



# DENTAL CARE CERTIFICATE



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## SECTION I: GLOSSARY OF DENTAL TERMINOLOGY

Below is a list of dental terms you may see used in this Summary Plan Description or by dental professionals. To assist you in understanding this terminology, following each term is a basic explanation by Delta Dental Plan of Oklahoma (DDPOK) of what that term means.

**BASIC RESTORATIVE SERVICES:** Dental procedures performed by properly licensed dentists in the treatment of carious lesions (decay/cavity). For example: amalgam and composite restorations (fillings).

**BENEFICIARY:** A person who receives, or is entitled to receive, the Benefits of an insurance plan.

**BENEFITS:** The payment of any kind for those services which are made available to eligible Subscribers or Dependents under the terms of the Plan Agreement between DDPOK and the employer or authorized representative of the Group, and which are listed as part of the Plan Agreement.

**COORDINATION OF BENEFITS:** The process of determining the financial obligation of each dental plan to pay its dental Benefits when a Subscriber or Dependent is covered by more than one dental plan and a claim for Benefits is received.

**COPAYMENT:** The amount the Subscriber is required to pay in addition to DDPOK's payment.

**COVERED SERVICES:** Those Dental Services which are made available to eligible Subscribers or Dependents under the terms of the Plan Agreement between DDPOK and the employer or authorized representative of the Group, which are listed as part of the Plan Agreement, and determined by DDPOK to be both covered and necessary.

**DEDUCTIBLE:** The specified dollar amount a Subscriber or Dependent is required to pay each Benefit Year before DDPOK will pay specific Benefits, as defined in the Plan Agreement between DDPOK and the employer or authorized representative of the Group.

**DELTA DENTAL:** Delta Dental Plan of Oklahoma or any Delta Dental Plan who is a member of the Delta Dental Plans Association.

**DENTAL SERVICES:** Care and procedures rendered by dentists for diagnosis or treatment of dental disease or injury.

**DENTIST:** A person duly licensed to practice dentistry in the state of Oklahoma; or a person duly licensed to practice dentistry in the state in which the Dental Services are rendered.

**DEPENDENT:** A person, other than the Subscriber, who is eligible for Benefits based upon the eligibility of the Subscriber, or as otherwise covered by the Plan Agreement between DDPOK and the employer or authorized representative of the Group.

**DIAGNOSTIC SERVICES:** Dental procedures performed by properly licensed dentists in evaluating existing conditions to determine the required dental treatment. For example: oral evaluations (examinations) and radiographic images (x-rays).

**ELIGIBILITY:** Those terms and conditions that allow an individual to become a Subscriber, Dependent, or Beneficiary in the dental plan.

**ENDODONTIC SERVICES:** Dental procedures performed by properly licensed dentists for the treatment of non-vital teeth. For example: root canal therapy.

**EXPLANATION OF BENEFITS:** A form issued upon processing of a claim, as required by law, indicating the Dental Service(s) performed, the amount of charges paid by the plan, and the amount of charges the Subscriber is responsible to pay.

**GROUP:** Group consists of all Subscribers and Dependents eligible to receive Dental Services under the dental plan.

**IMPLANT SERVICES:** Dental procedures performed by properly licensed dentists for surgical placement of a component (implant) that interfaces with the bone of the jaw to support a dental prosthesis such as a crown, a fixed partial denture, etc.; implant-supported prosthetics; and maintenance and repair of implants and implant supported prosthetics.

**LIMITATIONS AND EXCLUSIONS:** Those terms and conditions that could limit or, in some instances, exclude payment of Benefits, such as age of patient, frequency of procedure, etc.

**MAJOR RESTORATIVE SERVICES:** Dental procedures performed by properly licensed dentists for porcelain or cast restorations for the treatment of carious lesions (decay/cavity) when teeth cannot be restored with another filling material. For example, porcelain/ceramic crowns.

**MAXIMUM ALLOWABLE AMOUNT:** The maximum dollar amount on which the Benefit payment is based for each dental procedure.

**MAXIMUM BENEFIT PAYMENT:** The maximum dollar amount DDPOK will pay in any Plan Benefit Year (or lifetime, if applicable) for covered Dental Services.

**MEDICAL CHILD SUPPORT ORDER (QMCSO):** Any judgment, decree, or order issued by a court of jurisdiction made pursuant to a state domestic relations law or which enforces a law relating to medical child support under Medicaid. Documentation of such order may be supplied to a group health plan by a custodial parent, State Department of Health Services, or the district attorney in whose jurisdiction the child resides.

**NONPARTICIPATING DENTIST:** A Dentist who has not signed a Participating Dentist Agreement with Delta Dental.

**ORAL SURGERY SERVICES:** Dental procedures performed by properly licensed dentists for extractions and other oral surgical procedures. For example: extraction of an erupted tooth and removal of an impacted tooth.

**ORTHODONTIC SERVICES:** The necessary dental treatment and procedures performed by properly licensed dentists when required for the correction of malposed teeth.

**PARTICIPATING DENTIST:** A Dentist who has filed and executed a Participating Dentist Agreement with Delta Dental and who abides by such uniform rules and regulations as are prescribed, from time to time, by Delta Dental.

1. Delta Dental Premier Participating Dentist – a Participating Dentist in the Delta Dental Premier network.
2. Delta Dental PPO Participating Dentist – a Participating Dentist in the Delta Dental PPO network.

**PERIODONTIC SERVICES:** Dental procedures performed by properly licensed dentists for the treatment of diseases of the gums and supporting structures of the teeth. For example: periodontal maintenance and periodontal scaling and root planing.

**PLAN AGREEMENT:** The contractual agreement between DDPOK and the employer or authorized representative of the Group which sets forth the terms and conditions, Limitations and Exclusions, and other conditions of the Group Dental Plan.

**PLAN ANNIVERSARY DATE:** The yearly recurring date on which the Plan Agreement between DDPOK and the employer or authorized representative of the Group renews/continues.

**PLAN BENEFIT YEAR:** The period over which dental Benefits are payable under the dental plan each year. The initial Plan Benefit Year begins on a Subscriber's or Dependent's effective date of coverage under the dental plan and continues up to the Group's next Plan Anniversary Date. Each year thereafter, the Plan Benefit Year begins on the Plan Anniversary Date and continues for a period of 12 months, as set forth in the accompanying 'Summary of Dental Plan Benefits.'

**PREDETERMINATION:** The procedure whereby DDPOK notifies the Dentist or Subscriber of estimated Benefits and financial obligations of the plan and of the Subscriber with regard to the Dentist's recommended treatment plan, prior to the rendition of service to the patient.

**PREVAILING FEE:** An amount established by the Delta Dental Plan in the state in which the Dental Services are rendered.

**PREVENTIVE SERVICES:** Dental procedures performed by properly licensed dentists to prevent the occurrence of disease. For example: prophylaxis (cleaning), sealants, and space maintainers.

**PROCESSING POLICIES:** Policies approved by DDPOK's Board of Directors, as amended from time to time, to be used in processing treatment plans for Predetermination of Benefits and for claim adjudication payment.

**PROSTHODONTIC SERVICES:** Procedures performed by properly licensed dentists for construction of compatible substitutes for missing or deficient teeth and/or maintenance of such compatible substitutes. For example: fixed partial dentures (bridges), removable partial dentures, and complete dentures, including adjustment or repair of an existing prosthodontic device.

**SINGLE DENTAL PROCEDURE:** A dental procedure listed in the Uniform Procedure Code and Nomenclature of the American Dental Association.

**SUBSCRIBER:** Each person providing service to and certified as eligible by the employer or other authorized representative of the Group, and who continues to be eligible for Benefits hereinafter provided, shall be included in the plan as a Subscriber and be eligible for Benefits unless DDPOK expressly agrees, in writing, to the contrary.

## **SECTION II: ABOUT YOUR DENTAL PLAN**

This Summary Plan Description is issued to the Subscriber (Employee) by Delta Dental Plan of Oklahoma, Inc., sometimes referred to as DDPOK, an Oklahoma nonprofit dental service corporation with its office in Oklahoma City, Oklahoma. It is intended to be an easy to read outline of the principal features of your Group Dental Plan. This Summary Plan Description and accompanying 'Summary of Dental Plan Benefits' constitutes your summary of the contract and is subject to and superseded by the provisions of any applicable agreement between Delta Dental Plan of Oklahoma and your employer or authorized representative of your group.

If any state or federal legislation is in effect, enacted, or amended requiring a change in the Group Dental Plan described in this Summary Plan Description, appropriate modification may be made in the Benefits provided under the plan.

### **A. Eligibility and Enrollment**

To be eligible for enrollment under this plan, you, as the Subscriber, must be a full-time employee and certified by the employer as eligible. 'Full-time' employee means an employee who regularly works at least the number of hours in the normal work week set by your employer (but not less than 30 hours) at your employer's place of business or such other place or places as required by your employer. If you meet the requirements for eligibility as the Subscriber, you become eligible for coverage on the day specified in the accompanying 'Summary of Dental Plan Benefits.'

Unless noted otherwise in the 'Eligible Persons' section of the accompanying 'Summary of Dental Plan Benefits' you are eligible for Dependent coverage on the later of the date you become eligible for coverage or the date you first acquire an eligible Dependent. Eligible Dependents include: (1) the spouse to whom the Subscriber is legally married; (2) biological children of the Subscriber; and (3) children of the Subscriber by legal adoption or placement for adoption, guardianship, marriage (stepchildren), and foster care placement (foster child).

A dependent child, as defined above, is eligible for coverage until 11:59:59 [CT] of the last day of the month in which such dependent child attains the age of 26. An unmarried dependent child who is incapable of self-support because of a physical or mental incapacity can continue to be covered under this plan provided he or she is chiefly dependent on the Subscriber for support and a physician's certificate is received by DDPOK within six (6) months of said incapacity, the effective date of the Plan Agreement, the effective date of said dependent child's coverage, or the date on which said dependent child's coverage would otherwise terminate due to said dependent child attaining the maximum age for dependent children coverage, whichever is later.

Enrollment requirements are set forth in the Plan Agreement between DDPOK and your employer or authorized representative of your Group. If enrollment is mandatory, all eligible Subscribers and their eligible Dependents must enroll in the plan within 30 days of initial eligibility and remain enrolled as long as their eligibility continues. If enrollment is not mandatory, eligible Subscribers and eligible Dependents that enroll agree to remain enrolled until the next Plan Anniversary Date, or until the next open enrollment date if the Plan Anniversary Date and open enrollment date are not the same.

Your plan Benefits may be affected if you have two or more dental plans in effect at the same time. DDPOK will coordinate these Benefits as described herein to ensure maximum coverage for the patient. See 'Coordination of Benefits' in this Summary Plan Description for more detail.

A person cannot be enrolled in this plan as both a Subscriber and a dependent of another Subscriber'; 'as both a Subscriber and a dependent of another subscriber, nor can a person be enrolled in this plan as a dependent of more than one Subscriber.

### **B. Disqualification, Ineligibility, and Forfeiture**

Eligible Subscribers or eligible Dependents that fail to enroll in the plan within 30 days of their initial eligibility or who waive coverage at the time of their enrollment eligibility will be eligible to enroll in the plan on any future Plan Anniversary Date or open enrollment date. Any enrolled person who voluntarily discontinues coverage will be eligible to re-enroll on any future Plan Anniversary Date or open enrollment date.

### **C. Subscriber Amendments or Termination**

Each Subscriber can apply to change from single coverage to family coverage if DDPOK receives the appropriate form requesting such change within 30 days of Subscriber acquiring any eligible Dependents. If a Subscriber has family coverage, newly acquired eligible Dependents can be added if DDPOK receives the appropriate form requesting such change within 30 days of the Subscriber acquiring the new eligible Dependent.

If enrollment of Dependents is not mandatory under the terms of the Plan Agreement, a Subscriber can apply to terminate coverage for one or more Dependents if DDPOK receives the appropriate request form

within 30 days of the date the termination is requested and provided one of the following conditions exists or has occurred:

- Dependent no longer meets the definition of eligible Dependent, as set forth in the Plan Agreement
- Death of Dependent
- Divorce of Dependent and Subscriber
- Dependent enters military service
- Dependent acquires coverage elsewhere
- Plan Anniversary Date

If enrollment is voluntary under the terms of the Plan Agreement, a Subscriber can apply to terminate his or her coverage if DDPOK receives the appropriate request form within 30 days of the date the termination is requested. Voluntary termination of Subscriber and/or Dependent(s) coverage is subject to the terms of the Plan Agreement.

A Subscriber whose coverage under the Plan Agreement terminates under the retirement guidelines of his or her employer during the period the Plan Agreement is in full force and effect may convert to an individual direct payment contract with DDPOK provided his or her employer has elected to offer the DDPOK Retiree Conversion Program to retiring employees. A Subscriber or eligible Dependent whose coverage under the Plan Agreement is terminated for any reason other than the Subscriber's retirement during the period the Plan Agreement is in full force and effect may be eligible to enroll in an individual direct payment contract with DDPOK if such person is a resident of the state of Oklahoma.

#### **D. Employer Amendments or Termination**

It is anticipated that this dental plan will be continued indefinitely, but the employer or authorized representative of your Group reserves the right to change or terminate this plan in the future by agreement with DDPOK.

Coverage under this Summary Plan Description may be automatically terminated:

- On the last day of the month in which the Subscriber is permanently terminated from full-time service to the employer or becomes ineligible for Benefits under the plan; or,
- On the last day of the month in which an enrolled Dependent ceases to be an eligible Dependent; or,
- On the last day of the period for which the Subscriber's contributions have been made, if applicable; or,
- On the date this plan is terminated or canceled.

#### **Continuation of Coverage**

For possible continuation of your Group Dental Plan, see your employer's benefits office regarding the provisions of COBRA. Subscribers, Dependents, and Beneficiaries can obtain, without charge, a copy of the continuation of coverage procedures from your employer or authorized representative of your Group.

A Subscriber whose coverage under the Plan Agreement terminates under the retirement guidelines of his or her employer during the

period the Plan Agreement is in full force and effect may convert to an individual direct payment contract with DDPOK provided his or her employer has elected to offer the DDPOK Retiree Conversion Program to retiring employees. A Subscriber or eligible Dependent whose coverage under the Plan Agreement is terminated for any reason other than the Subscriber's retirement during the period the Plan Agreement is in full force and effect may be eligible to enroll in an individual direct payment contract with DDPOK if such person is a resident of the state of Oklahoma', etc.]

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

In the event of a Subscriber, Dependent, or Beneficiary receiving a Qualified Medical Child Support Order (QMCSO), the Subscriber, Dependent, or Beneficiary must obtain a copy of the Medical Support Notice Form, supplied by either DDPOK or the employer's benefits office. This Notice form, with a copy of the Order must be mailed to Delta Dental Plan of Oklahoma, P.O. Box 54709, Oklahoma City, OK 73154-1709. DDPOK shall take the necessary steps to ensure compliance with said QMCSO. Subscribers, Dependents, and Beneficiaries can obtain, without charge, a copy of the QMCSO procedures from DDPOK.

#### **Qualified Domestic Relations Order (QDRO)**

In the event of a Subscriber, Dependent, or Beneficiary receiving a Qualified Domestic Relations Order (QDRO), the Subscriber, Dependent, or Beneficiary must obtain a copy of the Medical Support Notice form, supplied by either DDPOK or the employer's benefits office. This Notice form, with a copy of the Order must be mailed to Delta Dental Plan of Oklahoma, P.O. Box 54709, Oklahoma City, OK 73154-1709. DDPOK shall take the necessary steps to ensure compliance with said QDRO. Subscribers, Dependents, and Beneficiaries can obtain, without charge, a copy of the QDRO procedures from DDPOK.

#### **E. DDPOK Termination**

Coverage under this Summary Plan Description may be automatically terminated:

- On the last day of the month in which the Subscriber is permanently terminated from 'full-time' service to the employer or becomes ineligible for Benefits under the plan; or,
- On the last day of the month in which an enrolled Dependent ceases to be an eligible Dependent; or,
- On the last day of the period for which the Subscriber's contributions have been made, if applicable; or,
- On the last day of the period for which the last payment has been made if the Group fails to make payment as required under the Plan Agreement; or,
- On the date this plan is terminated or canceled.

#### **F. Summary of Dental Plan Benefits**

Your 'Summary of Dental Plan Benefits' is accompanying this Summary Plan Description and shows the Covered Services included in your dental program. It also indicates the amount of your Deductible, if

applicable, and to which types of services the Deductible applies.

After you satisfy any dental Deductible required, your dental Benefits will pay a specific amount of the cost of Covered Services, up to your Maximum Benefit Payment for each Benefit Period. You will be responsible for the remaining Co-payment amount, if any. For your Benefit Maximum(s), Deductible, and Co-payment amounts, refer to your accompanying 'Summary of Dental Plan Benefits.'

Your dental Benefits are provided according to a Benefit Period, which begins initially on the date your coverage becomes effective with Delta Dental Plan of Oklahoma. A new Benefit Period (Plan Benefit Year) begins each year on either the group dental Plan Anniversary Date or January 1. For your Plan Benefit Year, refer to your accompanying 'Summary of Dental Plan Benefits.'

Benefits for some services are subject to certain limitations, such as age of patient, frequency of procedure, etc., and Benefits may not be available under certain circumstances. ***Refer to your accompanying 'Summary of Dental Plan Benefits' to determine what Limitations and Exclusions, if any, apply to your dental plan.***

### **SECTION III: HOW TO USE YOUR DENTAL PLAN**

#### **A. Delta Dental Networks of Participating Dentists**

You may visit the properly licensed Dentist of your choice, because your plan provides for in-network as well as limited out-of-network Benefits coverage. However, Delta Dental Plan of Oklahoma uses two nationwide networks of dentists—the Delta Dental Premier network and the Delta Dental PPO network—through Delta Dental Plan of Oklahoma's membership in a nationwide system known as Delta Dental Plans Association. These networks are among the largest in the dental Benefits industry, both locally and nationwide, providing you easy access to Participating Dentists in most geographical areas.

Delta Dental Plans have unique 'participating agreements' with those dentists in the networks described above. In most cases, these agreements mean you simply present your identification card, social security number or alternative ID (if applicable) to the Dentist at the time of treatment, and he or she will file your claim for you. Delta Dental Plan of Oklahoma will pay the Participating Dentist directly for any Covered Services.

For a list of Delta Dental Participating Dentists, you may contact DDPOK at 405-607-2100 (OKC Metro) or 800-522-0188 (Toll Free). You may also obtain a customized list of Participating Dentists within your geographic area or nationwide by searching the internet at [www.DeltaDentalOK.org](http://www.DeltaDentalOK.org).

#### **B. Emergency Care and Claim Predetermination**

If you require emergency care, there is no preauthorization requirement. If the cost of the dental care you need is less than \$250, your Participating Dentist will probably proceed with treatment. If the cost estimate is more than \$250 and the treatment is not emergency care, your Dentist can determine the treatment needed and submit a treatment plan to DDPOK for Predetermination of Benefits. This

procedure will enable you and the Dentist to know in advance of treatment what services are covered, how much of the cost will be paid by your dental plan, and how much of the cost you will be responsible for paying.

This plan does not require any preauthorization for any Dental Services; however, said services are subject to the Plan's specific Limitations, non-covered charges, Deductibles, and Co-payment amounts, as well as any charges over your Maximum Benefit Payment.

***NOTE: Please keep in mind, the Predetermination of Benefits is only an estimate and not a guarantee of payment. The patient must be eligible for Benefits at the time services are actually rendered, and the procedure must be a Covered Service on the date of service.***

### **C. Claim Filing**

You or someone in the dental office must complete the information portion of the claim form with the Subscriber's full name, Subscriber's social security number or, if applicable, unique identification number; the name and date of birth of the person receiving dental care; and the group name and number.

If you have any questions about the Plan, please check with your employer's benefits office or contact Delta Dental Plan of Oklahoma, Customer Service Department, P.O. Box 54709, Oklahoma City, OK 73154-1709.

You may also contact Delta Dental Plan of Oklahoma by email at [CustomerService@DeltaDentalOK.org](mailto:CustomerService@DeltaDentalOK.org). All correspondence with DDPOK should include the group name and group number; the Subscriber's social security number or, if applicable, unique identification number, telephone number, and address; name of patient; and date of service.

Once treatment is completed, the Participating Dentist will submit the claim to DDPOK for payment.

Subscribers, Dependents and Beneficiaries can obtain, without charge, the necessary claim filing forms from DDPOK. The complete claim appeal procedure is furnished upon request, without charge, as a separate document.

### **Claim Filing Deadline**

DDPOK is not obligated to pay any claim submitted later than 12 months following the date of service following the date services are provided.

***WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.***

### **D. Explanation of Benefits**

Anytime you or a Dentist file a claim, you will receive a form called an Explanation of Benefits (EOB) from DDPOK within a reasonable time, but no later than 30 days after receipt of a claim. DDPOK may extend this time period one time up to 15 days, prior to the expiration of the 30-day period. If DDPOK requires additional information necessary to decide the

claim, the notice of extension shall specifically describe the required information, and you will be given 45 days from receipt of the notice within which to provide the necessary information.

The EOB indicates what services were covered and what services, if any, were not. You are responsible to pay only the amount designated as 'Patient Pays'; if you are billed for amounts over those identified, please contact DDPOK's Customer Service Department. An explanation of how to appeal a claim is included on the EOB, as well as in this Summary Plan Description.

***PLEASE NOTE: If the 'Patient Pays' amount on an EOB is \$0.00, the EOB will not be mailed to you unless DDPOK is requesting additional information to finalize the claim. A copy of any of your applicable EOBs may be obtained from DDPOK's online system.***

### **E. Coordination of Benefits**

The Coordination of Benefits provision is designed to provide maximum coverage if a patient is eligible for Benefits under two or more dental plans and more than one of those plans provides coverage for a particular service. In no event will either plan pay a greater amount than it would have paid had dual coverage not existed, and the dental programs together will not pay more than 100% of covered expenses.

## **SECTION IV: HOW TO APPEAL A CLAIM**

### **A. Claim Benefits Determination**

A copy of the Explanation of Benefits will be sent to the Subscriber by DDPOK, indicating if any services are denied, in whole or in part, and stating the reason or reasons for the Benefits determination, according to the time frame described in the Explanation of Benefits section in this Summary Plan Description.

### **B. Appeal of Claim Benefits Determination**

Within 180 days after receipt of a notice of Benefits determination, a Subscriber or Dentist may make a written request for review of such Benefits determination by addressing the request to Delta Dental Plan of Oklahoma, P.O. Box 54709, Oklahoma City, OK 73154-1709, or by email to Appeals@DeltaDentalOK.org, stating the reason(s) re-evaluation of the Benefits determination is being requested. The Subscriber or Dentist may submit written comments, documents, records, and other information relating to the claim for Benefits. As a Subscriber, you may request reasonable access to and, at no charge, copies of all documents, records, and other information relevant to your claim for Benefits. All requests for review of Benefits determinations shall be made taking into account all comments, documents, records, and other information submitted by the Subscriber relating to the claim, without regard to whether such information was submitted or considered in the initial Benefits determination.

### **C. Full and Fair Review of Request**

DDPOK shall make a full and fair review of each request for re-evaluation and may require additional documents, as it deems necessary

or desirable in making such a review. The Subscriber shall receive a decision on his/her initial request for a review, in writing, within 30 days after DDPOK receives the request. If the Subscriber wishes to have the initial review determination appealed further, the Subscriber must make a written request for a second review of the Benefits determination by addressing the request to Delta Dental Plan of Oklahoma, P.O. Box 54709, Oklahoma City, OK 73154-1709, or Appeals@DeltaDentalOK.org, stating the reason(s) re-evaluation of the Benefits determination is being requested. The Subscriber shall receive a decision on his/her second request for a review, in writing, within 30 days after DDPOK receives the second request.

Any complaints other than those involving the Benefits determination of services should also be addressed, in writing, to the office identified above. Such complaints will be reviewed according to the same procedure. The complete claim appeal procedure is furnished upon request, from DDPOK, without charge, as a separate document.

## **SECTION V: GENERAL INFORMATION**

### **A. Assignment**

Services to eligible persons are for the personal benefit of such persons and cannot be transferred or assigned. Any attempt to do so shall automatically terminate all rights of the eligible person, except in those states where assignment is required by law.

### **B. Obtaining and Releasing Information**

To determine how the terms of this Summary Plan Description shall be applied and implemented, DDPOK may, without the consent of or notice to any eligible person, release to or obtain from any insurance company, group hospitalization plan, or dental care plan any information with respect to payments or Benefits which it deems to be necessary for such purposes. Any eligible person claiming Benefits under this plan shall furnish DDPOK such information as may be necessary to implement this provision.

### **C. Doctor-Patient Relationship**

The eligible person has freedom of choice of any properly licensed Dentist. Each Dentist rendering service under this Summary Plan Description is an independent contractor and shall maintain the doctor-patient relationship with his or her patient hereunder and shall be solely responsible to the patient for dental advice and treatment or any liability resulting there from.

### **D. E-mail Communications**

Delta Dental of Oklahoma and its authorized service providers may, from time to time, send you unencrypted email messages containing notifications, reminders, tips, and links to surveys and information related to your dental plan for treatment, payment, and healthcare operations purposes. Although minimal, some Protected Health Information (PHI) may be included in these email messages, e.g., identifying that you are insured by Delta Dental and recently visited a dentist. Since the messages are unencrypted, there is some risk the messages could be

read by someone other than you. Because a risk exists, privacy laws and regulations require your consent for the unencrypted transmission of PHI. If you choose to receive these email communications, please indicate your consent by accessing Delta Dental of Oklahoma's member website at <https://Spotlight.DeltaDentalOK.org>.

You are not required to provide this consent for unencrypted email messages, and once given, you may rescind the consent in the future. Delta Dental of Oklahoma will not condition your eligibility for benefits, treatment, enrollment, or payment of claims on whether you provide this consent.

**THIS DENTAL CARE CERTIFICATE IS ONLY A SUMMARY OF THE DENTAL PLAN, NOT A CONTRACT. ALL BENEFITS ARE GOVERNED BY, AND SUBJECT TO, THE PROVISIONS OF THE PLAN AGREEMENT BETWEEN YOUR EMPLOYER OR AUTHORIZED REPRESENTATIVE OF YOUR GROUP AND DELTA DENTAL PLAN OF OKLAHOMA.**

To view Delta Dental of Oklahoma's Notice of Privacy Practices for Protected Health Information, please visit [DeltaDentalOK.org/hipaanotice](https://www.DeltaDentalOK.org/hipaanotice)



## SUMMARY OF DENTAL PLAN BENEFITS

CITY OF NORMAN  
GROUP DENTAL PLAN  
Delta Dental PPO  
Group No. 0015532  
Base Plan

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**A. SUPPLEMENTAL PLAN DESCRIPTION**

NAME OF PLAN	CITY OF NORMAN Group Dental Plan Group No. 0015532
PLAN SPONSOR/EMPLOYER	CITY OF NORMAN P O BOX 370 NORMAN, OK 73070
TYPE OF PLAN	Employee Welfare Benefit Plan providing group dental benefits
PLAN BENEFIT YEAR	January 1 - December 31 each year
AGENT FOR LEGAL SERVICE	CITY OF NORMAN 201 W GRAY BLDG C NORMAN, OK 73069
PLAN BENEFITS PROVIDED BY	Delta Dental Plan of Oklahoma P.O. Box 54709 Oklahoma City, OK 73154 405-607-2100 (OKC Metro) 800-522-0188 (Toll Free)
CLAIMS FILING ADDRESS	Delta Dental of Oklahoma P.O. Box 548809 Oklahoma City, OK 73154-8809

## **B. GENERAL PROVISIONS**

### **Eligible Persons**

Persons eligible for coverage under this Plan include all full-time employees and their eligible Dependents.

### **Dependent Children**

Covered to age twenty-six (26). *NOTE: Refer to the 'About Your Dental Plan' section of the Dental Care Certificate for information on extended coverage for handicapped children.*

### **Probationary Period (New-hire Employees)**

New-hire employees will be eligible for coverage under this Plan on the first of the month following thirty (30) days of continuous, full-time employment.

## **C. SELECTED BENEFITS**

The dental services included in the Plan Sponsor's group dental plan are listed in this Summary under 'Description of Covered Services' and described by classes of service. After an eligible person satisfies the plan benefit year deductible, if any, the plan will pay a percentage of the lesser of the dentist's submitted fee or the maximum allowable amount. The plan's percentage payment will be based on the class of dental service provided, as indicated next to each class of service. *NOTE: Some benefits are subject to limitations, e.g. age of patient, frequency of procedure, etc., or excluded in some instances. Please review 'LIMITATIONS' and 'EXCLUSIONS' in this Summary.*

If your employer provides the opportunity, you may be eligible for additional preventive dental with the Health through Oral Wellness<sup>®</sup> (HOW<sup>®</sup>) program.

To participate in the HOW<sup>®</sup> program, you must receive a qualifying clinical risk assessment from your dentist. Based on your risk scores, and subject to the provisions of your dental Benefits plan, you may be eligible for additional diagnostic and preventive Benefits.

## **D. MAXIMUM BENEFIT PAYMENT**

The maximum benefit payable for combined Classes I, II, and III covered Dental Services provided to an eligible person during the Plan Benefit Year shall be One Thousand Five Hundred Dollars (\$1,500). The maximum lifetime benefit payable for covered Class IV services provided to an eligible Dependent Child shall be One Thousand Dollars (\$1,000).

*NOTE: Benefits paid by the plan for covered oral evaluations and routine prophylaxis provided to an eligible person during the Plan Benefit Year*

*will not reduce such person's Maximum Benefit Payment for combined Class I, Class II, and Class III covered Dental Services.*

#### **E. DEDUCTIBLE**

A \$50 Deductible applies each Benefit Year per person.

*NOTE: The maximum family deductible is three (3) individual deductibles per Benefit Year.*

*NOTE: The Deductible does not apply to Classes I and IV Services.*

#### **F. BENEFIT PAYMENT PROCEDURE – PARTICIPATING DENTISTS**

Under the Delta Dental Plans participating agreements with Participating Dentists, benefit claims are reimbursed based on the lesser of the Dentist's submitted fee for his or her service or the Maximum Allowable Amount he or she has agreed to accept as payment for Covered Services in accordance with the participating agreement applicable to the plan. Participating Dentists accept the amount as payment in full.

If a Delta Dental PPO Participating Dentist provides treatment, you are not responsible for paying the Dentist any amount that exceeds the Maximum Allowable Amount the Delta Dental PPO Participating Dentist has agreed to accept as payment for Covered Services. You are responsible for paying the Dentist any non-covered charges, Deductible and Copayment amounts, and any charges over your Maximum Benefit Payment.

If treatment is provided by a Delta Dental Premier Participating Dentist, you are responsible for paying the Dentist for any non-covered charges, Deductible and Copayment amounts, and any charges over your Maximum Benefit Payment. In addition, you are responsible for paying any difference between DDPOK's payment and the lesser of the Dentist's submitted fee for his or her service or the Maximum Allowable Amount the Delta Dental Premier Participating Dentist has agreed to accept as payment for Covered Services.

#### **G. BENEFIT PAYMENT PROCEDURE – NONPARTICIPATING DENTISTS, OUT-OF-NETWORK SERVICES**

If you obtain treatment from a Dentist who has not signed a participating agreement with Delta Dental, any benefit payment will be paid directly

to you, or to other plan Beneficiary if required by law, and will be based on the lesser of the Dentist’s submitted fee for his or her service or the Maximum Allowable Amount for Delta Dental PPO Participating Dentists. You are responsible for paying the Dentist and for filing your own claim.

**H. DESCRIPTION OF COVERED SERVICES**

PROCEDURE SERVICE CLASS	Delta Dental Pays Dentist Participation*		
	PPO	Premier	Nonparticipating
CLASS I SERVICES Diagnostic and Preventive++	100%	100%	100%
CLASS II SERVICES Basic Restorative, Oral Surgery, Endodontic and Periodontic	80%	80%	80%
CLASS III SERVICES Major Restorative, Prosthodontic and Implants	50%	50%	50%
CLASS IV SERVICES Orthodontic <i>NOTE: Orthodontic coverage is available to eligible Dependent Children under age twenty-six (26)</i>	50%	50%	50%

*\*Please see 'Benefit Payment Procedure' sections for additional information.*

*++If a participant in the HOW® program, the patient may be eligible for additional diagnostic and preventive Benefits, subject to the annual maximum, Deductible, co-insurance and/or Co-payments, and other standard policy provisions. These additional Benefits may include more frequent prophylaxis (cleanings), fluoride treatments, sealants, periodontal maintenance, and availability of caries susceptibility tests, oral hygiene instruction, nutritional counseling, and tobacco cessation counseling.*

**I. LIMITATIONS**

The benefits to be provided to Subscribers and eligible Dependents under this plan shall be limited as follows:

- To be eligible for coverage, a service must be required for the prevention, diagnosis, or treatment of a dental disease, injury, or condition. Services not dentally necessary are not covered benefits. Your dental plan is designed to assist you in maintaining dental health. The fact that a procedure is prescribed or rendered by your Dentist does not make it dentally necessary or eligible under this plan.
- For purposes of the plan, any procedure frequency limitation is measured in a period of continuous calendar-year months (a consecutive-month period), which begins on the date of service for which the procedure was last paid.
- Prophylaxis is a benefit twice in a 12 consecutive month period. *NOTE: Cleanings/prophylaxis of any type, including periodontal maintenance and scaling in presence of generalized moderate or severe gingival inflammation, are limited to any combination of two in a 12 consecutive month period. NOTE: If a participant in the HOW® program, the patient may be eligible for additional prophylaxis, periodontal maintenance, or scaling in presence of generalized moderate or severe gingival inflammation.*
- Oral evaluation is a benefit twice in a 12 consecutive month period.
- Limited (emergency) oral evaluation is a benefit twice in a 12 consecutive month period. *NOTE: Benefits for limited (emergency) oral evaluation may not be billable to the patient if other services are provided on the same day.*
- Bitewing radiographic images are a benefit once in a 12 consecutive month period. *NOTE: Benefits may be limited if multiple same-day radiographic images are provided on the same day by the same dentist/dental office.*
- Full-mouth radiographic images, a panoramic radiographic image, or multiple same-day radiographic images are a benefit once in a 60 consecutive month period unless necessary for the diagnosis and treatment of a specific disease or injury.
- Topical application of fluoride solutions is a benefit for patients through age 18, and once in a 12 consecutive month period. *NOTE: If a participant in the HOW® program, the patient may be eligible for additional topical application of fluoride.*
- A space maintainer is a benefit for missing primary posterior teeth for persons through age 15, and not for orthodontic purposes.

- Sealants are a benefit for persons through age 15, limited to permanent first and second molar teeth free of caries and restorations on the occlusal surfaces. Sealants are a benefit once per tooth in a 60 consecutive month period. *NOTE: If a participant in the HOW® program, the patient may be eligible for additional sealants.*
- Stainless steel crowns are a benefit only for persons through age 11, and once per tooth in an 84 consecutive month period.
- General anesthesia/IV sedation is a benefit only when administered by a properly licensed Dentist in a dental office in conjunction with oral surgical procedures when covered, or when necessary due to concurrent medical conditions. The fee for general anesthesia/IV sedation is denied when billed by anyone other than a licensed Dentist.
- Payment is made for a single tooth surface repair once in a 24 consecutive month period, regardless of the number of combinations of restorations placed therein.
- Root canal therapy is a benefit once per tooth in a 36 consecutive month period.
- Prosthodontics: (1) An upper or lower denture is a payable benefit once per arch in a 60 consecutive month period; (2) a removable partial denture or fixed partial denture (bridge) may not be provided more often than once per arch in a 60 consecutive month period, except where the loss of additional teeth requires the construction of a new appliance; (3) reline and rebase is a benefit once in a 36 consecutive month period for any one appliance; and (4) fixed partial dentures (bridges) and removable partial dentures are benefits for persons age 16 and over.
- Single crowns/onlays/veneers on the same tooth are a benefit for persons age 12 and over, once in an 84 consecutive month period.
- Implant Benefits: The implant and the associated crown over the implant are a benefit for persons 16 years of age and over, limited to once in an 84 consecutive month period. *NOTE: Some implant procedures or procedures associated with implants are not Covered Services under the plan and no benefits will accrue or be payable for those excluded procedures (please contact DDPOK Customer Service with any questions).*
- Comprehensive Orthodontic Benefits: (1) Benefits are available to the Subscriber's eligible dependent children under the age of twenty-six

(26); (2) treatment must begin on or after the eligible person's effective date of orthodontic coverage under this Plan, or be active and ongoing on such person's effective date of orthodontic coverage under this Plan; (3) treatment must be provided by a licensed Dentist; (4) benefits are limited to traditional methods; if non-traditional methods are utilized, the patient is responsible for the difference between the non-traditional method charge and the Maximum Allowable Amount for the traditional method; (5) benefits are limited to periodic payments; and (6) benefits cease the last day of the month in which: (a) such person receiving comprehensive orthodontic treatment becomes ineligible for coverage under this Plan, (b) orthodontic treatment is terminated for any reason before completion of the treatment plan, (c) orthodontic treatment is completed, (d) the maximum orthodontic benefit has been paid, or (e) orthodontic benefits are discontinued under the plan by the Plan Administrator, whichever occurs first.

- Limited Orthodontic Benefits: (1) Benefits are available to the Subscriber's eligible dependent children under the age of twenty-six (26); (2) treatment must begin on or after the eligible person's effective date of orthodontic coverage under this Plan; (3) treatment must be provided by a licensed Dentist; (4) benefits are limited to traditional methods; If non-traditional methods are utilized, the patient is responsible for the difference between the non-traditional method charge and the Maximum Allowable Amount for the traditional method; (5) benefits are limited to a one-time payment; and (6) benefits cease the last day of the month in which: (a) such person receiving limited orthodontic treatment becomes ineligible for coverage under this Plan, (b) the maximum orthodontic benefit has been paid, or (c) orthodontic benefits are discontinued under the plan by the Plan Administrator, whichever occurs first.
- Alternate Benefits/Optional Treatment: DDPOK may consider alternate Dental Services that are suitable for care of a specific condition if those alternate services will produce a professionally acceptable result, as determined by DDPOK. If patient and dentist elect other treatment, patient will be responsible for any charges in excess of DDPOK's payment.

- DDPOK’s obligation to provide Benefits for covered Dental Services terminates on the last day of the month in which the patient becomes ineligible for Benefits under the plan.
- Termination of care due to death will be paid in full, to the limit of DDPOK’s liability, for services completed or in progress.
- When services in progress are interrupted and completed later by another Dentist, DDPOK will review the claim to determine the payment to each Dentist.
- Processing policies, if applied, may limit Benefits and can be found on each Explanation of Benefits.
- Charges for any covered dental service or supplies which are included as covered medical expenses under the plan of Major Medical or Comprehensive Medical Expense Benefits Plan must first be submitted for payment to the medical carrier. DDPOK may benefit as the secondary carrier.
- Nutritional counseling, tobacco counseling, and oral hygiene instruction may be a Benefit if the patient is a participant in the HOW® program.

## J. EXCLUSIONS

The following shall be excluded from the benefits to be provided to Subscribers and eligible Dependents:

- Benefits or services for injuries or conditions compensable under Workers’ Compensation or Employers’ Liability laws.
- Benefits or services available from any federal or state government agency, or from any municipality, county, or other political subdivision or community agency, or from any foundation or similar entity.
- Charges for services or supplies for which no charge is made that the patient is legally obligated to pay or for which no charge would be made in the absence of dental coverage.
- Benefits for services performed or appliances started prior to the date the patient became eligible under this Plan or after the patient’s termination of coverage under this Plan. Benefits are payable based on date of completion of treatment.
- Benefits for services when a claim is received for payment more than 12 months after services are rendered.
- Charges for any professional services performed by a relative of the patient.

- Charges for treatment by other than a properly licensed Dentist (unless allowed by state law), except radiographic images (x-rays) ordered by a Dentist, cleaning and scaling of teeth, and topical application of fluoride may be performed by a properly licensed hygienist if treatment is rendered under the supervision and guidance of the Dentist, in accordance with generally accepted dental standards.
- Charges for completion of forms or submission of documentation required by DDPOK for a benefit determination. Such charges are not billable to the patient when services are provided by a Delta Dental Participating Dentist. Such charges are denied if submitted by a Nonparticipating Dentist.
- Charges for house calls, hospital calls, or office visits.
- Missed or cancelled appointments, hospitalization or additional fees charged for hospital treatment, or management fees.
- Bleaching of teeth.
- Prescription drugs, pre-medications, and relative analgesia.
- Experimental procedures.
- Charges for occlusal guards.
- Charges for replacement of lost, missing, or stolen crowns or appliances, or for repair of an orthodontic appliance.
- Benefits or services to correct congenital or developmental malformations.
- Services for the purpose of improving appearance when form and function are satisfactory and there is insufficient pathological condition evident to warrant the treatment (cosmetic dentistry).
- Restorations for altering occlusion (bite), involving vertical dimensions, replacing tooth structure lost by attrition (grinding of teeth), erosion, abrasion (wear), or for periodontal, orthodontic, or other splinting.
- Services with respect to diagnosis and treatment of disturbances of the temporomandibular joint (TMJ).
- All other Benefits and services not specified in the plan or by the Plan Administrator, including but not limited to the following excluded services.

*NOTE: Some excluded procedure codes listed below are preceded by one or more asterisks. Following is a brief explanation of what the asterisk(s) preceding an excluded code means:*

- \* Indicates an orthodontic procedure. Orthodontic services will be allowed if the plan stipulates orthodontic coverage.
- \*\* Indicates the fee for the procedure or service is not billable to the patient, which means it is not benefited by the plan, nor is the charge collectable from the patient if the service is provided by a Delta Dental Participating Dentist.
- \*\*\* Indicates the procedure is not billable to the patient when submitted by a Delta Dental Participating Dentist for periodontal probing and/or laser disinfection (laser charges) in conjunction with other services. The procedure may be denied when submitted for other miscellaneous periodontal procedures or as a stand-alone procedure.
- \*\*\*\* Indicates the procedure may be covered if the patient meets the necessary criteria to qualify for additional diagnostic and preventive benefits based on the HOW® program.

## Excluded

Procedure Code	Description of Excluded Procedures
00171	Re-evaluation-post operative office visit
D0190/D0191	Screening of a patient/Assessment of a patient
D0250/D0251	Extra-oral radiographic images
D0310	Sialography
D0320-D0322	TMJ radiographic images and tomographic survey
*D0340/D0350	Cephalometric radiographic image/Oral-facial photographic images
D0364-D0368	Cone beam CT - image capture and interpretation
D0369	Maxillofacial MRI capture and interpretation
D0370	Maxillofacial ultrasound capture and interpretation
D0371	Sialoendoscopy capture and interpretation
D0380-D0384	Cone beam CT
D0385	Maxillofacial MRI image capture
D0386	Maxillofacial ultrasound image capture
**D0387	Intraoral tomosynthesis – comprehensive series of radiographic images – capture only
**D0388	Intraoral tomosynthesis – bitewing radiographic image – capture only
**D0389	Intraoral tomosynthesis – periapical radiographic image – capture only

D0391	Interpretation of diagnostic image by practitioner not associated with capture of the image, including report
D0393-D0395	Post processing of image or image sets
D0411	HbA1c In-office point of service testing
D0412	Blood glucose level test – in office using a glucose meter
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report
D0415/D0416	Bacteriologic studies/Viral culture
D0417/D0418	Collection and preparation of saliva sample for laboratory diagnostic testing/Analysis of saliva sample
D0422	Collection and preparation of genetic sample material for laboratory analysis and report
D0423	Genetic test for susceptibility to diseases–specimen analysis
****D0425	Caries susceptibility test
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities
*D0470	Diagnostic cast
**D0472-D0474	Accession of tissue
**D0475-D0479	Oral pathology tests and examinations
**D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report
**D0481-D0483	Oral pathology laboratory procedures
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source
**D0486	Accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report
D0502	Oral pathology procedures
**D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum
D0604/D0606	Testing for a public health related pathogen including coronavirus
**D0701	Panoramic radiographic image – image capture only

- \*\*D0702/D0703 2-D cephalometric radiographic image – image capture only/2-D oral/facial photographic image obtained intra-orally or extra-orally – image capture only
- \*\*D0705-D0709 Radiographic images – image capture only
- D0801/D0802 3D dental surface scan – direct/3D dental surface scan – indirect
- D0803/D0804 3D facial surface scan – direct/3D facial surface scan – indirect
- D0999 Unspecified diagnostic procedure
- \*\*\*\*D1310 Nutritional counseling
- \*\*\*\*D1320 Tobacco counseling regarding oral disease
- D1321 Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use
- \*\*\*\*D1330 Oral hygiene instructions
- D1355 Caries preventive medicament application – per tooth
- D1701-D1714 COVID 19 vaccine administration
- D1781-D1783 Vaccine administration – human papillomavirus
- D1999 Unspecified preventive procedure, by report
- D2410-D2430 Gold foil restorations
- \*\*D2949 Restorative foundation for an indirect restoration
- \*\*D2953 Each additional cast post-same tooth
- \*\*D2957 Each additional prefab post-same tooth
- D2975 Coping
- D2981 Inlay repair, necessitated by restorative material failure
- D2990 Resin infiltration of incipient smooth surface lesions
- D2999 Unspecified restorative procedure
- \*\*D3110-D3120 Pulp caps
- \*\*D3331 Treatment of root canal obstruction
- D3333 Internal root repair of perforation defects
- D3355-D3357 Pulpal regeneration; does not include final restoration
- D3428-D3429 Bone graft in conjunction with periradicular surgery
- D3460 Endodontic endosseous implant
- D3470 Intentional re-implantation
- \*\*D3910 Isolation of tooth with rubber dam
- \*\*D3911 Intraorifice barrier
- D3921 Decoronation or submergence of an erupted tooth
- \*\*D3950 Canal preparation and fitting of post

D3999 Unspecified endodontic procedure

D4230-D4231 Anatomical crown exposure

\*\*D4286 Removal of non-resorbable barrier

D4322/D4323 Splint – intra-coronal; natural teeth or prosthetic crowns/Splint – extra-coronal; natural teeth or prosthetic crowns

D4381 Localized delivery of antimicrobial agents via release vehicle into diseased crevicular tissue, per tooth

\*\*D4920 Unscheduled dressing change

D4921 Gingival irrigation with medicinal agent – per quadrant

\*\*\*D4999 Unspecified periodontal procedure

D5810-D5811 Interim complete dentures

D5862 Precision attachment, by report

D5867 Replacement of replaceable part of semi- precision or precision attachment, per attachment

D5876 Add metal substructure to acrylic full denture, per arch

D5899 Unspecified removable prosthodontic procedure, by report

D5911-D5999 Maxillofacial prosthetics

\*\*D6011 Surgical access to an implant body (second stage implant surgery)

D6040-D6050 Implant services

D6051 Interim implant abutment placement

D6091 Replacement of replaceable part of semi-precision or precision attachment of implant/abutment supported prosthesis, per attachment

D6103 Bone graft for repair of peri-implant defect

D6104 Bone graft at time of implant placement

D6118-D6119 Implant/abutment supported interim fixed denture for edentulous arch

D6190 Radiographic/surgical implant index, by report

\*\*D6198 Remove interim implant component

D6199 Unspecified implant services

\*\*D6253 Interim pontic – further treatment or completion of diagnosis necessary prior to final impression

D6548 Retainer-porcelain/ceramic

D6600-D6607 Inlays

D6624 Inlay-titanium

**D6793	Interim retainer crown – further treatment or completion of diagnosis necessary prior to final impression
D6920/D6940	Connector bar/Stress breaker
D6950	Precision attachment
D6985	Pediatric partial denture, fixed
D6999	Unspecified fixed prosthodontic procedure
D7260	Oroantral fistula closure
D7261	Primary closure of a sinus perforation
D7270	Tooth re-implantation and/or stabilization
D7272	Tooth transplantation
*D7280	Surgical exposure of unerupted tooth
D7282	Mobilization of erupted or malpositioned tooth to aid eruption
*D7283	Placement of device to facilitate eruption of impacted tooth
D7285-D7286	Incisional biopsy of oral tissue
D7287	Cytology sample collection
*D7290	Surgical repositioning of teeth
*D7291	Transseptal fiberotomy, by report
D7292-D7294	Placement of temporary anchorage device
D7295	Harvest of bone for use in autogenous grafting procedure
D7296-D7297	Corticotomy
D7298-D7300	Removal of temporary anchorage device
**D7310/D7311	Alveoloplasty in conjunction with extractions
D7320-D7321	Alveoloplasty not in conjunction with extractions
D7340-D7350	Vestibuloplasty
D7410-D7465	Surgical excision of soft tissue/intra-osseous lesions
D7471-D7490	Excision of bone tissue
D7509	Marsupialization of odontogenic cyst
**D7511	Incision and drainage of abscess-intraoral soft tissue-complicated
D7520-D7560	Surgical incision
D7610-D7780	Treatment of fractures
D7810-D7899	Reduction of dislocation & mgmt. of TMJ
**D7910	Suture of recent small wounds up to 5 cm
D7911-D7912	Complicated suturing

D7920-D7921	Other repair procedures
**D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site
D7940-D7962	Other repair procedures
**D7963	Frenuloplasty
**D7970-D7971	Other repair procedures
D7972-D7999	Other repair procedures
*D8000-D8670	Orthodontic services
**D8680-D8681	Other orthodontic services*
D8695	Removal of fixed orthodontic appliance(s) – other than at the conclusion of treatment
D8696-D8697	Other orthodontic services
**D8698-D8702	Other orthodontic services
*D8703-D8704	Other orthodontic services
D8999	Unspecified orthodontic service
D9130	Temporomandibular joint dysfunction, non-invasive physical therapies
**D9210-D9215	Anesthesia
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis
D9248	Non-intravenous moderate (conscious) sedation
**D9311	Consultation with a medical health care professional
D9410-D9450	Professional visits
D9610-D9630	Drugs
D9910-D9911	Miscellaneous services
**D9912	Pre-visit patient screening
D9920-D9930	Miscellaneous services
D9932-D9935	Cleaning and inspection of dentures/partials
D9941-D9987	Miscellaneous services
**D9990	Certified translation or sign language services, per visit
**D9991-D9992	Dental case management –addressing appointment compliance barriers/Dental case management – care coordination
D9993-D9994	Dental case management – motivational interviewing/patient education to improve oral health literacy
**D9995	Teledentistry – synchronous; real-time encounter

- \*\*D9996 Teledentistry – asynchronous; information stored and forwarded to dentist for subsequent review
- \*\*D9997 Dental case management – patients with special health care needs
- D9999 Miscellaneous services

To view Delta Dental of Oklahoma’s Notice of Privacy Practices for Protected Health Information, please visit [DeltaDentalOK.org/hipaanotice](https://DeltaDentalOK.org/hipaanotice)