitated by restorative material failure | 50% | 50% | Covered service |
| D2999* | unspecified restorative procedure, by report | 50% | 50% | Benefit determined by consultant review |
| D5000-D5899 Prosthodontics (Removable) | | | | |
| D5110*, D5120*, D5130*, D5140* | complete/immediate denture | 50% | 50% | Once per five-year period |
| D5211*, D5212*, D5213*, D5214* | partial denture - resin base (including retentive/clasping materials, rests and teeth) | 50% | 50% | Once per five-year period |
| D5221*, D5222*, D5223*, D5224* | immediate partial denture - resin base (including any retentive/clasping materials, rests and teeth) | 50% | 50% | Once per five-year period |
| D5225*, D5226* | partial denture - flexible base (including any clasps, rests and teeth) | 50% | 50% | Once per five-year period |
| D5282*, D5283*, D5284*, D5286* | removable unilateral partial denture (including clasps and teeth) | 50% | 50% | Once per five-year period |
| D5410*, D5411*, D5421*, D5422* | adjust complete/partial denture | 50% | 50% | Covered service |
| D5511*, D5512*, D5611*, D5612*, D5621*, D5622*, D5630* | repair broken complete or partial denture | 50% | 50% | Covered service |

| | | | | |
|---|--|----------|----------|---|
| D5520* | replace missing or broken teeth - complete denture (each tooth) | 50% | 50% | Covered service |
| D5640* | replace broken teeth - per tooth | 50% | 50% | Covered service |
| D5650* | add tooth to existing partial denture | 50% | 50% | Covered service |
| D5660* | add clasp to existing partial denture - per tooth | 50% | 50% | Covered service |
| D5670*, D5671* | replace all teeth and acrylic on cast metal framework | 50% | 50% | Covered service |
| D5710, D5711, D5720, D5721 | rebase complete or partial denture | 50% | 50% | Once per 12 month period |
| D5730, D5731, D5740, D5741, D5750, D5751, D5760, D5761 | reline complete or partial denture | 50% | 50% | Once per 12 month period |
| D5820, D5821 | interim partial denture | 50% | 50% | Payable for the replacement of permanent anterior teeth during the healing period |
| D5850, D5851 | tissue conditioning | 50% | 50% | Once per 12 month period |
| D5863, D5864, D5865, D5866 | overdenture - complete or partial | Optional | Optional | Plan will pay only the applicable amount that it would have paid for a conventional full denture (D5110, D5120, D5211, D5212) |
| D5899* | unspecified removable prosthodontic procedure, by report | 50% | 50% | Benefit determined by consultant review |
| D7000-D7999 Oral and Maxillofacial Surgery | | | | |
| D7111* | extraction, coronal remnants - primary tooth | 50% | 50% | Once per tooth per lifetime |
| D7140* | extraction, erupted tooth or exposed root (elevation and or forceps removal) | 50% | 50% | Once per tooth per lifetime |
| D7288* | brush biopsy - transepithelial sample collection | 100% | 100% | Covered service |
| D7999* | unspecified oral surgery procedure, by report | 50% | 50% | Benefit determined by consultant review |

| D9000-D9999 Adjunctive General Services | | | | |
|---|---|------|------|--|
| D9110 | palliative (emergency) treatment of dental pain - minor procedure | 100% | 100% | As needed for diagnosis of emergency condition |
| D9120* | fixed partial denture sectioning | 100% | 100% | Covered service |
| D9222, D9223 | deep sedation/general anesthesia | 100% | 100% | Paid in conjunction with qualifying services |
| D9239, D9243 | intravenous moderate (conscious) sedation/analgesia | 100% | 100% | Paid in conjunction with qualifying services |
| D9310* | consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician | 100% | 100% | Covered service |
| D9410* | house/extended care facility call | 100% | 100% | Requires consultant review |
| D9420* | hospital or ambulatory surgical center call | 100% | 100% | Requires consultant review |
| D9440 | office visit - after regularly scheduled hours | 100% | 100% | As needed for diagnosis of emergency condition |
| D9930* | treatment of complications (post-surgical) - unusual circumstances, by report | 100% | 100% | Covered service |
| D9999* | unspecified adjunctive procedure, by report | 100% | 100% | Benefit determined by consultant review |