

△ DELTA DENTAL®

Keep Smiling



Health Benefits

Together, we are working toward a healthier community.

Enjoy quality, convenience and predictable costs

Delta Dental is utilizing our DeltaCare® USA network to serve the State of Maryland employees, retirees and covered dependents. Your DeltaCare USA plan is designed to encourage you and your family to visit the dentist regularly to maintain yourdental health.

When you enroll, you select a general dentist in the DeltaCare USA network from whom you receive primary care. You must visit this dentist to receive benefits. The DeltaCare USA network consists of private practice dental facilities that have been carefully screened for quality. Enroll in DeltaCare USA and you'll enjoy these features:

Quality

- Extensive benefits for you and your family
- All pre-existing conditions covered
- Large, stable network of dentists
- Each family member can select his or her own dentist

Convenience

- No claim forms to complete
- Customer Service representatives available Monday through Friday, 8 am to 9 pm.

Predictable costs

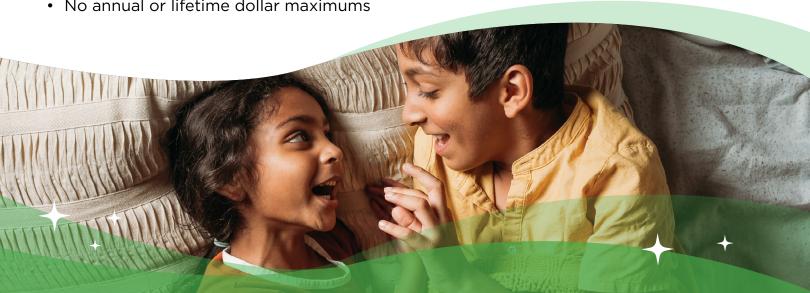
When you visit a network dentist, it's easy to understand your costs.

- No deductibles
- Out-of-pocket costs are clearly defined
- No annual or lifetime dollar maximums

Find a DeltaCare USA dentist

Select from among the many conveniently located DeltaCare USA contracted general dentists. To find the most current listing of DeltaCare USA dental offices you can:

- Visit our website at deltadentalins.com/ **statemd** to search for a dentist near your home or office.
- Or call Customer Service at 844-697-0578 (Monday through Friday, 8 am to 9 pm.) for help in finding a DeltaCare USA dentist.



Copayments for common dental services

Code	Description of service	Member pays
D0120	Periodic oral evaluation - established patient	\$0.00
D0140	Limited oral evaluation - problem focused	\$0.00
D0150	Comprehensive oral evaluation - new or established patient	\$0.00
D0210	Intraoral - complete series of radiographic images	\$0.00
D0220	Intraoral - periapical first radiographic image	\$0.00
D0230	Intraoral - periapical each additional radiographic image	\$0.00
D0272	Bitewings - two radiographic images	\$0.00
D0274	Bitewings - four radiographic images	\$0.00
D0330	Panoramic radiographic image	\$0.00
D1110	Prophylaxis - adult	\$0.00
D1120	Prophylaxis - child	\$0.00
D1206	Topical application of fluoride varnish	\$0.00
D1208	Topical application of fluoride (prophylaxis excluded) - through age 18	\$0.00
D1351	Sealant - per tooth	\$0.00
D2140	Amalgam - one surface, primary or permanent	\$0.00
D2150	Amalgam - two surfaces, primary or permanent	\$0.00
D2160	Amalgam - three surfaces, primary or permanent	\$0.00
D2161	Amalgam - four or more surfaces, primary or permanent	\$0.00
D2330	Resin-based composite - one surface, anterior	\$0.00
D2331	Resin-based composite - two surfaces, anterior	\$0.00
D2332	Resin-based composite - three surfaces, anterior	\$0.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$70.00
D2391	Resin-based composite - one surface, posterior	\$40.00
D2392	Resin-based composite - two surfaces, posterior	\$60.00
D2750	Crown - porcelain fused to high noble metal	\$276.00
D2752	Crown - porcelain fused to noble metal	\$270.00
D2790	Crown - full cast high noble metal	\$228.00
D2792	Crown - full cast noble metal	\$264.00
D2920	Recement crown	\$15.00
D2950	Core buildup, including any pins	\$100.00
D2954	Prefabricated post and core in addition to crown	\$108.00
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$108.00
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	\$144.00
D3330	Endodontic therapy, molar (excluding final restoration)	\$198.00

Code	Description of service	Member pays
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$60.00
D4910	Periodontal maintenance	\$30.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$20.00
D7210	Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$27.00
D7230	Removal of impacted tooth - partially bony	\$55.00
D7240	Removal of impacted tooth - completely bony	\$65.00
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$15.00
D9220	Deep sedation/general anesthesia - first 30 minutes	\$205.00

NOTE: THIS IS ONLY A BRIEF SUMMARY OF THE PLAN.

The Group Dental Service Contract must be consulted to determine the exact terms and conditions of coverage. An Evidence of Coverage will be sent to you upon enrollment.



Using Delta Dental is easy

No paperwork, no hassle

- 1. Select an in-network dentist
- 2. Receive your welcome kit
- 3. Schedule an appointment
- 4. Visit your dentist
- 5. Pay only your copayment



Maryland law requires we make the following statement:

Our compensation to physicians who offer health care services to our insured members or enrollees may be based on a variety of payment mechanisms such as fee-for-service payments, salary or capitation. Bonuses may be used with these various types of payment methods.

Please note that the benefit payments made by Alpha Dental to dentists, other dental care providers or enrollees are based on capitation payment mechanisms and do not include salary or bonuses.

If you desire additional information about our methods of paying physicians or if you want to know which method(s) apply to your physician, call Customer Service at 800-422-4234 or write to DeltaCare USA, Attn: Customer Service, P.O. Box 1803, Alpharetta, GA 30023.

Provided by: Administered by:

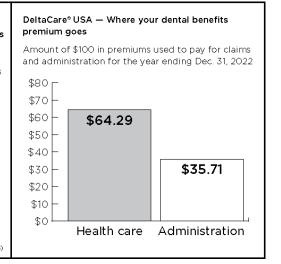
Alpha Dental Programs, Inc.Delta Dental Insurance Company1701 Shoal Creek, Suite 2401130 Sanctuary Parkway, Suite 600Highland Village, TX 75077Alpharetta, GA 30009

Visit us at our website: deltadentalins.com

NOTE: THIS IS ONLY A BRIEF SUMMARY OF THE PLAN.

The group Dental Service Contract must be consulted to determine the exact terms and conditions of coverage. An Evidence of Coverage booklet will be sent to you upon enrollment.

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Stay informed

Get oral health tools and tips at **deltadentalins.com/wellness**. Subscribe to *Grin!*, our free dental wellness e-magazine.

Customer Service

844-697-0578

Monday through Friday, 8 am to 9 pm.

Claims Address

DeltaCare USA
Dental Plan for the State of Maryland
Claims Department
P.O. Box 1810
Alpharetta, GA 30023

DeltaCare USA is underwritten in these states by these entities: AL - Alpha Dental of Alabama, Inc.; AZ - Alpha Dental of Arizona, Inc.; CA - Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VA, VT, WA, WI, WY - Dente gra Insurance Company; <math>AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV - Delta Dental Insurance Company; HI, ID, IL, ID, ID,

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