

## This is important information on changes in your Brand New Day Plan information.

Changes to your 2023 Annual Notice of Changes, Evidence of Coverage and Summary of Benefits:

Where you can find the change in your 2023 Materials:	Original information:	Corrected information:	What does this mean to you?
<p><b>Annual Notice of Change -</b> Changes to Benefits and Costs for Medical Services - Medicare Part B Prescription Drugs</p>	<p>Not included</p>	<p><b>2022:</b> You pay 20% coinsurance</p> <p><b>2023:</b> You pay up to 20% coinsurance.</p> <p>Certain rebatable drugs may be subject to a lower coinsurance. Part B insulin cost sharing is no more than a \$35 copay for a one-month supply.</p>	<p>You pay up to 20% coinsurance for Medicare Part B Drugs, and no more than a \$35 copay for a one-month supply of Medicare Part B insulin.</p>
<p><b>Evidence of Coverage -</b> Chapter 4, Section 2.1 Your medical benefits and costs as a member of the plan - Medicare Part B Prescription Drugs</p>	<p>You pay 20% coinsurance</p>	<p>You pay up to 20% coinsurance. Certain rebatable drugs may be subject to a lower coinsurance. Part B insulin cost sharing is no more than a \$35 copay for a one-month supply.</p>	<p>You pay up to 20% coinsurance for Medicare Part B Drugs, and no more than a \$35 copay for a one-month supply of Medicare Part B insulin.</p>

<p><b>Summary of Benefits - Medicare</b> Part B Drugs</p> <ul style="list-style-type: none"> <li>• Chemotherapy drugs</li> <li>• Other Part B drugs</li> </ul>	<ul style="list-style-type: none"> <li>• 20% coinsurance</li> <li>• 20% coinsurance</li> </ul>	<ul style="list-style-type: none"> <li>• Up to 20% coinsurance</li> <li>• Up to 20% coinsurance. Part B insulin cost sharing is no more than a \$35 copay for a one-month supply</li> </ul>	<p>You pay up to 20% coinsurance for Medicare Part B Drugs, and no more than a \$35 copay for a one-month supply of Medicare Part B insulin.</p>
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You are not required to take any action in response to this document, but we recommend you keep this information for future reference.

If you have any questions, please call us at 1-866-255-4795 (TTY users should call 711.). Hours are 8:00 am to 8:00 pm 7 days a week from October 1 - March 31 and 8:00 am to 8:00 pm Monday - Friday from April 1 - September 30.

Brand New Day is an HMO plan with a Medicare contract. Enrollment in this plan depends on contract renewal.

brand new day

HEALTHCARE YOU CAN FEEL GOOD ABOUT

DENTAL BENEFITS ADDENDUM

**BRAND NEW DAY  
HEALTH PLAN**

Medi Medi Wrap CAC38

Administered by:



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# INTRODUCTION

We are pleased to welcome you to the dental plan for BRAND NEW DAY. 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, Contra Costa, Fresno, Imperial, Kern, Kings, Los Angeles, Madera, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, Solano, Stanislaus, Tulare and Yolo.

## 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 BRAND NEW DAY (“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 [www1.deltadentalins.com/brand-new-day-medicare](http://www1.deltadentalins.com/brand-new-day-medicare) or call Delta Dental’s Customer Service Center at 844-282-7638 (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 844-282-7638 (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 BRAND NEW DAY Plan and Delta Dental of California for the Provision of Dental Services.

**Contractholder** -- BRAND NEW DAY 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 844-282-7638 Monday through Sunday from 8 a.m. to 8 p.m., 7 days a week (TTY users call 711). In order to ensure that your Participating Provider is notified, and our eligibility lists are correct, changes in Participating Providers must be requested prior to the 21st of the month for changes to be effective 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 BRAND NEW DAY Plan. Inquiries regarding availability of appointments and accessibility of Participating Providers should be directed to the Customer Service department at 844-282-7638 (TTY users 711).

**EACH MEMBER MUST GO TO HIS OR HER ASSIGNED PARTICIPATING PROVIDER TO OBTAIN COVERED SERVICES, EXCEPT EMERGENCY SERVICES OR SERVICES PROVIDED BY A SPECIALIST, WHICH MUST BE PREAUTHORIZED IN WRITING BY DELTA DENTAL. 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 844-282-7638 Monday through Sunday from 8 a.m. to 8 p.m., 7 days a week (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 844-282-7638 Monday through Sunday from 8 a.m. to 8 p.m., 7 days a week (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 844-282-7638 Monday through Sunday from 8 a.m. to 8 p.m., 7 days a week (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 844-282-7638 Monday through Sunday from 8 a.m. to 8 p.m., 7 days a week (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

Specialist Services must be referred by the assigned Participating Provider and preauthorized in writing by Delta Dental. All preauthorized Specialist Services will be paid by us less any applicable Copayments.

## 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 844-282-7638 Monday through Sunday from 8 a.m. to 8 p.m., 7 days a week (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 BRAND NEW DAY. 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 844-282-7638 Monday through Sunday from 8 a.m. to 8 p.m., 7 days a week (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 BRAND NEW DAY. See your BRAND NEW DAY Evidence of Coverage Booklet for information on the grievance process or contact BRAND NEW DAY at the 866-255-4795 on your BRAND NEW DAY 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 BRAND NEW DAY 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 BRAND NEW DAY. If you lose your eligibility or you terminate your enrollment under your BRAND NEW DAY plan you are not eligible to receive Benefits under this Plan. See your BRAND NEW DAY Evidence of Coverage Booklet for enrollment terms and conditions.

## SCHEDULE A

### Description of Benefits and Copayments

#### DHMO – CAC38 - Medi Medi Wrap (CA Medi-Cal Dental Wrap Plan)

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to *Schedule B* for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

**Text that appears in italics below is specifically intended to clarify the delivery of benefits under the DHMO program and is not to be interpreted as Current Dental Terminology (“CDT”), CDT-2023 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
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**Codes listed in Schedule A are covered under Brand New Day’s Medi Medi program. Please charge according to the co-pay listed below per dental code. Member should also be eligible for benefits under CA Medi-Cal Dental. Please submit a copy of this fee schedule with the claim form to CA Medi-Cal Dental for benefits covered under their program.**

D0100-D0999	I. DIAGNOSTIC	
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D0140	Limited oral evaluation – problem focused	No Cost
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D0273	Bitewings three radiographic images	No Cost
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D1000-D1999	II. PREVENTIVE	
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D1110	Prophylaxis cleaning - adult	No Cost
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2000-D2999	III. RESTORATIVE	
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*- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.*

*- Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.*

*- Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed \$325.00 in addition to the listed Copayment. Refer to Limitation of Benefits #3 for additional information.*

*- Porcelain and other tooth-colored materials (i.e. resin) is considered a material upgrade with a maximum additional charge to the Enrollee of \$150.00 on molars. Porcelain margins are a cosmetic option. Contract Dentists have agreed to charge a maximum of \$75.00 for porcelain.*



D2720	Crown - resin with high noble metal	No Cost
D2722	Crown - resin with noble metal	No Cost
D2750	Crown - porcelain fused to high noble metal	No Cost
D2752	Crown - porcelain fused to noble metal	No Cost
D2790	Crown - full cast high noble metal	No Cost
D2792	Crown - full cast noble metal	No Cost

D3000-D3999 IV. ENDODONTICS

D1000-D1999 II. PREVENTIVE

D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	No Cost
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D4000-D4999 V. PERIODONTICS

D4921	Gingival irrigation with a medicinal agent - per quadrant	No Cost
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D5000-D5899 VI. PROSTHODONTICS (removable)

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

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

D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	No Cost
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D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	No Cost
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D5864	Overdenture - partial maxillary	\$350.00
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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])

- Replacement of a crown, pontic or stress breaker requires the existing bridge to be 5+ years old.

- Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed \$325.00 in addition to the listed Copayment. Refer to Limitation of Benefits #3 for additional information.

- Porcelain is considered a material upgrade with a maximum additional charge to the Enrollee of \$150.00 per molar. Porcelain margins are a cosmetic option. Contract Dentists have agreed to charge a maximum of \$75.00 for porcelain.

D6240	Pontic - porcelain fused to high noble metal	No Cost
D6242	Pontic - porcelain fused to noble metal	No Cost
D6750	Retainer crown - porcelain fused to high noble metal	No Cost
D6752	Retainer crown - porcelain fused to noble metal	No Cost
D7000-D7999	X. ORAL AND MAXILLOFACIAL SURGERY	
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	No Cost
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	\$350.00
D8000-D8999	XI. ORTHODONTICS - Not Covered	
D9000-D9999	XII. ADJUNCTIVE GENERAL SERVICES- Not Covered	

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. Listed procedures not covered under this plan under Schedule A may be a covered benefit under the CA Medi-Cal Dental state benefit for the member. Please review covered benefits under CA Medi-Cal Dental.

## **SCHEDULE B**

### **Limitations of Benefits**

1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments*.
2. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon prior authorization by Delta Dental, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
3. Contract Dentists may offer services that utilize brand or trade names at an additional fee. The Enrollee must be offered the plan benefits of a high quality laboratory processed crown/pontic that may include:  
porcelain/ceramic; porcelain with base, noble or high-noble metal. If the Enrollee chooses the alternative of a material upgrade (name brand laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials, including but not limited to: Captek, Procera, Lava, Empress and Cerec) the Contract Dentist may charge an additional fee not to exceed \$325.00 in addition to the listed Copayment. Contact the Customer Service department at 1-866-247-2486 if you have questions regarding the additional fee or name brand services.



## Exclusions of Benefits

1. Any procedure that is not specifically listed under Schedule A, Description of Benefits and Copayments. Listed procedures not covered under this plan under Schedule A may be a covered benefit under the CA Medi-Cal Dental state benefit for the member. Please review covered benefits under CA Medi-Cal Dental.
2. Any procedure that in the professional opinion of the Contract Dentist:
  - 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.
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 teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
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 restoration 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-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant, unless listed in *Schedule A, Description of Benefits and Copayments*.
9. Consultations for non-covered benefits.
10. Dental services received from any dental facility other than the assigned Contract Dentist or a preauthorized dental specialist except for Emergency Services as described in the Contract and/or Evidence 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 this program. Examples include: teeth prepared for crowns, root canals in progress, 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.
15. Orthodontic treatment must be provided by a licensed Dentist. Self-administered orthodontics are not covered.
16. The removal of fixed orthodontic appliances for reasons other than completion of treatment is not a covered benefit.

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