

# TRICARE Retiree Dental Program

*Enhanced Program  
Benefits Booklet*



Dear New TRDP Enrollee:

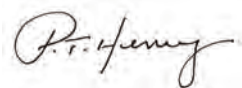
Welcome to the Enhanced TRICARE Retiree Dental Program (TRDP). The Department of Defense TRICARE Management Activity and Delta Dental of California are pleased to bring you a comprehensive dental benefits program created for Uniformed Services retirees and their family members. As an enrollee in the Enhanced TRDP, you can be assured you have an economical, high-quality dental program that will meet the majority of your dental needs.

This Benefits Booklet for the Enhanced TRDP has been designed to be a useful reference guide for all your Enhanced Program benefits and policies. The booklet contains specific program information and a glossary to help you understand some of the more technical terminology. The "What Is Covered" section contains a summary of your Enhanced TRDP coverage as well as a detailed list of all of the procedures covered under the Enhanced TRDP. We encourage you to use your 30-day enrollment grace period to read over the information in this booklet carefully and to call our Customer Service department toll-free at 888-838-8737 if you have any questions about your TRDP benefits. We also suggest you use this time to talk to your dentist about how to make the most of your coverage under the TRDP so that you can meet all your dental needs.

We want your enrollment in the Enhanced TRDP to be pleasant and rewarding. Your Enhanced TRDP coverage provides you with strong incentives to schedule regular dental treatment for you and your family. And while you are taking care of your dental health, you can rest assured knowing you are working with Delta Dental and its staff of experienced professionals who understand the special needs of Uniformed Services retirees and their families.

As administrator of the TRDP, Delta Dental is committed to providing Uniformed Services retirees and their family members with the best dental benefits program available at the highest level of quality and dependability possible. We are looking forward to serving you now and throughout your continued enrollment in the Enhanced TRDP.

Sincerely,

A handwritten signature in black ink, appearing to read "P.T. Henry". The signature is written in a cursive style with a loop at the end.

P.T. Henry  
Senior Vice President  
Delta Dental of California  
Federal Government Programs



# The TRDP on the Web: *At Your Service!*

Now that you have enrolled in the TRICARE Retiree Dental Program (TRDP), you have the benefit of many convenient self-service tools available to help you manage your program benefits—all within reach of your computer. Visit the TRDP's dedicated, customer-friendly website at [trdp.org](http://trdp.org) to take advantage of such easy-to-use features as:



- **The Consumer Toolkit®**

As a TRDP enrollee, you can sign on to the online Consumer Toolkit using the primary enrollee's social security number and your date of birth to verify your eligibility, get up-to-date benefits information, find out the amount of your maximum and deductible that you have used to-date, review your processed claims and reimbursements, and even print extra ID cards for yourself and your enrolled family members.

- **Dentist Search**

The online dentist search function allows you to find a local TRDP network dentist in your area. Remember: Seeing a TRDP network dentist whenever possible assures you of maximum cost savings, added program value, and the very best in dental care.

- **Customer Service Inquiry Form**

The online Customer Service Inquiry Form allows you to contact Delta Dental electronically during a time that is convenient for you, and receive prompt responses to your specific questions about the TRDP.

- **View and Print Program Materials**

Download and print a claim form, view this entire Benefits Booklet, or click on the "Related Sites" section to find useful links to important government and dental health information.

Even if you do not have access to a computer, there is still help available to you. Call the Interactive Voice Response (IVR) telephone system at 888-838-8737, 24 hours a day, seven days a week to get self-service information using automated features such as:

- Eligibility verification, claim status, maximum used to-date, and remaining deductible amount
- A complete breakdown of TRDP covered services, including time limitations
- A list of dentists in a specific area, including specialists, that can be faxed or mailed to you

*trdp.org*



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# Checklist for New Enrollees

The best way to get started with the Enhanced TRICARE Retiree Dental Program (TRDP) is to use the following checklist. It will help you understand how to get the most value from your coverage and how to obtain help if you need it.

- Read the information contained in this Benefits Booklet to help you understand what the Enhanced TRDP covers and how to use the program. Refer to the glossary for clarification of many of the technical terms used in this booklet.
- Review the “What is Covered” section of this booklet carefully before you begin using the Enhanced TRDP. In addition to a complete list of covered services, this section provides valuable information on benefit policies and exclusions. It is in your best interest to know your program benefits.
- Make an appointment with a TRDP network dentist. Choosing to see a participating TRDP network dentist whenever possible saves you money, adds value to your program, and assures you will get the kind of quality dental care you need. To locate a participating network dentist in your area, please refer to the section in this booklet titled “Selecting Your Dentist.” Please take this booklet with you to the dentist to help with understanding your coverage under the Enhanced TRDP.
- Ask your dentist to request a predetermination estimate from Delta Dental before you have complex and major treatment like crowns, bridges and dentures. This will provide you and your dentist with a non-binding written estimate of what part of the costs will be covered by the Enhanced Program and what you will be responsible for paying.
- Maintain good records of your dental treatment. Within a few weeks of your claims submission, you will receive an Explanation of Benefits (EOB) that explains how Delta Dental processed your claim. Review your EOB carefully and talk to your dentist or call Delta Dental if you have any questions. Be sure to keep all of your EOBs for your records.
- Visit the TRDP website at [trdp.org](http://trdp.org) or call Delta Dental’s Customer Service department toll-free at 888-838-8737 if you have any questions about your enrollment in the Enhanced TRDP.

## Your First Appointment

During your first appointment, here are some things to remember:

- Show your dentist your Enhanced TRDP identification card, which contains your Enhanced TRDP group number (4601) and program name. Prior to having any treatment provided, make sure your coverage is verified and your dentist knows the benefits that are available to you under the Enhanced Program. We recommend you use the online Consumer Toolkit® at [trdp.org](http://trdp.org) to access and print out your eligibility and benefit information, and take it with you when you visit the dentist. You or your dentist may also call Delta Dental’s Interactive Voice Response (IVR) system at 888-838-8737 to obtain eligibility and benefit information. Both the Consumer Toolkit® and the IVR are available for automated information around the clock, seven days a week.
- Provide the retired member’s Social Security number. The retiree’s Social Security number must be used for enrolled spouses and family members.
- Provide your date of birth.
- Notify your dentist of any other dental coverage you may have.
- Discuss your anticipated costs before receiving treatment. If you or your dentist has any questions, please contact Delta Dental’s Customer Service department toll-free at 888-838-8737.

## Tips To Help Keep Your Dental Costs Down

Remember, you can keep dental expenses down by:

- Using a TRDP network dentist.
- Using a Delta Dental Premier® dentist if you are not using a TRDP network dentist.
- Scheduling regular dental checkups for yourself and your family.
- Following your dentist's advice about regular brushing and flossing.
- Knowing all Enhanced TRDP benefits, policies and exclusions.

## The TRICARE Retiree Dental Program

The TRICARE Retiree Dental Program (TRDP) is offered by the Department of Defense (DoD) through the TRICARE Management Activity (TMA). The Federal Government Programs division of Delta Dental of California, located in Sacramento, California, administers and underwrites the TRDP for the TMA under DoD Contract Number H94002-07-C-0003.

The TRDP offers a voluntary group benefits program of comprehensive, cost-effective dental coverage for retired members of the Uniformed Services and their family members, unremarried surviving spouses and children of deceased members, and other select individuals. The Uniformed Services include the Air Force, Army, Navy, Marine Corps, Coast Guard, National Oceanic and Atmospheric Administration, and U.S. Public Health Service as well as their Reserve and National Guard components. The information contained in this Benefits Booklet applies specifically to enrollees in the Enhanced TRDP, group 4601, under the policies and regulations effective October 1, 2008.

For enrollees living overseas in areas where TRDP coverage has been extended as of October 1, 2008 (see the "TRDP Service Area" section of this booklet), the "Enhanced-Overseas TRDP" supplement to this Benefits Booklet is available. Enrollees in the Enhanced-Overseas TRDP have a separate group number (4602) and scope of benefits that matches that of the Enhanced TRDP.

A separate Benefits Booklet is available for enrollees who remain in the Basic TRDP, group 4600, which has remained closed to new enrollments since August 31, 2000.

## Eligibility

### Eligibility Requirements

Eligibility requirements for enrollment in the TRDP are set forth by the federal government in the laws that established the program. By enrolling in the TRDP, you have certified under penalty of perjury that you and any dependents you enrolled meet the eligibility requirements as defined in this section of the Benefits Booklet. Delta Dental reserves the right to request eligibility documentation, such as retirement orders or Uniformed Services ID cards, at a future time. If you or any of your enrolled dependents do not meet the eligibility requirements, coverage under the program will be cancelled and any premiums paid will not be refunded, unless you notify us within 30 days of your effective date and have not used the benefits.

Newly retired members must submit a copy of their retirement orders or other appropriate documentation as proof of retirement in order to be allowed to forego the 12-month waiting period for certain services (see the "Waiting Period" section of this booklet). If you have any questions about eligibility requirements of the program, please call our Customer Service department at 888-838-8737.

To enroll in the TRDP, an individual must be one of the following:

- A member of the Uniformed Services who is entitled to retired pay, including those age 65 or over.
- A member of the National Guard/Reserves who, regardless of age, has transferred to Retired Reserve status (as defined under Title 10 of the U.S. Code, Section 10141(b)). This includes a retired member of the National Guard/Reserves who is entitled to retired pay, even if under age 60, i.e., a retired member in the “gray area” who is entitled to retired pay but does not actually begin receiving it until age 60.
- A current spouse of an enrolled retired member as described above.
- An enrolled member’s eligible child up to age 21, or to age 23 for a full-time student (proof of full-time student status required), or older if he or she becomes disabled before losing eligibility.
- An unremarried surviving spouse or eligible child of a deceased member who died on retired status or who died while on active duty for a period of more than 30 days and whose eligible family members are not eligible, or are no longer eligible, for dental benefits under the active duty family member dental plan (TRICARE Dental Program).
- A Medal of Honor (MOH) recipient and eligible immediate family members, or an unremarried surviving spouse/eligible immediate family members of a deceased MOH recipient.
- A family member of a non-enrolled member who meets certain criteria.

Under most circumstances, the retiree must enroll in order for a spouse or other eligible family member to enroll. However, eligibility rules implemented October 1, 2000 allow the spouse and/or eligible child of a non-enrolled member to join the TRDP with documented proof that the non-enrolled member is:

- Eligible to receive ongoing, comprehensive dental care from the Department of Veterans Affairs; or
- Enrolled in a dental plan that is available to the member as a result of employment separate from his/her Uniformed Service, and said dental plan is not available to his/her family members; or
- Prevented from being able to obtain benefits under the enhanced TRICARE Retiree Dental Program due to a current and enduring medical or dental condition.

If a retiree meets any one of these three criteria and wishes to enroll a family member without joining the TRDP, the following documentation must be submitted with the enrollment form, as applicable:

- Written certification from the Department of Veterans Affairs (VA) that the retiree is authorized to receive ongoing, comprehensive dental care from the VA; or
- Written documentation from the retiree’s employer or the administrator of the employer’s dental plan that the retiree is enrolled in the employer’s dental plan and that the retiree’s family members are excluded from enrolling in the plan; or
- Written documentation from the retiree’s physician or dentist explaining the retiree’s specific medical or dental condition and the reason that prevents the retiree from using the program’s benefits over time if it is not apparent based on the condition.

## Individuals Who Are Not Eligible

By law, individuals who are not eligible for this program are:

- Former spouses of eligible members.
- Remarried surviving spouses of deceased members.
- Family members of non-enrolled retirees who do not meet one of the three special circumstances noted above.

# TRDP Service Area

Dental coverage is offered worldwide through the Enhanced TRDP and the Enhanced-Overseas TRDP.

## Enhanced TRDP

The enrollment area for the Enhanced TRDP is the 50 United States, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, the Commonwealth of the Northern Mariana Islands, and Canada. To be eligible for reimbursement, covered services for Enhanced TRDP enrollees must be provided within this area. When traveling outside this enrollment area, Enhanced TRDP enrollees will be covered only for emergency treatment as necessary. Payment for the emergency care will be made to the enrollee, and the enrollee will be fully responsible for reimbursing the dentist who provided the emergency care.

The exception to this policy is an enrolled family member who is a full-time student overseas; this individual can receive comprehensive benefits under the Enhanced TRDP worldwide. (In order for TRDP claims to be processed for this individual, it will be necessary to provide documentation of the individual's full-time enrollment in a study program overseas.)

## Enhanced-Overseas TRDP

Those eligible for the TRDP who reside outside the Enhanced TRDP enrollment area described above may enroll in the Enhanced-Overseas TRDP to receive comprehensive benefits worldwide. The dental benefits and policies of the Enhanced-Overseas TRDP match those of the Enhanced TRDP. A supplement to this Benefits Booklet that provides details about the Enhanced-Overseas TRDP is available on the TRDP website at [trdp.org](http://trdp.org).

# Enrollment

## Enrollment Commitment

You and your enrolled family members must commit to remain enrolled in the Enhanced TRDP for an initial 12-month period. There are no provisions in the federal regulations for voluntary disenrollment during the initial 12-month enrollment period except as outlined under "TRDP Voluntary Termination Criteria" below. If a family member is added after the initial date of enrollment of the sponsor, both the sponsor and the added family member must complete 12 months of enrollment starting from the added family member's coverage effective date before either is allowed to voluntarily terminate enrollment.

## Enrollment Grace Period

There is a grace period of 30 days from the primary enrollee's coverage effective date during which you may disenroll without any further enrollment obligation, provided Delta Dental has not processed a claim for TRDP dental services used by the primary enrollee or any enrolled family member during that time period. If you do not exercise your option to disenroll within the 30-day grace period, you must remain enrolled in the program for the duration of the 12-month period with only limited opportunity for voluntary disenrollment during this time. For more on the TRDP enrollment grace period, see "TRDP Voluntary Termination Criteria."

## Coverage Effective Date

Coverage will start on the first day of the month after Delta Dental has received complete enrollment information and the correct premium prepayment amount. To check the status of your TRDP eligibility and coverage effective date, use the Consumer Toolkit® on the website at [trdp.org](http://trdp.org), or call Customer Service at 888-838-8737.

## Enrollment Lockout

Enrollees who fail to complete their initial enrollment commitment are subject to a 12-month lockout period before they are eligible to re-enroll. Enrollees who disenroll from the Enhanced TRDP after completing the initial 12-month enrollment obligation may re-enroll at any time but will be subject to the same 12-month enrollment commitment and waiting period as a new enrollee.

## Enrollment Continuation and Termination

After you have satisfied your enrollment commitment, your enrollment in the TRDP will be continued automatically on a month-to-month basis.

If you elect to terminate your enrollment in the TRDP at the end of your initial 12-month enrollment commitment, notification of your request to disenroll must be received by Delta Dental no less than 30 days prior to the first day of the thirteenth month.

For example:

You will satisfy your initial 12-month enrollment period on April 30. For your disenrollment to be effective on the first day of the thirteenth month, you must notify Delta Dental no later than March 31 that you wish to disenroll at that time. Your disenrollment will be effective on May 1. Claims will be paid for dates of service up to your termination effective date.

You may request to disenroll at any time during your month-to-month enrollment period. Notification of your request to disenroll must be received by Delta Dental no less than 30 days prior to the first day of the month of termination.

For example:

You have remained in the TRDP on a month-to-month basis through May. On June 15, Delta Dental receives notification from you that you wish to disenroll. Your disenrollment will be effective on August 1. Claims will be paid for services up to your termination effective date.

You may re-enroll in the TRDP at any time after disenrolling subsequent to satisfying your initial 12-month enrollment commitment. However, when you re-enroll, you will begin a new 12-month enrollment commitment, and you must satisfy the same waiting period for certain benefits as a new enrollee. To request disenrollment after completing your enrollment obligation, use the convenient online Customer Service Inquiry Form available on our website at [trdp.org](http://trdp.org). You may also call our Customer Service department at 888-838-8737 or submit your request in writing to the address listed under the “Enrollment Inquiries and Changes” section of this booklet.

## TRDP Voluntary Termination Criteria

For a voluntary termination request to be considered prior to satisfying the required 12-month enrollment commitment, it must meet the criteria listed below. If the request is denied, the enrollee may choose to begin the reconsideration and appeals process described in this booklet.

- Enrollment Grace Period

If the initial request for disenrollment is received by Delta Dental within 30 calendar days following the enrollment effective date and there has been no use of TRDP benefits under the enrollment, then the request is allowed. Any use of TRDP benefits during this 30-day enrollment grace period constitutes acceptance by the enrollee of the enrollment and the enrollment commitment. In this case, a request for voluntary termination of enrollment is not honored and premiums are not refunded.

- Extenuating Circumstances

Under limited circumstances, TRDP enrollees and/or dependents are considered for disenrollment upon request when they have been enrolled in the program beyond the enrollment grace period but before the completion of their enrollment commitment. To request this early voluntary termination, you must submit written, factual documentation that independently verifies that one of the following extenuating circumstances has occurred during the enrollment period. In general, the circumstances must have been unforeseen and be long-term, and must have originated after the effective date of TRDP coverage. Such circumstances include:

- The enrollee is a federal employee who has received an assignment to a location that prevents utilization of TRDP benefits.
- The enrollee is prevented by a serious medical or dental condition from being able to utilize TRDP benefits.
- The enrollee would suffer severe financial hardship by continuing TRDP enrollment.

To request voluntary termination of your enrollment during your 30-day grace period or for extenuating circumstances, your request must be submitted in writing to the address listed under the “Enrollment Inquiries and Changes” section of this booklet. For termination for extenuating circumstances, it is important that you include relevant documentation explaining the circumstances. If you have questions about the documentation required, you may use the convenient online Customer Service Inquiry Form available on our website at [trdp.org](http://trdp.org), or call our Customer Service department at 888-838-8737.

## Enrollment Inquiries and Changes

You may contact Delta Dental’s Customer Service department to inquire about your enrollment in the TRDP or to request changes to your existing enrollment, such as an address change, name change or the addition/deletion of eligible family members. For enrollment inquiries and changes, use the convenient online Customer Service Inquiry Form available on our website at [trdp.org](http://trdp.org), or contact:

Delta Dental of California  
Federal Government Programs  
PO Box 537008  
Sacramento, CA 95853-7008  
Toll-free: 888-838-8737

You may also obtain answers to many of your questions on our website at [trdp.org](http://trdp.org).

## Keeping Enrollment Records Current

Delta Dental does not receive updated address information from the finance center that disburses your retired pay or from any other government source, such as the Defense Enrollment Eligibility Reporting System (DEERS). In addition, mailing addresses cannot be changed through information submitted on a claim. Therefore, it is very important that you keep your enrollment information current with Delta Dental. Inaccurate information can affect timely and correct processing of your claims and can delay your receipt of payments and other important information regarding your TRDP coverage. If you move, be sure to notify Delta Dental of your new address as soon as possible so your TRDP records can be updated and maintained with the most current information.

## Premium Payments

### Premium Rates

Premium rates for the TRDP are based on the ZIP code in which the retiree or primary enrollee resides. In addition, monthly premiums are based on three different enrollment options: single-person enrollment, two-person enrollment, and a family enrollment of three or more persons. Annual rates are in effect from October 1 through September 30 and are subject to yearly adjustment. If you move or change your enrollment option, your monthly premium rate may increase or decrease accordingly. Department of Defense-directed implementation of program changes could also result in further premium rate adjustments.

To determine the exact premium rate for your region, call Delta Dental toll-free at 888-838-8737 or visit the website at [trdp.org](http://trdp.org).

### Premium Prepayments

A two-month premium prepayment must accompany your application for enrollment in the TRDP. This advance payment will be used to pay your monthly premiums until a monthly payment plan can be established. Any unused portion of the two-month premium prepayment will be refunded during the third month of your enrollment.

### Premium Payment Allotments

Monthly premiums for the TRDP will be collected by the Defense Finance and Accounting Service or by the Coast Guard, National Oceanic and Atmospheric Administration or U.S. Public Health Service finance centers through a retired pay allotment as mandated by Public Law 104-201. The allotment is established automatically with the appropriate finance center upon notification by Delta Dental of a retiree's enrollment. No action with the finance center on the part of the enrollee is necessary.

Enrollees whose retired pay allotments cannot be established or whose retired pay allotments have ceased after having been started will be billed directly as described below. An individual's enrollment in the TRDP will not be interrupted or adversely affected due to problems with premium deduction from retired pay.



## Direct Billing Process

Public Law 104-201 does not allow direct billing as an option for sponsors in the Enhanced TRDP who receive retired pay from one of the Uniformed Services finance centers. However, Delta Dental will directly bill retirees whose pay is determined by the appropriate finance center to be insufficient to cover the premium allotment amount. Enrollees for whom retired pay is not available, such as surviving spouses/family members and “gray-area” National Guard/Reservists, will also be billed directly for their monthly premium payments. Enrollees can make these monthly payments either by electronic funds transfer (EFT) or by mailing a check to Delta Dental.

Premium payments that are not received within seven days of the due date are considered past due. Enrollees whose premium payments become past due may be terminated by Delta Dental when premium payment accounts are not brought current. Dental claims will not be paid for time periods during which premiums remain past due. Enrollees whose accounts have been terminated for non-payment of premiums prior to completion of their initial enrollment obligation will not be eligible for re-enrollment for 12 months. They will also have to complete a new enrollment obligation and the waiting period.

## Questions Concerning Premium Payments

For questions regarding your prepayment refund, automatic retired pay allotment, direct billing or other premium payment issues, please contact us through our online Customer Service Inquiry Form at [trdp.org](http://trdp.org), or call Delta Dental's Customer Service department toll-free at 888-838-8737.

# What Is Covered

The Enhanced TRDP covers most dental services that are necessary and appropriate for improving and maintaining your dental health. To be considered for payment, covered dental services must be provided by a licensed dentist practicing within the Enhanced TRDP service area.

This section includes a general description of each of the categories of services that are covered under the Enhanced Program, a detailed list of covered services, and general policies, limitations and exclusions that apply to the Enhanced Program.

Please refer to other sections in this book for detailed information on orthodontic services, dental accident coverage and dental care overseas.

## Description of Covered Services

**Diagnostic Services** – Diagnostic procedures are those performed by the dentist to evaluate your dental health and identify any disease condition that might be present. Common diagnostic procedures include oral examinations and x-rays.

**Preventive Services** – Preventive procedures are those performed to help keep your teeth and their supporting structures healthy by preventing tooth decay and gum disease. Procedures in this category include cleanings and fluoride treatments.

**Space Maintainers and Sealants** – Space maintainers are appliances designed to save space for the proper eruption of permanent teeth. Sealants are applied to newly erupted molars to help prevent decay on the chewing surfaces.

**Basic Restorative Services** – Basic restorative services are procedures performed to restore a tooth's anatomical form when a minimal amount of tooth structure has been lost due to dental caries or fracture. These include silver fillings (amalgam) and tooth-colored fillings (composite resin).

**Major Restorative Services** – Major restorative procedures are performed to restore a tooth's anatomical form when a significant amount of tooth structure has been lost due to dental caries or fracture. These include cast crowns and onlays.

**Endodontic Services** – Endodontic procedures are for the treatment of diseases or injuries that affect the nerve and blood supply (pulp) of a tooth. A common endodontic procedure is root canal therapy.

**Implant Services** – Dental implant services involve the surgical placement of specially designed devices within or on the jaws as a means of providing for the replacement of teeth.

**Periodontic Services** – Periodontic procedures are for the treatment of diseases of the supporting structures of the teeth such as bone and gum tissue. Services in this category include periodontal scaling and root planing and periodontal surgery.

**Prosthodontic Services** – Prosthodontic procedures are performed to replace a missing tooth or missing teeth. These procedures include fixed bridges and removable partial and full dentures.

**Oral Surgery Services** – Oral surgery procedures are surgical procedures performed to remove teeth or lesions in the oral cavity. These procedures include simple extractions and extractions of impacted teeth.

**Orthodontic Services** – Orthodontic procedures are performed to realign malpositioned teeth to improve a patient's ability to chew. These procedures include the placement and maintenance of braces.

**Emergency Services** – These procedures are performed to determine the cause of pain and to provide the relief of pain on an emergency basis.

**Dental Accident Services** – Dental accident services include all covered procedures in the program, except for orthodontic procedures, that are performed to correct dental problems that result from external, traumatic accidents. These are paid under separate payment rules with a separate annual maximum.

**Other Services** – Anesthesia (general anesthesia and intravenous sedation), Professional Consultation (diagnostic service provided by a dentist other than the treating dentist), Professional Visits (office visits after normal office hours), Drugs (therapeutic drug injection and other medications dispensed in the dental office), Post-surgical Services (treatment of complications following oral surgery) and Miscellaneous (occlusal guards and athletic mouthguards).

## Summary of Coverage

All new TRDP enrollments shall be to the Enhanced Program. The following types of services will be covered under the TRICARE Retiree Dental Program (TRDP) when the services are determined to have been necessary and furnished in an appropriate manner consistent with generally accepted dental practice standards.

### *Level I Benefit – Immediate*

**Benefits include:**

- Diagnostic services
- Preventive services
- Basic restorative services
- Endodontic services
- Periodontic services
- Oral surgery services
- Emergency and post-surgical services
- Drugs
- Anesthesia
- Professional consultation and visits
- Post-surgical services
- Miscellaneous services

### *Level II Benefit – After 12 Months Continuous Enrollment*

**Level I Benefits PLUS**

- Major restorative services (crowns and cast restorations)
- Implant services
- Prosthodontic services (fixed bridges and removable full/partial dentures)
- Orthodontic services

## General Policies

Covered services for the TRICARE Retiree Dental Program are determined by the Department of Defense and are based upon generally accepted dental practice standards. All covered services listed in this section conform to the current version of the American Dental Association (ADA) *Current Dental Terminology* (CDT-2009/2010).

1. Procedures designated as TRDP procedure codes (covered services) cannot be redefined or substituted for other coded procedures (noncovered services) for billing purposes.
2. Claims received on or after the first of the month following 12 months of the date of service are not payable by Delta Dental. The fees for Delta Dental's portion of the payment are not chargeable to the patient by a participating network dentist.
3. Participating dentists must agree not to charge the patient more than the deductible and/or cost-share amount as shown on the Explanation of Benefits.
4. Charges for the completion of claim forms and submission of required information for determination of benefits are not payable.
5. Consultation, diagnosis, prescriptions, etc. are considered part of the examination/evaluation or procedure performed.
6. Local anesthesia is considered integral to the procedure(s) for which it is provided and is included in the fee for the procedure(s).
7. Infection control procedures and fees associated with compliance with Occupational Safety & Health Administration (OSHA) and/or other governmental agency requirements are considered to be part of the dental services provided.
8. Postoperative care and evaluation are included in the fee for the service.
9. The fee for medicaments/solutions is part of the fee for the total procedure.
10. Procedure codes may be modified by Delta Dental based on the description of service and supporting documentation.
11. For procedures limited to a specific frequency during a 12-month period, the 12-month benefit period begins with the first date any covered service of this nature was received and ends 365 days later, regardless of the total services used within the benefit period. Unused benefits cannot be carried over to subsequent benefit periods.
12. Procedures denied due to time limitations or performed prior to the TRDP enrollment effective date are not covered.
13. Procedures done for cosmetic purposes are not covered benefits. Payment is the patient's responsibility.
14. Covered procedures, except orthodontic procedures as described in this attachment, are payable only upon completion of the procedure billed.
15. Services must be necessary and meet accepted standards of dental practice. Services determined to be unnecessary or which do not meet accepted standards of practice are not billable to the patient by a participating dentist unless the dentist notifies the patient of his/her liability prior to treatment and the patient chooses to receive the treatment. Participating dentists should document such notification in their records.
16. Medical procedures as well as dental procedures coverable as adjunctive dental care under TRICARE medical policy are not covered under the TRDP.
17. Effective July 1, 2007, the TRICARE medical plan implemented coverage for medically necessary institutional and general anesthesia services in conjunction with non-covered or non-adjunctive dental treatment for patients with developmental, mental or physical disabilities and for pediatric patients age 5 and under (this general anesthesia benefit is not covered by the TRDP). Since preauthorization for this benefit is required, patients should contact their regional TRICARE Managed Care Support Contractor for specific instructions. Information is also available at [www.tricare.mil](http://www.tricare.mil).
18. An "R" to the right of the procedure code means "by report" and that these services will be paid only in unusual circumstances, and that documentation of the diagnosis, necessity and reason for the treatment must be provided by the dentist to determine benefits.
19. An "X" to the right of the procedure code means that these services will be paid only when a current radiograph is submitted with the dental claim.

# Covered Services

## Diagnostic Services

**Coverage: 100%**

**Patient Pays: 0%**

**Subject to Deductible: No**

**Applies to Maximum: No**

D0120	Periodic oral evaluation—established patient
D0145	Oral evaluation for a patient under three years of age and counseling with a primary caregiver
D0150	Comprehensive oral evaluation—new or established patient
D0160	Detailed and extensive oral evaluation—problem-focused
D0170	<b>R</b> Re-evaluation—limited, problem-focused (established patient; not post-operative visit)
D0180	Comprehensive periodontal evaluation—new or established patient
D0210	Intraoral—complete series (including bitewings)
D0220	Intraoral—periapical first film
D0230	Intraoral—periapical each additional film
D0240	Intraoral—occlusal film
D0250	Extraoral—first film
D0260	Extraoral—each additional film
D0270	Bitewing—single film
D0272	Bitewings—two films
D0273	Bitewings—three films
D0274	Bitewings—four films
D0277	Vertical bitewings—seven to eight films
D0290	Posterior-anterior or lateral skull and facial bone survey film
D0330	Panoramic film
D0340	Cephalometric film
D0425	<b>R</b> Caries susceptibility tests
D0460	Pulp vitality tests
D0470	Diagnostic casts

### The following policies apply to diagnostic services:

1. Limited oral evaluations are only covered when performed on an emergency basis.
2. Payment is limited to any two evaluations, comprehensive and/or periodic, in a 12-month period. Payment for more than two evaluations, comprehensive and/or periodic, in a 12-month period is the patient's responsibility. This limitation includes procedure D0145, "oral evaluation for a patient under three years of age and counseling with primary caregiver."

3. One comprehensive oral evaluation (D0150 - comprehensive oral evaluation, D0160 - detailed and extensive oral evaluation or D0180 - comprehensive periodontal evaluation) is payable once per dentist per year and only if related to covered dental procedures. Additional evaluations are considered periodic evaluations and are paid as such.
4. The 12-month benefit period begins with the first date any covered service of this nature was received and ends 365 days later, regardless of the total services used within the benefit period. Unused benefits will not be carried over to subsequent benefit periods.
5. An examination/evaluation fee is not payable when a charge is not usually made or is included in the fee for another procedure.
6. Examinations/evaluations by specialists are payable as comprehensive or periodic examinations/evaluations and are counted towards the two-in-12-months limitation on examinations/evaluations.
7. A full-mouth series (complete series) of radiographs includes bitewings. Any additional film taken with a complete radiographic series is considered integral to the complete series.
8. A panoramic radiograph taken with any other film is considered a full-mouth series and is paid as such, and is subject to the same benefit limitations.
9. If the total fee for individually listed radiographs equals or exceeds the fee for a complete series, these radiographs are paid as a complete series and are subject to the same benefit limitations.
10. Payment for more than one of any category of full-mouth radiographs within a 60-month period is the patient's responsibility. If a full-mouth series (complete series) is denied because of the 60-month limitation, it cannot be reprocessed and paid as bitewings and/or additional films.
11. Payment for panoramic radiograph is limited to one within a 60-month period.
12. Payment for periapical films (other than as part of a complete series) is limited to four within a 12-month period except when done in conjunction with emergency services and submitted by report.
13. Payment for a bitewing survey, whether single, two, three, four or vertical film(s), including those taken as part of a complete series, is limited to one within a 12-month period.
14. Radiographs of non-diagnostic quality are not payable.
15. Duplication of radiographs for administrative purposes is not payable.
16. Test reports must describe the pathological condition, type of study and rationale.
17. Pulp vitality tests are payable only on a per-visit basis in connection with emergency care. Otherwise, they are considered part of other services rendered.
18. Procedures used for patient education, screening purposes, motivation or medical purposes are not covered benefits.
19. Detailed and extensive oral evaluations (D0160) are limited to once per patient per dentist, per year. They will not be paid if related to noncovered medical or dental procedures.
20. Re-evaluations (D0170) are limited to problem-focused assessments of previously existing conditions, specifically, conditions relating to traumatic injury or undiagnosed continuing pain. They will not be paid if related to noncovered medical or dental procedures.
21. Two cephalometric films (D0340) or two facial bone films (D0290) or one of each film are payable for orthodontic diagnostic purposes only. The fee for additional films taken during treatment or for post-operative records by the same dentist/office is included in the fee for orthodontic treatment.
22. Diagnostic casts (study models) are payable once per case as orthodontic diagnostic benefits. The fee for working models taken in conjunction with restorative and prosthodontic procedures is included in the fee for those procedures.

## Preventive Services—100% coverage

**Coverage: 100%**

**Patient Pays: 0%**

**Subject to Deductible: No**

**Applies to Maximum: No**

D1110	Prophylaxis—adult (two per 12-month period)
D1120	Prophylaxis—child (two per 12-month period)
D1203	Topical application of fluoride—child
D1204	Topical application of fluoride—adult
D1206	Topical fluoride varnish, therapeutic application for moderate to high caries risk patients

## Preventive Services—80% coverage

**Coverage: 80%**

**Patient Pays: 20%**

**Subject to Deductible: Yes**

**Applies to Maximum: Yes**

D1351	Sealant—per tooth
D1510	Space maintainer—fixed - unilateral
D1515	Space maintainer—fixed - bilateral
D1520	Space maintainer—removable - unilateral
D1525	Space maintainer—removable - bilateral
D1550	Recementation of space maintainer
D1555	Removal of fixed space maintainer

### **The following policies apply to preventive services covered at 100%:**

1. Persons age 14 years and older are considered to be adults.
2. Two prophylaxes for both adults and children are covered in a period of 12 consecutive months. This limitation includes periodontal maintenance procedure D4910, which is covered at 60%. Payment is limited to two prophylaxes or one prophylaxis and one periodontal maintenance procedure or two periodontal maintenance procedures in 12 consecutive months. Payment for additional prophylaxes or periodontal maintenance procedures is the patient's responsibility.
3. Two fluoride treatments for both adults and children are covered in a period of 12 consecutive months. This limitation includes procedure D1206, "topical fluoride varnish; therapeutic application for moderate to high caries risk patients." Payment for additional fluoride treatments are the patient's responsibility.
4. Topical fluoride applications are covered only when performed as independent procedures. Use of a prophylaxis paste containing fluoride is payable as a prophylaxis only.
5. There are no provisions for special consideration for a prophylaxis based on degree of difficulty. Scaling or polishing to remove plaque, calculus and stains from teeth is considered to be part of the prophylaxis procedure.

6. Routine prophylaxes are considered integral when performed by the same dentist on the same day as scaling and root planing, periodontal surgery and periodontal maintenance.
7. Preventive control programs, including oral hygiene programs and dietary instructions, are not covered benefits.
8. Routine oral hygiene instructions are considered integral to a prophylaxis service and are not separately payable.

**The following policies apply to preventive services covered at 80%:**

9. Sealants are only covered on permanent molars through age 18.
10. One sealant per tooth is covered in a three-year period.
11. Sealants are only payable for molars that are caries free with no previous restorations on the mesial, distal or occlusal surfaces.
12. Sealants for teeth other than permanent molars are not covered.
13. Sealants completed on the same date of service and on the same tooth as a restoration on the occlusal surface are considered integral procedures and included in the fee for the restoration.
14. Sealants are covered for prevention of occlusal pit and fissure type cavities. Sealants provided for treatment of sensitivity or for prevention of root or smooth surface caries are not payable.
15. The tooth number of the space to be maintained is required when requesting payment for space maintainers.
16. Space maintainers for missing permanent teeth or primary anterior teeth (except primary cuspids) are not covered.
17. Only one space maintainer is paid for a space, except under unusual circumstances (where changes due to growth patterns or additional extractions make replacement necessary).
18. The fee for a stainless steel crown or band retainer is considered to be included in the total fee for the space maintainer.
19. Repair of a damaged space maintainer is not covered.
20. Recementation of space maintainers is payable once within 12 months.
21. Space maintainers are not covered for patients 14 years and older.
22. Removal of a fixed space maintainer (D1555) by the same dentist or dental practice that placed the space maintainer is not payable by contractor or chargeable to the patient by a participating network dentist.



## Restorative Services

**Coverage: 80%**

**Patient Pays: 20%**

**Subject to Deductible: Yes**

**Applies to Maximum: Yes**

D2140	Amalgam—one surface, primary or permanent
D2150	Amalgam—two surfaces, primary or permanent
D2160	Amalgam—three surfaces, primary or permanent
D2161	Amalgam—four or more surfaces, primary or permanent
D2330	Resin-based composite—one surface, anterior
D2331	Resin-based composite—two surfaces, anterior
D2332	Resin-based composite—three surfaces, anterior
D2335	Resin-based composite—four or more surfaces or involving incisal angle (anterior)
D2390	Resin-based composite crown, anterior
D2391	Resin-based composite— one surface, posterior
D2392	Resin-based composite—two surfaces, posterior
D2910	Recement inlay, onlay, or partial coverage restoration
D2915	Recement cast or prefabricated post and core
D2920	Recement crown
D2930	Prefabricated stainless steel crown—primary tooth
D2931	Prefabricated stainless steel crown—permanent tooth
D2932	Prefabricated resin crown
D2933	Prefabricated stainless steel crown with resin window
D2951	Pin retention—per tooth, in addition to restoration
D2970	R Temporary crown (fractured tooth)

## Major Restorative Services

**Coverage: 50% after 12 months**

**Patient Pays: 50% after 12 months**

**Subject to Deductible: Yes**

**Applies to Maximum: Yes**

D2542	X Onlay—metallic - two surfaces
D2543	X Onlay—metallic - three surfaces
D2544	X Onlay—metallic - four or more surfaces
D2740	X Crown—porcelain/ceramic substrate
D2750	X Crown—porcelain fused to high noble metal
D2751	X Crown—porcelain fused to predominantly base metal

D2752	X	Crown—porcelain fused to noble metal
D2780	X	Crown—3/4 cast high noble metal
D2781	X	Crown—3/4 cast predominantly base metal
D2782	X	Crown—3/4 cast noble metal
D2783	X	Crown—3/4 porcelain/ceramic
D2790	X	Crown—full cast high noble metal
D2791	X	Crown—full cast predominantly base metal
D2792	X	Crown—full cast noble metal
D2794	X	Crown—titanium
D2950	X	Core buildup, including any pins
D2952	X	Post and core in addition to crown, indirectly fabricated
D2954	X	Prefabricated post and core in addition to crown
D2980		Crown repair

**The following policies apply to restorative services covered at 80%:**

1. Coverage is for basic restorative services of amalgam fillings, anterior composite restorations, and one- and two-surface posterior composite restorations. Working models taken in conjunction with restorative procedures are considered integral to the restorative procedures.
2. Payment is made for restoring a surface once within 24 months regardless of the number of combinations of restorations placed.
3. Replacement of a restoration by the same dentist or group practice within 24 months is not a benefit. Duplication of an occlusal surface restoration is payable when it is necessary to restore one or more proximal surfaces due to subsequent caries.
4. A separate fee for services related to restorations, such as etching, bases, liners, local anesthesia, temporary restorations, polishing, preparation, supplies, caries removal agents, gingivectomy, infection control and expenses for compliance with OSHA regulations, etc. is not payable.
5. Restorations are covered benefits only when necessary to replace tooth structure loss due to fracture or decay. Restorations placed for any other reason, such as cosmetic purposes or due to abrasion, attrition, erosion, congenital or developmental malformations or to restore vertical dimension, are not covered.
6. Anterior restorations involving the incisal edge but not the proximal are paid as one-surface restorations, subject to review.
7. Posterior restorations not involving the occlusal surface are paid as one-surface restorations, subject to review.
8. Posterior restorations involving the proximal and occlusal surfaces on the same tooth are considered connected for payment purposes, subject to review.
9. X-rays may be requested for anterior resin restorations involving four or more surfaces or if the restoration involves the incisal angle.
10. Pin retention is payable once per restoration to the same dentist or group practice and only payable in connection with a four or more surface restoration or a restoration involving the incisal angle. The restoration and pin retention must be done at the same appointment.
11. Replacement of a stainless steel crown or prefabricated resin crown by the same dentist or group practice within 24 months is not covered.
12. Prefabricated stainless steel crowns with resin windows are payable only on anterior primary teeth.

13. Pin retention and buildups on primary teeth are covered in the fee for the restoration.
14. Pin retention and buildups done with stainless steel crowns on permanent teeth are included in the fee for the stainless steel crown.
15. Recementation of prefabricated crowns within six months of initial placement is included in the fee for the restoration.
16. After six months from the initial cementation date, recementation of crowns is payable once within 12 months.
17. Payment for a temporary crown (D2970) will be made for a damaged tooth as an immediate protective device once per tooth per lifetime unless justified by treating dentist, by report.
18. An allowance for comparable amalgam restorations with a patient co-payment of 20% is allowed when the patient opts for the following resin procedure codes on posterior teeth. The patient is responsible for the difference between the dentist's charge for the posterior resin and the TRDP paid amount:

D2393 Resin-based composite - three surfaces, posterior

D2394 Resin-based composite - four or more surfaces, posterior

**The following policies apply to major restorative services covered at 50% after 12 months:**

19. The fee for working models taken in conjunction with restorative and prosthodontic procedures is included in the fee for those procedures.
20. Facings on crowns posterior to the second molar position are considered to be cosmetic components. An allowance is made for a full cast crown.
21. After six months from the initial cementation date, recementation of cast crowns is payable once within 12 months.
22. Cast restorations are covered benefits only when necessary to replace natural tooth structure loss due to fracture or decay. Restorations placed for any other reason, such as cosmetic purposes or due to abrasion, attrition, erosion, congenital or developmental malformations or to restore vertical dimension are not covered.
23. The charge for a crown or onlay is considered to include all charges for work related to its placement including, but not limited to, preparation of gingival tissue, tooth preparation, temporary crown, diagnostic casts (study models), impressions, try-in visits, and cementations of both temporary and permanent crowns.
24. Onlays, permanent single crown restorations and necessary posts and cores for patients under 14 years of age are excluded from coverage unless specific rationale is provided indicating the reason for such treatment.
25. Replacement of crowns, onlays, buildups, and posts and cores is covered only if the existing crown, onlay, buildup, or post and core was inserted at least five years prior to the replacement and satisfactory evidence is presented that the existing crown, onlay, buildup or post and core is not and cannot be made serviceable.
26. Temporary crowns placed in preparation for a permanent crown are considered integral to the placement of the permanent crown and are not payable as a separate procedure.
27. Recementation of prefabricated and cast crowns, bridges, onlays, inlays, and posts within six months of placement by the same dentist is considered integral to the original procedure.
28. Onlays, crowns, and posts and cores are payable to restore a natural tooth due to decay or fracture. However, if the degree of breakdown does not qualify for a cast restoration, a benefit allowance will be made for an amalgam restoration on a posterior tooth and a resin restoration on an anterior tooth.
29. When performed as an independent procedure, the placement of a post is not a covered benefit. Posts are only eligible when provided as part of a buildup for a crown and are considered integral to the buildup.

30. Cores and other substructures are benefits in exceptional circumstances and with documentation of the necessity to retain a crown on a tooth because of excessive breakdown due to caries or fracture. Otherwise, the procedure is considered part of the final restoration.
31. Cast restorations and substructures include pins. A separate fee is not covered.
32. Veneers are not covered benefits. An allowance will be made for a resin restoration on an anterior tooth based on the degree of breakdown.
33. Porcelain/ceramic inlays and onlays are not covered benefits. An optional benefit allowance toward a porcelain/ceramic inlay may be made with a corresponding amalgam restoration on a posterior tooth, and a resin restoration on an anterior tooth. An optional benefit allowance toward a porcelain/ceramic onlay may be made with a metallic onlay.
34. The completion date for crowns, onlays and buildups is the cementation date.
35. Resin or metallic inlays and resin onlays are not covered benefits. An optional benefit allowance may be made for an amalgam restoration on a posterior tooth and a resin restoration on an anterior tooth.
36. Glass ionomer restorations are not covered benefits.
37. Gold foil restorations are not covered benefits.
38. Cast crowns with resin facings are not covered benefits.

## Endodontic Services

**Coverage: 60%**

**Patient Pays: 40%**

**Subject to Deductible: Yes**

**Applies to Maximum: Yes**

D3120	Pulp cap—indirect (excluding final restoration)
D3220	Therapeutic pulpotomy (excluding final restoration)—removal of pulp coronal to the dentinocemental junction and application of medicament
D3221	Pulpal debridement, primary and permanent teeth
D3222	Partial pulpotomy for apexogenesis—permanent tooth with incomplete root development
D3230	Pulpal therapy (resorbable filling)—anterior, primary tooth (excluding final restoration)
D3240	Pulpal therapy (resorbable filling)—posterior, primary tooth (excluding final restoration)
D3310	Root canal therapy—anterior (excluding final restoration)
D3320	Root canal therapy—bicuspid (excluding final restoration)
D3330	Root canal therapy—molar (excluding final restoration)
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth
D3346	Retreatment of previous root canal therapy—anterior
D3347	Retreatment of previous root canal therapy—bicuspid
D3348	Retreatment of previous root canal therapy—molar
D3351	Apexification/recalcification/pulpal regeneration—initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)
D3352	Apexification/recalcification/pulpal regeneration—interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)

D3353	Apexification/recalcification—final visit (includes completed root canal therapy—apical closure/calcific repair of perforations, root resorption, etc.)
D3410	Apicoectomy/periradicular surgery—anterior
D3421	Apicoectomy/periradicular surgery—bicuspid (first root)
D3425	Apicoectomy/periradicular surgery—molar (first root)
D3426	Apicoectomy/periradicular surgery (each additional root)
D3430	Retrograde filling—per root
D3450	Root amputation—per root
D3920	Hemisection (including any root removal), not including root canal therapy

**The following policies apply to endodontic services:**

1. An indirect pulp cap is payable only when the final restoration is not completed for at least 60 days. An indirect pulp cap is included in the fee for the restoration when the restoration is placed in less than 60 days.
2. An indirect pulp cap is only payable once per tooth by the same dentist.
3. A direct pulp cap is included in the fee for the restoration or palliative treatment.
4. Palliative pulpotomy/pulpectomy in conjunction with root canal therapy by the same dentist or group practice is to be included in the fee for the root canal therapy.
5. A paste-type root canal filling incorporating formaldehyde or paraformaldehyde is not a benefit.
6. Endodontic procedures in conjunction with overdentures are not covered benefits.
7. The completion date for endodontic therapy is the date the tooth is sealed.
8. Retreatment of apical surgery or root canal therapy by the same dentist or group practice within 24 months is considered part of the original procedure.
9. Apexification is payable only on permanent teeth with incomplete root development or for repair of perforation. Otherwise, the fee is included in the fee for the root canal.
10. Payment for gross pulpal debridement is limited to the relief of pain prior to conventional root canal therapy and when performed by a dentist not completing the endodontic therapy.
11. Incompletely filled root canals, other than for reason of an inoperable or fractured tooth, are not covered.
12. A therapeutic pulpotomy is payable on primary teeth only. One pulpotomy is payable per tooth.
13. Partial pulpotomy for apexogenesis will be covered only on permanent teeth and once per tooth per lifetime. The procedure is considered integral if performed with codes D3310 – D3330, D3346 – D3348, or D3351 – D3353 on the same day or within 30 days (same tooth/same provider/same office).

## Periodontic Services

**Coverage: 60%**

**Patient Pays: 40%**

**Subject to Deductible: Yes**

**Applies to Maximum: Yes**

D4210	R Gingivectomy or gingivoplasty—four or more contiguous teeth or bounded teeth spaces per quadrant
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- D4211 R Gingivectomy or gingivoplasty—one to three contiguous teeth or bounded teeth spaces per quadrant
- D4240 R Gingival flap procedure, including root planing—four or more contiguous teeth or bounded teeth spaces per quadrant
- D4241 R Gingival flap procedure, including root planing – one to three contiguous teeth or bounded teeth spaces per quadrant
- D4245 R Apically positioned flap
- D4249 X Clinical crown lengthening—hard tissue
- D4260 R Osseous surgery (including flap entry and closure)—four or more contiguous teeth or bounded teeth spaces per quadrant
- D4261 R Osseous surgery (including flap entry and closure)—one to three contiguous teeth or bounded teeth spaces per quadrant
- D4263 R Bone replacement graft—first site in quadrant
- D4264 R Bone replacement graft—each additional site in quadrant
- D4266 R Guided tissue regeneration—resorbable barrier, per site
- D4267 R Guided tissue regeneration—nonresorbable barrier, per site (includes membrane removal)
- D4270 R Pedicle soft tissue graft procedure
- D4271 R Free soft tissue graft procedure (including donor site surgery)
- D4273 R Subepithelial connective tissue graft procedures, per tooth
- D4341 R Periodontal scaling and root planing—four or more teeth per quadrant
- D4342 R Periodontal scaling and root planing—one to three teeth per quadrant
- D4355 R Full-mouth debridement to enable comprehensive periodontal evaluation and diagnosis
- D4910 Periodontal maintenance
- D4920 R Unscheduled dressing change (by someone other than treating dentist)

**The following policies apply to periodontic services:**

1. Documentation of the need for periodontal treatment includes periodontal pocket charting, case type, prognosis, amount of existing attached gingiva, etc. Periodontal pocket charting should indicate the area/ quadrants/teeth involved and is required for most procedures.
2. Gingivectomy/gingivoplasty in conjunction with and for the purpose of placement of restorations is included in the fee for the restorations.
3. Gingivectomy/gingivoplasty is considered to be part of the gingival flap procedures or osseous surgery at the same site and, therefore, not payable with these procedures.
4. Root planing performed in the same quadrant within 30 days prior to periodontal surgery is considered to be included in the fee for the surgery.
5. Up to four different quadrants of root planing are payable in a 24-month period with documentation of case type II periodontal disease. All procedures must be completed within 90 days.
6. Osseous, gingival and synthetic grafts must be submitted with documentation. These procedures are payable only for treatment of functional teeth with a reasonable prognosis.
7. Bone grafts and guided tissue regeneration must be submitted with documentation. These procedures are payable only for treatment of functional teeth with a reasonable prognosis. These procedures are not a covered benefit when performed in connection with ridge augmentation, apicoectomies, extractions, implants or other non-periodontal surgical procedures.

8. Periodontal soft tissue grafts require a narrative report documenting the diagnosis and necessity for the procedure.
9. Periodontal surgical services include all necessary postoperative care, finishing procedures, splinting and evaluation for three months, as well as any surgical re-entry for three years, if performed by the same dentist.
10. Routine prophylaxes are considered integral when performed by the same dentist on the same day as scaling and root planing, periodontal surgery and periodontal maintenance.
11. Periodontal maintenance is a benefit subsequent to active periodontal therapy and subject to the time limitations for prophylaxes.
12. Full-mouth debridement is a benefit once per patient per lifetime.
13. One crown lengthening per tooth, per lifetime, is covered.
14. Osseous surgery performed in a limited area and in conjunction with crown lengthening on the same date of service, by the same dentist, and in the same area of the mouth, will be processed as crown lengthening.
15. Subepithelial connective tissue grafts are payable at the level of free soft tissue grafts.
16. An apically positioned flap is subject to documentation when performed and when not related to implants.

## Prosthodontic Services, Removable and Fixed

**Coverage: 50% after 12 months**

**Patient Pays: 50% after 12 months**

**Subject to Deductible: Yes**

**Applies to Maximum: Yes**

### Prosthodontics, Removable

D5110	Complete denture—maxillary
D5120	Complete denture—mandibular
D5130	Immediate denture—maxillary
D5140	Immediate denture—mandibular
D5211	Maxillary partial denture—resin base (including any conventional clasps, rests and teeth)
D5212	Mandibular partial denture—resin base (including any conventional clasps, rests and teeth)
D5213	Maxillary partial denture—cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5214	Mandibular partial denture—cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5410	Adjust complete denture—maxillary
D5411	Adjust complete denture—mandibular
D5421	Adjust partial denture—maxillary
D5422	Adjust partial denture—mandibular
D5510	Repair broken complete denture base
D5520	Replace missing or broken teeth—complete denture (each tooth)
D5610	Repair resin denture base—partial denture
D5620	Repair cast framework—partial denture

- D5630 Repair or replace broken clasp—partial denture
- D5640 Replace broken teeth—partial denture, per tooth
- D5650 Add tooth to existing partial denture
- D5660 Add clasp to existing partial denture
- D5670 Replace all teeth and acrylic on cast metal framework (maxillary)—partial denture
- D5671 Replace all teeth and acrylic on cast metal framework (mandibular)—partial denture
- D5710 Rebase complete maxillary denture
- D5711 Rebase complete mandibular denture
- D5720 Rebase maxillary partial denture
- D5721 Rebase mandibular partial denture
- D5730 Reline complete maxillary denture (chairside)
- D5731 Reline complete mandibular denture (chairside)
- D5740 Reline maxillary partial denture (chairside)
- D5741 Reline mandibular partial denture (chairside)
- D5750 Reline complete maxillary denture (laboratory)
- D5751 Reline complete mandibular denture (laboratory)
- D5760 Reline maxillary partial denture (laboratory)
- D5761 Reline mandibular partial denture (laboratory)
- D5810 Interim complete denture (maxillary)
- D5811 Interim complete denture (mandibular)
- D5820 Interim partial denture (maxillary)
- D5821 Interim partial denture (mandibular)
- D5850 Tissue conditioning, maxillary
- D5851 Tissue conditioning, mandibular

**Prosthodontics, Fixed**

- D6210 X Pontic—cast high noble metal
- D6211 X Pontic—cast predominantly base metal
- D6212 X Pontic—cast noble metal
- D6214 X Pontic—titanium
- D6240 X Pontic—porcelain fused to high noble metal
- D6241 X Pontic—porcelain fused to predominantly base metal
- D6242 X Pontic—porcelain fused to noble metal
- D6245 X Pontic—porcelain/ceramic
- D6545 X Retainer—cast metal for resin bonded fixed prosthesis
- D6548 X Retainer—porcelain/ceramic for resin bonded fixed prosthesis
- D6610 X Onlay—cast high noble metal, two surfaces
- D6611 X Onlay—cast high noble metal, three or more surfaces
- D6612 X Onlay—cast predominantly base metal, two surfaces
- D6613 X Onlay—cast predominantly base metal, three or more surfaces
- D6614 X Onlay—cast noble metal, two surfaces



- D6615 X Onlay—cast noble metal, three or more surfaces
- D6634 X Onlay—titanium
- D6740 X Crown—porcelain/ceramic
- D6750 X Crown—porcelain fused to high noble metal
- D6751 X Crown—porcelain fused to predominantly base metal
- D6752 X Crown—porcelain fused to noble metal
- D6780 X Crown—3/4 cast high noble metal
- D6781 X Crown—3/4 cast predominantly base metal
- D6782 X Crown—3/4 cast noble metal
- D6783 X Crown—3/4 porcelain/ceramic
- D6790 X Crown—full cast high noble metal
- D6791 X Crown—full cast predominantly base metal
- D6792 X Crown—full cast noble metal
- D6794 X Crown—titanium
- D6930 Recement fixed partial denture
- D6970 X Post and core in addition to fixed partial denture retainer, indirectly fabricated
- D6972 X Prefabricated post and core in addition to fixed partial denture retainer
- D6973 X Core build-up for retainer, including any pins
- D6980 R Fixed partial denture repair

**The following policies apply to prosthodontic services, removable and fixed:**

- I. The fee for diagnostic casts (study models) fabricated in conjunction with prosthetic and restorative procedures is included in the fee for these procedures.
2. Removable cast base partial dentures for patients under 16 years of age are excluded from coverage unless specific rationale is provided indicating the necessity for that treatment.
3. Tissue conditioning is considered integral when performed on the same day as the delivery of a denture or a reline/rebase.
4. Tissue conditioning is limited to twice per denture within 36 months.
5. Payment for the replacement of missing natural teeth will be made up to the normal complement of natural teeth. Additional pontics are optional and, if placed should be done with the agreement of the patient to assume the additional cost. (Benefits for pontics are based on the number necessary for the spaces, not to exceed the number of missing teeth.)
6. Cores and other substructures are benefits in exceptional circumstances and with documentation of the necessity to retain a crown on a tooth because of excessive breakdown due to caries or fracture. Otherwise, the procedure is considered part of the final restoration.
7. Cast restorations and substructures include pins.
8. After six months from the initial recementation date, recementation of fixed partial dentures, inlays or onlays is payable once within 12 months.
9. The permanent cementation date is considered to be the completion date for crowns and fixed bridges.
10. Adjustments provided within six months of the insertion of an initial or replacement denture are integral to the denture.
- II. The relining or rebasing of a denture is considered integral when performed within six months following the insertion of that denture.

12. A reline/rebase is covered once in any 36 months.
13. The fee for the complete replacement of denture base material (rebase) includes a reline.
14. Reline or rebase of an existing appliance will not be covered when such procedures are performed in addition to a new denture for the same arch.
15. Fixed partial dentures, buildups, and posts and cores for patients under 16 years of age are not covered unless specific rationale is provided indicating the necessity of such treatment.
16. Payment for a denture made with precious metals or an overdenture is based on the allowance for a conventional denture. Payment for flexible base partials is based on the allowance for a resin based partial denture.
17. Specialized procedures performed in conjunction with an overdenture are not covered.
18. Cast unilateral removable partial dentures are not covered benefits.
19. Precision attachments, personalization, precious metal bases and other specialized techniques are not covered benefits.
20. The completion date for crowns and fixed partial dentures is the cementation date. The completion date is the insertion date for removable prosthodontic appliances.
21. Temporary fixed partial dentures are not a covered benefit when done in conjunction with permanent fixed partial dentures and are considered integral to the allowance for the fixed partial dentures.
22. Interim removable partial dentures are a benefit only to replace permanent anterior teeth during the healing period. Interim complete dentures are a benefit only under extenuating circumstances such as jaw or cancer surgery.
23. Repair of temporary appliances is not a covered benefit.
24. A posterior fixed bridge and partial denture in the same arch are not a benefit. Benefit is limited to the allowance for the partial denture.
25. The total allowed fee for repairs including rebases and relines should not exceed half of the allowed amount for a new prosthesis.
26. Fixed partial denture repairs (D6980) are payable by report with documentation of tooth numbers, type of appliance and description of repair.
27. Prosthodontic services are not benefits for patients under age 16 unless specific rationale is provided indicating the necessity of such treatment.
28. Substructures in connection with fixed prosthetics are a benefit once in five years per tooth. Payment for additional procedures is the patient's responsibility.
29. Replacement of a removable prosthesis (D5110 through D5214) or fixed prosthesis (D6210 through D6792) is covered only if the existing prosthesis was inserted at least five years prior to the replacement and satisfactory evidence is presented that the existing prosthesis cannot be made serviceable.
30. Porcelain/ceramic inlays and onlays are not covered benefits. An optional benefit allowance toward a porcelain/ceramic inlay may be made with a corresponding amalgam restoration on a posterior tooth, and a resin restoration on an anterior tooth. An optional benefit allowance toward a porcelain/ceramic onlay may be made with a metallic onlay. Any amount greater than the allowance is the patient's responsibility.
31. Fees for specialized techniques and characterization of dentures are the patient's responsibility.

## Implant Services

**Coverage: 50% after 12 months**

**Patient Pays: 50% after 12 months**

**Subject to Deductible: Yes**

**Applies to Maximum: Yes**

D6010	Surgical placement of implant body: endosteal implant
D6050	Surgical placement: transosteal implant
D6056	Prefabricated abutment—includes placement
D6057	Custom abutment—includes placement
D6058	Abutment supported porcelain/ceramic crown
D6059	Abutment supported porcelain fused to metal crown (high noble metal)
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)
D6061	Abutment supported porcelain fused to metal crown (noble metal)
D6062	Abutment supported cast metal crown (high noble metal)
D6063	Abutment supported cast metal crown (predominantly base metal)
D6064	Abutment supported cast metal crown (noble metal)
D6065	Implant supported porcelain/ceramic crown
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)
D6068	Abutment supported retainer for porcelain/ceramic FPD
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominately base metal)
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)
D6072	Abutment supported retainer for cast metal FPD (high noble metal)
D6073	Abutment supported retainer for cast metal FPD (predominately base metal)
D6074	Abutment supported retainer for cast metal FPD (noble metal)
D6075	Implant supported retainer for ceramic FPD
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)
D6078	Implant/abutment supported fixed denture for completely edentulous arch
D6079	Implant/abutment supported fixed denture for partially edentulous arch
D6090	<b>R</b> Repair implant supported prosthesis
D6094	Abutment supported crown (titanium)
D6095	<b>R</b> Repair implant abutment
D6194	Abutment supported retainer crown for FPD (titanium)

### The following policies apply to implants:

1. Implant services are subject to a 50 percent cost-share and the annual program maximum.
2. Implant services are not eligible for members under age 16 unless submitted with x-rays and approved by Delta Dental.
3. Implants are not covered when placed for a removable denture.
4. Replacement of implants is covered only if the existing implant was placed at least five years prior to the replacement and the implant has failed.
5. Replacement of an implant prosthesis is covered only if the existing prosthesis was placed at least five years prior to the replacement and satisfactory evidence is presented that demonstrates it is not, and cannot be made, serviceable.
6. Repair of an implant supported prosthesis (D6090) and repair of an implant abutment (D6095) are only payable by report upon Delta Dental dentist advisor review. The report should describe the problem and how it was repaired.
7. Services related to supplemental restorative components for implant placement are not covered.

## Oral Surgery Services

**Coverage: 60%**

**Patient Pays: 40%**

**Subject to Deductible: Yes**

**Applies to Maximum: Yes**

D7111	Extraction, coronal remnants—deciduous tooth
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
D7210	<b>X</b> Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated
D7220	<b>X</b> Removal of impacted tooth—soft tissue
D7230	<b>X</b> Removal of impacted tooth—partially bony
D7240	<b>X</b> Removal of impacted tooth—completely bony
D7250	<b>X</b> Surgical removal of residual tooth roots (cutting procedure)
D7260	Oroantral fistula closure
D7261	Primary closure of a sinus perforation
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth
D7280	Surgical access of an unerupted tooth
D7283	Placement of device to facilitate eruption of impacted tooth
D7285	<b>R</b> Biopsy of oral tissue—hard (bone, tooth)
D7286	<b>R</b> Biopsy of oral tissue—soft
D7290	<b>R</b> Surgical repositioning of teeth
D7291	<b>R</b> Transseptal fiberotomy/supra crestal fiberotomy
D7310	Alveoloplasty in conjunction with extractions—four or more teeth or tooth spaces, per quadrant
D7311	Alveoloplasty in conjunction with extractions—one to three teeth or tooth spaces, per quadrant
D7320	Alveoloplasty not in conjunction with extractions—four or more teeth or tooth spaces, per quadrant

D7321	Alveoloplasty not in conjunction with extractions—one to three teeth or tooth spaces, per quadrant
D7471	Removal of lateral exostosis (maxillary or mandibular)
D7472	Removal of torus palatinus
D7473	Removal of torus mandibularis
D7485	Surgical reduction of osseous tuberosity
D7510	Incision and drainage of abscess—intraoral soft tissue
D7511	R Incision and drainage of abscess—intraoral soft tissue— complicated (includes drainage of multiple fascial spaces)
D7910	R Suture of recent small wounds—up to 5 cm
D7911	R Complicated suture—up to 5 cm
D7912	R Complicated suture—greater than 5 cm
D7971	Excision of pericoronal gingiva
D7972	Surgical reduction of fibrous tuberosity

**The following policies apply to oral surgery services:**

1. Unsuccessful extractions are not covered.
2. Routine post-operative care, including office visits, local anesthesia and suture removal, is included in the fee for the extraction.
3. All hospital costs and any additional fees charged by the dentist arising from procedures rendered in the hospital are the patient's responsibility.
4. Surgical removal of impactions is payable according to the anatomical position.
5. Procedure D7241 is not a covered procedure. However, an allowance will be made for a D7240 upon x-ray review for degree of difficulty.
6. The fee for root recovery is included in the treating dentist's or group practice's fee for the extraction.
7. The fee for reimplantation of an avulsed tooth includes the necessary wires or splints, adjustments and follow-up visits.
8. Surgical exposure of an impacted or unerupted tooth to aid eruption is payable once per tooth and includes post-operative care.
9. Excision of pericoronal gingiva is payable once per tooth.
10. Laboratory charges for histopathologic examinations/evaluations (D0501) are not covered.
11. Biopsies are defined as the surgical removal of tissues specifically for histopathologic examination/evaluation. Removal of tissues during other procedures (such as extractions and apicoectomies) is not payable as a biopsy.
12. Incision and drainage on the same date of service with any palliative or oral surgery procedure is not payable. The procedure is considered part of those services.
13. Simple incision and drainage reported with root canal therapy is considered integral to the root canal therapy.
14. Intraoral soft tissue incision and drainage is only covered when it is provided as the definitive treatment of an abscess. Routine follow-up care is considered integral to the procedure.

## Orthodontic Services

**Coverage: 50% after 12 months**

**Patient Pays: 50% after 12 months**

**Subject to Deductible: No**

**Applies to Maximum: Yes (separate, lifetime maximum)**

- D8010 R Limited orthodontic treatment of the primary dentition
- D8020 R Limited orthodontic treatment of the transitional dentition
- D8030 R Limited orthodontic treatment of the adolescent dentition
- D8040 R Limited orthodontic treatment of the adult dentition
- D8050 R Interceptive orthodontic treatment of the primary dentition
- D8060 R Interceptive orthodontic treatment of the transitional dentition
- D8070 R Comprehensive orthodontic treatment of the transitional dentition
- D8080 R Comprehensive orthodontic treatment of the adolescent dentition
- D8090 R Comprehensive orthodontic treatment of the adult dentition
- D8210 R Removable appliance therapy
- D8220 R Fixed appliance therapy
- D8670 R Periodic orthodontic treatment visit (as part of contract)
- D8680 R Orthodontic retention (removal of appliances, construction and placement of retainer(s))
- D8690 R Orthodontic treatment (alternative billing to a contract fee)

### **The following policies apply to orthodontic services:**

1. Initial payment for orthodontic services will not be made until a banding date has been submitted.
2. All retention and case-finishing procedures are integral to the total case fee.
3. Observations and adjustments are integral to the payment for retention appliances. Repair of damaged orthodontic appliances is not covered.
4. Recementation of an orthodontic appliance by the same dentist who placed the appliance and/or who is responsible for the ongoing care of the patient is integral to the orthodontic appliance. However, recementation by a different dentist will be considered for payment as palliative emergency treatment.
5. The replacement of a lost or missing appliance is not a covered benefit.
6. Myofunctional therapy is integral to orthodontic treatment and not payable as a separate benefit.
7. Orthodontic treatment (alternative billing to contract fee) will be reviewed for individual consideration with any allowance being applied to the orthodontic lifetime maximum. It is only payable for services rendered by a dentist other than the dentist rendering complete orthodontic treatment.
8. Periodic orthodontic treatment visits (as part of contract) are considered an integral part of a complete orthodontic treatment plan and are not reimbursable as a separate service. Delta Dental uses this code when making periodic payments as part of the complete treatment plan payment.
9. It is the dentist's and the patient's responsibility to promptly notify Delta Dental if orthodontic treatment is discontinued or completed sooner than anticipated.
10. Post-operative orthodontic records including radiographs and models and records taken during treatment are included in the fee for the orthodontic treatment.

11. When a patient transfers to a different orthodontic dentist, payment and any additional charges involved with the transfer of an orthodontic case, such as changes in treatment plan, additional records, etc., will be subject to review and recalculation of benefits.
12. Diagnostic casts (study models) are payable once per case as orthodontic diagnostic benefits. The fee for working models taken in conjunction with restorative and prosthodontic procedures is included in the fee for those procedures.
13. Two cephalometric films (D0340) or two facial bone films (D0290) or one of each film are payable for orthodontic diagnostic purposes. The fee for additional films taken during treatment or for post-operative records by the same dentist/office is included in the fee for orthodontic treatment.

## Adjunctive General Services

The TRDP will provide coverage for the following services. To be eligible, these services must be directly related to the covered services already listed.

### Emergency Services—100% Coverage

**Coverage: 100%**

**Patient Pays: 0%**

**Subject to Deductible: Yes**

**Applies to Maximum: Yes**

D0140 Limited oral evaluation—problem focused

### Emergency Services—80% Coverage

**Coverage: 80%**

**Patient Pays: 20%**

**Subject to Deductible: Yes**

**Applies to Maximum: Yes**

D9110 Palliative (emergency) treatment of dental pain—minor procedures

#### The following policies apply to emergency services:

1. Limited oral evaluation-problem-focused (D0140) must involve a problem or symptom that occurred suddenly and unexpectedly and requires immediate attention (emergency). This is paid as an emergency service and payment by Delta Dental is limited to one in a 12-month period for the same dentist. A limited oral evaluation does not count as one of the two evaluations, comprehensive and/or periodic, allowed in a 12-month period. Payment for additional D0140 evaluations in a 12-month period by the same dentist is the responsibility of the patient.
2. Emergency palliative treatment is payable on a per visit basis, once on the same date. All procedures necessary for relief of pain are included.
3. Palliative pulpotomy/pulpectomy in conjunction with root canal therapy by the same dentist is to be included in the fee for the root canal therapy.

## Fixed Partial Denture Sectioning

**Coverage: 60%**

**Patient Pays: 40%**

**Subject to Deductible: Yes**

**Applies to Maximum: Yes**

D9120 R Fixed partial denture sectioning

**The following policies apply to fixed partial denture sectioning services:**

1. Fixed partial denture sectioning is only a benefit if a portion of a fixed prosthesis is to remain intact and serviceable following sectioning and extraction or other treatment.
2. If fixed partial denture sectioning is part of the process of removing and replacing a fixed prosthesis, it is considered integral to the fabrication of the fixed prosthesis and a separate fee for this code is not allowed unless the sectioning is performed by a different dentist or group practice.
3. Polishing and recontouring are considered an integral part of the fixed partial denture sectioning.

## Anesthesia

**Coverage: 60%**

**Patient Pays: 40%**

**Subject to Deductible: Yes**

**Applies to Maximum: Yes**

D9220 R Deep sedation/general anesthesia—first 30 minutes

D9221 R Deep sedation/general anesthesia—each additional 15 minutes

D9241 R Intravenous conscious sedation/analgesia—first 30 minutes

D9242 R Intravenous conscious sedation/analgesia—each additional 15 minutes

**The following policies apply to anesthesia services:**

1. General anesthesia provides coverage by report only and for the administration of anesthesia provided in connection with a covered procedure(s).
2. General anesthesia (D9220, D9221) will be covered only by report and if determined to be medically or dentally necessary for documented handicapped or uncontrollable patients or justifiable medical or dental conditions.
3. Intravenous sedation (D9241, D9242) will be covered only by report and in conjunction with covered procedures for documented handicapped or uncontrollable patients or justifiable medical or dental conditions.
4. Payment is limited to when and if performed by a qualified dentist recognized by the state or jurisdiction in which he/she practices as authorized to perform IV sedation/general anesthesia.



## Professional Consultation

**Coverage: 60%**

**Patient Pays: 40%**

**Subject to Deductible: Yes**

**Applies to Maximum: Yes**

D9310 R Consultation—diagnostic service provided by dentist or physician other than the requesting dentist or physician

**The following policies apply to professional consultation:**

1. Consultations reported for a non-covered procedure or condition, such as temporomandibular joint dysfunction, are not covered.

## Professional Visits

**Coverage: 60%**

**Patient Pays: 40%**

**Subject to Deductible: Yes**

**Applies to Maximum: Yes**

D9440 Office visits—after regularly scheduled hours.

**The following policies apply to professional visits:**

1. After-hours visits are covered only when the dentist must return to the office after regularly scheduled hours to treat the patient in an emergency situation.

## Drugs

**Coverage: 60%**

**Patient Pays: 40%**

**Subject to Deductible: Yes**

**Applies to Maximum: Yes**

D9610 R Therapeutic parenteral drug, single administration

D9612 R Therapeutic parenteral drugs, two or more administrations, different medications

D9630 R Other drugs and/or medicaments

**The following policies apply to coverage of drugs and medications:**

1. Drugs and medications not dispensed by the dentist and those available without prescription or used in conjunction with medical or non-covered services are not covered benefits.
2. The fee for medicaments/solutions is part of the fee for the total procedure.
3. Reimbursement for pharmacy-filled prescriptions is not a benefit.

4. Over the counter fluoride gels, rinses, tablets and other preparations for home use are not covered benefits.
5. Therapeutic drug injections are only payable in unusual circumstances, which must be documented by report. They are not benefits if performed routinely or in conjunction with, or for the purposes of, general anesthesia, analgesia, sedation or premedication.

## Post-Surgical Services

**Coverage: 60%**

**Patient Pays: 40%**

**Subject to Deductible: Yes**

**Applies to Maximum: Yes**

D9930 R Treatment of complications (post-surgical), unusual circumstances

**The following policies apply to post-surgical services:**

1. Post-operative care and/or suture removal done by the same dentist who rendered the original procedure is not a benefit.

## Miscellaneous Services

**Coverage: 60%**

**Patient Pays: 40%**

**Subject to Deductible: Yes**

**Applies to Maximum: Yes**

D9940 Occlusal guard

D9941 Fabrication of athletic mouthguard

D9974 Internal bleaching-per tooth

**The following policies apply to miscellaneous services:**

1. Post-operative care and/or suture removal done by the same dentist who rendered the original procedure is not a benefit.
2. Occlusal guards are covered for patients over the age of 12 for purposes other than TMJ treatment.
3. Athletic mouth guards are limited to one per 12-consecutive month period.
4. Payment for internal bleaching is limited to permanent anterior teeth and when performed in conjunction with root canal therapy.

# Exclusions

The following services are not benefits under the Enhanced TRDP. Payment is the patient's responsibility. Since it is not possible to list every exclusion, it is recommended that if you have questions about your coverage, you should ask your dentist to submit a request for predetermination before your treatment begins.

1. Services for injuries or conditions that are covered under Worker's Compensation or Employer's Liability Laws.
2. Treatment or services for injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is paid or payable under a plan or policy of motor vehicle insurance, including a certified self-insurance plan.
3. Services, which are provided to the enrollee by any federal or state government agency or are provided without cost to the enrollee by any municipality, county or other political subdivision.
4. Those for which the member would have no obligation to pay in the absence of this or any similar coverage.
5. Those performed prior to the member's effective coverage date.
6. Those incurred after the termination date of the member's coverage unless otherwise indicated.
7. Medical procedures and dental procedures coverable as adjunctive dental care under TRICARE medical policy.
8. Services with respect to congenital (hereditary) or developmental (following birth) malformations or cosmetic surgery or dentistry for purely cosmetic reasons, including but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth), and anodontia (congenitally missing teeth).
9. Services for restoring tooth structure lost from wear, for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth. Such services include but are not limited to equilibration and periodontal splinting.
10. Prescribed or applied therapeutic drugs, premedication, sedation, or analgesia.
11. Drugs, medications, fluoride gels, rinses, tablets and other preparations for home use.
12. Those which are not medically or dentally necessary, or which are not recommended or approved by the treating dentist.
13. Those not meeting accepted standards of dental practice.
14. Those which are for unusual procedures and techniques.
15. Plaque control programs, oral hygiene instruction, and dietary instruction.
16. Services to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full-mouth rehabilitation, and restoration for malalignment of teeth.
17. Gold foil restorations.
18. Premedication and inhalation analgesia.
19. House calls and hospital visits.
20. Telephone consultations.
21. Those performed by a dentist who is compensated by a facility for similar covered services performed for members.
22. Those resulting from the patient's failure to comply with professionally prescribed treatment.
23. Any charges for failure to keep a scheduled appointment or charges for completion of a claim form.

24. Any services that are strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances.
25. Duplicate and temporary devices, appliances, and services.
26. Experimental procedures.
27. All hospital costs and any additional fees charged by the dentist for hospital treatment.
28. Extra-oral grafts (grafting of tissues from outside the mouth to oral tissue).
29. Removal of implants.
30. Diagnosis or treatment by any method of any condition related to the temporomandibular (jaw) joint or associated musculature, nerves and other tissues.
31. Replacement of existing restorations for any purpose other than to restore tooth structure lost due to fracture or decay.
32. Treatment for routine dental services provided outside the United States, the District of Columbia, Guam, Puerto Rico, the U.S. Virgin Islands, American Samoa, the Commonwealth of the Northern Mariana Islands or Canada unless enrolled in the Enhanced-Overseas Dental Program. An exception is made for full-time students studying overseas.
33. Treatment by anyone other than a dentist or person who, by law, may provide covered dental services.
34. Procedures not specifically listed are not payable, other than those modified by Delta Dental or those toward which an alternate benefit is provided by the program and as defined within the benefit policies.
35. Services submitted by a dentist, which are for the same services performed on the same date for the same member by another dentist.

## Deductibles, Maximums and Copayments

### Annual Deductible

Each enrollee must satisfy an annual benefit year deductible of \$50 (the total annual deductible amount will not exceed \$150 per family). The annual deductible for each enrollee accrues over the benefit year (October 1 through September 30) regardless of when during the year an individual enrolls in the Enhanced Program and starts over beginning with each new benefit year. Any deductible balance remaining at the end of one benefit year does not carry over to the next year, nor do deductibles from other TRICARE programs, such as the Basic TRDP.

Diagnostic and preventive services covered at 100 percent of the allowable, as well as orthodontic services and dental accident procedures, are not subject to the annual benefit year deductible. Refer to the “What is Covered” section in this booklet for detailed information on which services are not subject to the deductible.

### Maximum Benefit Amounts

A maximum benefit is a dollar limitation on the amount the program pays for covered services over a defined period of time. The Enhanced TRDP has three types of maximum benefit amounts: (1) an annual maximum, (2) an annual dental accident maximum, and (3) a lifetime orthodontic maximum.

## *Annual Maximum*

The annual maximum is the total dollar amount that can be paid by the TRDP per enrollee during each benefit year (except orthodontics and dental accident services). The TRDP annual maximum is \$1,200 per enrollee per benefit year for most covered services. Diagnostic services and preventive procedures that are covered by the TRDP at 100 percent of the allowable are not subject to the annual maximum. This means that payment for services such as an oral examination or routine cleaning allowed during the benefit year does not count against the maximum and, therefore, does not reduce the \$1,200 annual maximum amount that Delta Dental pays toward a TRDP enrollee's dental care. Orthodontics and dental accident services have their own, separate maximum benefit amounts.

The annual maximum for each enrollee accrues over the benefit year (October 1 through September 30) regardless of when during the year an individual enrolls in the Enhanced TRDP and starts over beginning with each new benefit year. Any balance remaining at the end of one benefit year does not carry over to the next year, nor do maximums from other TRICARE programs, such as the Basic TRDP or the active duty family member dental program (TRICARE Dental Program), apply to the Enhanced TRDP.

Services that are subject to the \$1,200 annual maximum include:

- Sealants and space maintainers
- Basic and major restorative services
- Endodontic services
- Periodontic services
- Prosthodontic services
- Implant services
- Oral surgery, anesthesia, drugs and post-surgical services
- Emergency services
- Professional consultations and professional visits
- Miscellaneous services

## *Annual Maximum for Dental Accident Coverage*

The separate annual maximum for procedures provided as a result of a dental accident is \$1,000 per enrollee. The annual maximum for other services does not apply to dental accident procedures. The annual maximum for each enrollee will accumulate over each benefit year (October 1 – September 30) regardless of when during the year an individual enrolls in the Enhanced Program. Enrollees will have a new \$1,000 annual maximum for dental accident coverage available at the beginning of each new benefit year. Any balance of the annual maximum for dental accident procedures remaining at the end of the benefit year does not carry over to the next year.

## *Lifetime Maximum for Orthodontic Procedures*

A separate lifetime maximum of \$1,500 is allowed for each enrollee for covered orthodontic procedures. Eligibility for orthodontic coverage under the Enhanced TRDP extends to both children and adults.

## Your Copayment

The TRDP pays a percentage of the program allowed amount for each covered service, subject to limitations. Your copayment depends on the type of service provided and whether care is provided by a participating network dentist or an out-of-network dentist (see “Selecting Your Dentist”). For example, basic restorative services are covered at 80 percent of the program allowed amount. You can visit any licensed dentist of your choice; however, if you visit a participating network dentist, you will be responsible only for the 20 percent copayment and your deductible, if applicable. If you visit an out-of-network dentist, you will be responsible for the copayment and deductible, if applicable, and the difference between the program allowed amount and the dentist’s billed charges, or the dentist’s negotiated fee in the case of a Delta Dental Premier® dentist, if they are higher.

Dentists are required to collect your copayment for covered services. Failure to collect your copayment is called “overbilling” and could disqualify the dentist from participating in Delta Dental’s networks. If a dentist offers to waive your copayment or any part of it and accept payment from Delta Dental as payment in full, you should not accept such an offer. Please report any such incident to Delta Dental immediately.

The following chart provides an overview of the coverage percentage levels for services that are allowed under the Enhanced TRDP during the first 12 months of continuous enrollment and the additional services that are available after 12 months. A comprehensive, detailed list of all services covered under the Enhanced TRDP, including applicable procedure code numbers, policies, exclusions and coverage levels, can be found in the “What is Covered” section of this booklet.

## Coverage Percentage of Allowable TRDP Fee

Type of Service	Percent of Allowed Amount	
	†First 12 months of continuous enrollment	After 12 months of continuous enrollment
Diagnostic	100%	100%
Preventive	80%-100%	80%-100%
Restorative	80%	80%
Major Restorative	Not a benefit	50%
Amalgam allowance for three- and four-surface posterior composite resins	80%	80%
Endodontics	60%	60%
Periodontics	60%	60%
Prosthodontics-removeable and fixed	Not a benefit	50%
Implant Services	Not a benefit	50%
Oral Surgery	60%	60%
Orthodontics	Not a benefit	50%
Emergency Services	80%-100%	80%-100%
Anesthesia	60%	60%
Professional Consultation	60%	60%
Professional Visits	60%	60%
Drugs	60%	60%
Post-surgical Services	60%	60%
Miscellaneous Services	60%	60%
Dental Accident	100%	100%
<b>Deductible*</b>		
Per patient, per benefit year	\$50 (not to exceed \$150 per family)	
<i>*Diagnostic and preventive procedures covered at 100%, orthodontics and dental accident coverage are exempt from the deductible</i>		
<b>Annual Maximum**</b>		
Per patient, per benefit year	\$1,200	
<i>**Diagnostic and preventive procedures covered at 100% are exempt from the annual maximum</i>		
<b>Separate Dental Accident Coverage Maximum</b>		
Per patient, per benefit year	\$1,000	
<b>Separate Orthodontic Maximum</b>		
Per patient, per lifetime	\$1,500	

†Credit for the 12-month benefit waiting period will be granted to Medal of Honor recipients and to those individuals who elect to enroll in the TRDP within four months after their retirement from active duty, the National Guard or the Reserves. Those procedures scheduled to become effective after 12 months of continuous enrollment will be available to these enrollees immediately.

A comparable credit shall be applied to surviving family members whose enrollment in the TRDP takes place within four months of the termination of survivors' coverage under the TRICARE Dental Program (TDP). Similarly, for surviving family members of service members who died while on active duty and who were not previously covered under the TDP, waiting periods shall not apply if enrollment is initiated within four months of the active duty sponsor's death.

# Waiting Period, Time Limitations & Exclusions

Under the Enhanced TRDP, there is a waiting period and specific time limitations for selected procedures. Please refer to the section on “What is Covered” for details of procedures to which these apply.

## Waiting Period

Eligibility for some services described in this section under the Enhanced TRDP is subject to a 12-month waiting period. Enrollees who have continued in the Basic Program may upgrade their coverage at any time during their enrollment but are subject to the same 12-month waiting period as new enrollees in the Enhanced TRDP. Exceptions to this waiting period are made for new retirees who enroll within four months after their retirement as well as other individuals listed below.

### *New Enrollees*

New enrollees in the Enhanced TRDP are eligible for many dental services such as diagnostic and preventive services, minor restorative services, periodontal services, endodontic services and oral surgery as well as dental accident coverage as soon as their enrollment is effective. Additional benefits available after 12 months of continuous enrollment include coverage for cast crowns and other major restorative services, as well as bridges, dentures and orthodontics.

### *Retirees Enrolled Within Four Months After Retirement*

An exception to the initial 12-month waiting period is made for individuals who enroll in the Enhanced TRDP within four months after their retirement from active duty or transfer to Retired Reserve status from the National Guard or the Reserves. These individuals must supply appropriate documentation (e.g., retirement orders, confirmation of Retired Reserve status, Chronological History of Drill Points) along with their enrollment application to verify their eligibility for this exception to the waiting period.

In addition to services available to new enrollees upon their coverage effective date, these individuals will be eligible for coverage for those procedures otherwise scheduled to become effective after 12 months of continuous enrollment, such as cast crowns and other major restorative services, bridges, dentures and orthodontics. The exception to the waiting period that is made for these specific individuals does not constitute a waiver of the minimum 12-month enrollment commitment that all enrollees must satisfy.

### *Medal of Honor Recipients*

Medal of Honor (MOH) recipients and their immediate family members are also eligible for an exception to the initial 12-month waiting period. The 12-month waiting period exception will be granted for these individuals regardless of when they enroll. In addition to services available to new enrollees upon their coverage effective date, MOH recipients will be eligible for coverage for those procedures otherwise scheduled to become effective after 12 months of continuous enrollment, such as cast crowns and other major restorative services, bridges, dentures and orthodontics. The exception to the waiting period that is made for these specific individuals does not constitute a waiver of the minimum 12-month enrollment commitment that all enrollees must satisfy.



## *Families of Deceased Active Duty*

Credit for the 12-month benefit waiting period will be applied to surviving family members whose enrollment in the TRDP takes place within four months of the termination of survivors' coverage under the TRICARE Dental Program (TDP). Similarly, for surviving family members of service members who died while on active duty and the family members were not eligible for survivor coverage under the TRICARE Dental Program, waiting periods shall not apply if enrollment is initiated within four months of the active duty sponsor's death.

The same rules discussed under the "Retirees Enrolled Within Four Months After Retirement" section above apply to these enrollees.

## Time Limitations

Some TRDP benefits are subject to time limitations that specify how often the benefit can be paid. Time limitations are indicated for services that are covered no more than once or twice within a specified number of months (depending on the benefit). These limitations pertain to the period of time immediately preceding the date of the service being billed. This period is not affected by a calendar year, benefit year or enrollment year.

For example:

Two cleanings are payable in a 12-month period. The second cleaning is payable if no more than one cleaning has been paid for the patient during the 12 months immediately before the date of the second cleaning. If Delta Dental paid for cleanings performed on October 15, 2008 and on April 30, 2009, another cleaning before October 15, 2009 would not be payable.

For more detailed information regarding time limitations for covered services, please refer to the "What is Covered" section in this booklet.

## Exclusions

Procedures that are covered under the Enhanced TRDP are listed in the section titled "What is Covered." For further clarification, some services that are not covered are listed as exclusions. Please refer to this section for further details.

## Orthodontics

Orthodontic coverage is available for both children and adults enrolled in the Enhanced TRDP after the initial waiting period of 12 months. Orthodontic treatment is payable at 50 percent of the approved fee, subject to the lifetime orthodontic maximum of \$1,500 per patient payable by Delta Dental. For all Delta Dental network dentists, the approved fee is the network allowance and the patient can only be billed up to the approved fee. For non-Delta Dental dentists, the patient can be billed up to the submitted fee. Patients may request a predetermination (a non-binding estimate before treatment begins) to find out the amount Delta Dental will pay toward their orthodontic benefit. There is no annual deductible for orthodontic treatment. Payment for diagnostic services performed in conjunction with orthodontics is not applied to the enrollee's annual or lifetime maximums.

## Orthodontic Claims Processing and Payments

Unlike other services which are payable upon completion, orthodontic services are payable over the course of treatment or 18 months, whichever is less. Claims for orthodontic treatment must include the following:

- Diagnosis
- Treatment plan, using current ADA codes
- All-inclusive total fee
- Banding/appliance placement date
- Estimated duration of active treatment

Only one claim with the above information should be submitted to Delta Dental. Delta Dental makes an initial payment for approved orthodontic claims, followed by three automatic progress payments at six-month intervals (or less if the active treatment is less than 18 months) as measured from the banding/appliance date, subject to continuing enrollment eligibility.

### *Cases Begun After Eligibility for Orthodontic Coverage*

- If the estimated treatment plan is more than 18 months, the initial payment of 25 percent of the Total Amount Payable (TAP) is made upon processing of the initial claim. The remainder of the TAP is paid in three subsequent installments at six-month intervals from the banding date. For example:

Total approved fee	\$3,400
Copayment for orthodontic coverage	50%
Maximum lifetime benefit allowed	\$1,500
Estimated length of active treatment	24 months
Banding month	January 2009
Completion month	December 2010

Multiply total approved fee by copayment (\$3,400 x 50%)	\$1,700
Lesser of balance (\$1,700) or orthodontic maximum (\$1,500),	\$1,500
Total amount payable by Delta Dental	\$1,500
Initial payment on 1/2009 (\$1,500 x 25%)	\$375
First progress payment on 6/2009	\$375
Second progress payment on 12/2009	\$375
Third progress payment on 6/2010	\$375

- If the estimated treatment plan is less than 18 months, the initial payment and three subsequent installments will be disbursed equally over this period. For example:

Total approved fee	\$1,800
Copayment for orthodontic coverage	50%
Maximum lifetime benefit allowed	\$1,500
Estimated length of active treatment	14 months
Banding month	January 2009
Completion month	February 2010

Multiply total approved fee by copayment (\$1,800 x 50%)	\$900
Lesser of balance (\$900) or orthodontic maximum (\$1,500),	\$900
Total amount payable by Delta Dental	\$900
Initial payment on 1/2009 (\$900 x 25%)	\$225
First progress payment on 5/2009	\$225
Second progress payment on 10/2009	\$225
Third progress payment on 2/2010	\$225

- If the TAP is no more than \$375, it is paid in a single, lump sum.

## Cases Begun Prior to Eligibility for TRDP Orthodontic Coverage

When a patient becomes eligible for orthodontic coverage under the Enhanced TRDP after orthodontic treatment has already begun (known as “in-progress orthodontic treatment”), the TAP is prorated according to the remaining portion of active treatment scheduled as of the patient’s date of eligibility for orthodontic coverage. The following steps are taken by Delta Dental to determine payment for in-process treatment.

- The patient’s copayment for orthodontic coverage (50 percent) is applied to the treating dentist’s total approved fee. This determines the amount on which program payment is based.
- The resulting amount is multiplied by 30 percent to determine the banding fee payable at the time of placement.
- The banding fee is deducted from the amount on which program payment is based to determine the remaining amount payable.
- The remaining amount payable is prorated based on the first month of eligibility with the Enhanced TRDP through the orthodontic completion date. The proration amount is calculated by dividing the number of treatment months remaining by the post banding months. This is used to calculate the TAP.
- The TAP is the lesser of the prorated payable amount and the lifetime orthodontic maximum allowed by the TRDP. The TAP is disbursed with an initial payment beginning with the patient’s eligibility date, followed by three subsequent progress payments at six-month intervals. For example:

Total approved fee	\$5,200
Copayment for orthodontic coverage	50%
Maximum lifetime benefit allowed	\$1,500
Estimated length of active treatment	24 months
Banding month	January 2009
Month patient is eligible for orthodontic coverage under the TRDP	June 2009
Completion month	December 2010
Number of months in active treatment remaining (6/2009–12/2010)	19 months
Number of post banding months	23 months
Proration calculation	$19/23 = .826$

Multiply total approved fee by copayment ( $\$5,200 \times 50\%$ )	\$2,600
Deduct banding fee ( $\$2,600 \times 30\% = \$780$ )	\$1,820
Lesser of prorated payable ( $\$1,820 \times .826 = \$1,503.32$ ) or orthodontic maximum (\$1,500)	\$1,500
Total amount payable by Delta Dental	\$1,500
Initial payment on 6/2009 ( $\$1,500 \times 25\%$ )	\$375
First progress payment on 11/2009	\$375
Second progress payment on 5/2010	\$375
Third progress payment on 11/2010	\$375

- If the number of remaining treatment months is less than 18, the initial payment and three subsequent progress payments will be equally disbursed over this period.
- If the TAP is no more than \$375, it will be paid as a single, lump sum.

## Patient Eligibility

Each orthodontic payment is subject to validation of the patient's enrollment status. Any progress payments will be adjusted and/or discontinued accordingly.

- The patient must be enrolled in the TRDP at the time the progress payment is scheduled. If a patient becomes eligible for TRDP orthodontic coverage after orthodontic treatment has already begun, payments are calculated as outlined under "Orthodontic Claims Processing and Payments."
- If the patient's enrollment in the TRDP is terminated during the schedule of progress payments, no further progress payments are made.
- If a patient's enrollment is terminated and the patient is re-enrolled during the original schedule of progress payments, a new claim must be submitted at the time the patient becomes eligible for orthodontic coverage. Payments will be made in accordance with the "Orthodontic Claims Processing Policies" outlined in this book.

## Dentist Status

Each orthodontic payment is also subject to validation of the dentist's status as follows:

- If a dentist who does not participate in any Delta Dental network becomes either a dentist who participates in the TRDP network or a Delta Dental Premier® dentist during the schedule of progress payments, the progress payments will then be sent directly to the dentist rather than the primary enrollee.
- If a dentist no longer participates in any Delta Dental network during the schedule of progress payments, the progress payments will then be sent to the primary enrollee.
- In the unlikely event that a dentist's license status changes (because of lost licensure or decertification by the federal government) during the schedule of progress payments, such payments would be discontinued as of the effective date of the loss of authorized status. In the case of federal program decertification, the patient is not liable for the subsequent fee charges unless a formal agreement is reached between the patient and the decertified dentist.

## Dental Accident Coverage

Accidents that cause injury to the mouth may result in significant and expensive dental treatment. To help offset the cost of this treatment, dental accident coverage is included for enrollees in the Enhanced TRDP. Delta Dental will pay 100% of the program allowed amount, subject to the dental accident maximum, for dental accident treatment defined as follows:

*Covered services for this program, excluding orthodontics, are subject to all the general policies and exclusions applicable thereto, when provided for external conditions caused directly or independently of all other causes, by external, violent and accidental means.*

Dental accident benefits are limited to services provided to an eligible person within 180 days following the date of the accident. Dental benefits under the Enhanced TRDP dental accident coverage do not include any services for conditions caused by an accident occurring before the enrollee's effective date of coverage under the Enhanced Program. A separate annual maximum benefit amount of \$1,000 per enrollee will be allowed for dental accident coverage. The annual deductible will not apply to dental accident treatment. The claim submitted to Delta Dental for payment of dental accident services must include a full narrative explanation by the dentist describing the accident and the resulting condition, the date of the accident and any supporting documentation.

# Emergency Dental Care Overseas

When traveling outside the enrollment area of the 50 United States, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, the Commonwealth of the Northern Mariana Islands and Canada, Enhanced TRDP enrollees will be covered only for emergency treatment as necessary. As is customary in communities outside the original Enhanced TRDP enrollment area, Enhanced TRDP enrollees who obtain emergency treatment outside the enrollment area will be required to pay in full at the time services are rendered and must submit their own TRDP claims to Delta Dental for reimbursement. Reimbursement will be made to the enrollee in U.S. dollars, based on the exchange rate in effect at the time of service. Delta Dental does not send payment directly to dentists overseas.

The exception to this policy is an enrolled family member who is a full-time student overseas; this individual can receive comprehensive benefits under the Enhanced TRDP worldwide. (In order for TRDP claims to be processed for this individual, however, it will be necessary to provide documentation of the individual's full-time enrollment in a study program overseas.)

## Finding a Dentist Overseas

Although Delta Dental does not maintain a participating TRDP dentist network outside the enrollment area listed above, Enhanced TRDP enrollees who require emergency treatment while traveling have many other options for finding a dentist overseas. Besides a referral from your local dentist or from friends or family who are living overseas, the American consulate, American embassy and even the hotel concierge in the country in which you are visiting may be able to help you locate a dentist.

Enhanced TRDP enrollees needing emergency care overseas may also select a dentist from the overseas host nation provider search tool, available on the TRDP website, or search a list of dentists and dental clinics in foreign countries, provided through Delta Dental's international dentist referral service.

### *Overseas Host Nation Provider Search Tool*

Enrollees in the Enhanced TRDP may obtain a list of overseas dentists from the overseas host nation provider search tool, located online at [trdp.org](http://trdp.org). This list of host nation providers will be updated regularly, so enrollees seeking emergency dental care overseas should check the TRDP website frequently for the most current list of available dentists.

*This directory of Host Nation Providers servicing the TRICARE Retiree Dental Program is provided to you for your information. The listed dentists have been found to have met certain minimum standards established by the US Department of Defense. Inclusion on this list does not constitute an endorsement by the US Government, or by Delta Dental of California, its agents or subcontractors, nor does it constitute any representation or warranty as to the credentials or quality of care rendered by any listed dentist.*

### *Delta Dental's International Dentist Referral Service*

Another option for locating an overseas dentist is Delta Dental's international dentist referral service. Enrollees in the Enhanced Program may call the referral service toll-free within the U.S. at 888-558-2705 or call collect from outside the U.S. at 312-356-5971.

When you call the international referral service from outside the U.S., you must first dial the international dialing code from the country in which you are located and then the country code for the U.S. (dial "1"). Be sure to tell the assistance coordinator that Delta Dental is your dental coverage carrier, and specify the city and country in which you are looking for a dentist. Multi-lingual assistance coordinators are available 24 hours a day, 365 days a year to help you find an overseas dentist.

Note that dentists listed with the international referral service are not contracted or otherwise affiliated with Delta Dental, and assistance coordinators cannot answer specific questions about your TRDP coverage. If you have questions about your TRDP coverage or obtaining a claim form, please contact Customer Service at 888-838-8737.

## Selecting Your Dentist

### Participating TRDP Network Dentists

The TRDP offers you a wide selection of dentists from which to choose for your dental care. An expansive network of dentists who participate in the TRDP in over 150,000 locations nationwide allows you to experience optimum cost savings while getting the highest quality of dental care and the most value from your TRDP enrollment.

Participating TRDP network dentists' fees are approved in advance by Delta Dental. Only dentists who are members of the participating TRDP network have agreed to accept these "allowed" fees, which are typically much lower than those charged by dentists who do not participate in the TRDP network. Participating TRDP network dentists have agreed not to bill you for any difference between their billed charges and the fees that they have agreed upon for covered services. You are responsible only for your copayment amount as well as any applicable deductible and amount over the annual maximum benefit. Because fees charged by participating network dentists are lower, your copayments are proportionately lower—meaning less money will come out of your pocket for your dental care. Your annual maximum amount will not be met as quickly as it would if you saw a dentist outside the TRDP network, so you will likely have additional money to apply toward a major service or other dental care you may need.

As well as agreeing to accept lower fees for TRDP covered services, participating network dentists have agreed to provide other services to save you time, money and paperwork and add even further value to your enrollment. For instance, participating network dentists will

- Submit predeterminations for expensive and/or extensive treatment when requested.
- Complete and submit your TRDP claim forms to Delta Dental, free of charge.
- Accept payment directly from Delta Dental. (Delta Dental will send you an Explanation of Benefits showing the allowed fee, Delta Dental's payment amount and your copayment.)
- Adhere to Delta Dental's quality-of-care provisions.
- Provide x-rays, clinical information and other documentation needed for claim processing.

### *Locating a Participating Network Dentist*

You can easily locate a participating TRDP network dentist in your area by searching the Dentist Directory on our website at [trdp.org](http://trdp.org). The online Dentist Directory contains the names, addresses and phone numbers of all TRDP participating network dentists; each search generates a list of up to 30 randomly selected dentists, allows you to specify the distance you are willing to travel, and provides a map showing directions to the dentist's office. You can also obtain a list of participating dentists near you by calling Delta Dental toll-free at 888-838-8737.

## Out-of-Network Dentists

Dentists who do not belong to the participating TRDP network are called out-of-network dentists. If you go to an out-of-network dentist, Delta Dental will pay the same percentage for covered services as it will for a participating network dentist.

The TRDP allows you to choose any licensed dentist within the program's designated service area to provide your treatment. Additionally, each family member may see different dentists. Although you have the freedom to see any licensed dentist for your dental care, you should be aware that the fees out-of-network dentists charge can differ considerably from the allowed fees that participating TRDP network dentists agree to accept, and that could affect your out-of-pocket costs.

There are two categories of out-of-network dentists: Delta Dental dentists who are not part of the participating TRDP network (these include Delta Dental Premier® dentists) and dentists who do not belong to any Delta Dental network, referred to as non-Delta Dental dentists.

### *Delta Dental Dentists*

Not all Delta Dental dentists are required to participate in the TRDP dentist network. Although Delta Dental Premier® dentists are Delta Dental network dentists, they may choose not to participate in the TRDP network; however, they will file claims for you and have agreed to follow Delta Dental's national processing policies and the quality-of-care provisions of their Delta Dental agreement. Additionally, Delta Dental Premier® dentists will not bill you for more than your copayment and applicable deductible plus any difference between their allowed fees and submitted fees.

If you see a Delta Dental Premier® dentist, it is important to take your Benefits Booklet with you on your first visit. The information in this booklet will help the dentist better understand your coverage. Additionally, the following paragraph will assist the dentist in understanding that the provisions of his or her agreement with Delta Dental apply to the TRDP as well.

The TRICARE Retiree Dental Program is a group program that provides benefits to enrolled retirees of the Uniformed Services and their family members. It is structured as a dental PPO program that includes participating network dentists who support the TRDP. When the enrollee receives treatment from a Delta Dental dentist who does not participate in the TRDP network, Delta Dental's payment is sent directly to the dentist and is based on the dentist's local fee agreement and Delta Dental processing policies. Therefore, all of the fee provisions of the dentist's agreement with the local Delta Dental member company apply to this program.

### *Non-Delta Dental Dentists*

Non-Delta Dental dentists will bill you their usual fees, which may be higher than the fees allowed by the TRDP. You will be responsible for paying your copayment plus any difference between the TRDP allowed amount and the dentist's submitted (billed) charges. A non-Delta Dental dentist may require full payment at the time service is provided. Additionally, a non-Delta Dental dentist is not required to submit your claims for you or to adhere to Delta Dental's claims processing policies. Delta Dental will direct payment to the primary enrollee/patient unless he or she has authorized direct payment to the non-Delta Dental dentist. (This authorization is known as "assignment of benefits." As a TRDP enrollee, it is your responsibility to ensure that the authorization section of the claim form is completed correctly to indicate whether Delta Dental's payment for covered services should be directed to the primary enrollee/patient or assigned to the non-Delta Dental dentist.)



# Claims

## Where to Get Claim Forms

The TRDP does not require special claim forms. Participating TRDP network dentists and other Delta Dental dentists will fill out and submit your claims paperwork (or transmit your claims electronically) for you. Some out-of-network dentists may also provide this service upon your request, however, they may charge a fee. If you are submitting your own claim, forms are available on the TRDP website at [trdp.org](http://trdp.org) that you can print, fill out and submit directly to Delta Dental, as follows:

Delta Dental of California  
Federal Government Programs  
PO Box 537007  
Sacramento, CA 95853-7007

## Filling Out the Claim Form

For Delta Dental to process your claim quickly, it is important that the claim form is filled out completely and correctly. The following information is required on the claim form or on an attached billing statement:

- The patient's name and birth date
- The primary enrollee's name, mailing address and birth date
- The retiree's (sponsor's) Social Security number
- The dentist's name and license number
- The dentist's treatment office address, city, state and ZIP code
- The date the service was completed
- A description of the service provided
- The appropriate CDT procedure code that corresponds to the service provided
- The fee charged
- The tooth number/letter and surface/arch, where appropriate

If you are completing your own claim form and do not have access to the necessary information, you should contact your dentist for assistance.

## Claims Submission Deadline

Claims for covered services should be completed and submitted to Delta Dental as soon as possible after the service is provided. Claims must be received by Delta Dental within 12 months of the date of service in order to be processed. Claims received on or after the first day of the month following 12 months of the date of service will be denied by Delta Dental.

Participating network dentists cannot charge a TRDP patient for Delta Dental's portion of the fee for services that Delta Dental denies because the claim was submitted late.

## Claims Payment

Payment for any single procedure that is a covered service (except orthodontic treatment as described in this booklet) will be made upon completion of the procedure and submission of the claim. Payment for care is applied to the benefit year deductible and annual maximum based on the date of service, regardless of when the claim is submitted.

- Claim payments can be delayed if name/address records are not kept current with Delta Dental. Be sure to notify Delta Dental if you move or have other changes to your enrollment information.
- Claim payment checks with invalid address information will be held at Delta Dental until current information is reported. Checks will be voided after 365 days from the date of issue.
- When a replacement check is reissued, a stop payment will be placed on the original claim payment check so that it will be invalid if it should appear later. If uncertain about the check status, call Customer Service to verify if the check is valid.
- Requests for cancelled checks must be made in writing and will be granted only if fraudulent circumstances are suspected.
- Checks that are returned to Delta Dental for reprocessing must indicate the reason for the return.

## Payment to Participating Network Dentists

Delta Dental will pay participating network dentists and Delta Dental Premier® dentists directly. We have an agreement with these dentists to make sure that you will not be responsible to the dentist for any money Delta Dental owes.

## Payment to Out-of-Network Dentists

Delta Dental will pay the primary enrollee directly when a non-Delta Dental dentist is selected for treatment unless the assignment of benefits section on the claim form has been signed by the primary enrollee, thereby authorizing direct payment to the dentist.

## The Explanation of Benefits (EOB)

An Explanation of Benefits (EOB) is a computer-generated statement that explains how a claim is processed. After Delta Dental has processed your claim, you will be sent an EOB that explains what services were covered and the amount of your copayment, if any. When your claim is submitted by a participating network dentist who is a member of the network that supports the TRDP or submitted by a Delta Dental Premier® dentist, a similar statement is also sent to the dentist who provided the services.

# How to Read Your EOB

## *Top of the EOB*

The following information will be shown at the top of the EOB page, from left to right:

1. **Patient Name:** The name of the patient (primary enrollee or family member) as it appears on the claim form.
2. **Date of Birth:** The birth date of the patient shown, in “mm/dd/yyyy” format
3. **Relationship:** The relationship of the patient to the primary enrollee, i.e., subscriber, spouse or dependent
4. **Subscriber:** The name of the primary enrollee.
5. **Business/Dentist:** The DBA name of the business or dentist who provided the service.
6. **License No.:** The state license number of the business or dentist who provided the service.
7. **Check No.:** The number of the payment check that is associated with the EOB. If no payment check was issued, this field will indicate “NO CHECK.”
8. **Issue Date:** The date the EOB was issued.
9. **Receipt Date:** The date Delta Dental received the claim.
10. **Claim No.:** The unique number Delta Dental uses to identify the claim associated with the EOB. You will need to reference this number if you contact us with questions about your EOB.

## *Claim Information*

This part of the EOB explains how your claim was processed. In this section, you will find specific information that applies to your claim. The information that applies to the column headers listed below will appear in their respective columns.

11. **Area/Tooth Code/Surface:** The applicable code for the tooth and/or location and/or tooth surface that was involved in the treatment provided to the patient.
12. **Date of Service:** The date the treatment was provided to the patient.
13. **Procedure Description:** The CDT code number currently assigned to the procedure that was provided. The procedure code number is followed by an asterisk (\*) that corresponds to the printed message located in the top portion of the EOB.
14. **Submitted Amount:** The amount normally charged by the dentist for services provided to all patients, regardless of insurance coverage. The submitted amount may be higher than the fees that TRDP participating network dentists have agreed to accept for covered services, but participating network dentists have agreed not to charge the TRDP patient any difference between the submitted amount and the approved or allowed amount.
15. **Maximum Approved Fee:** The amount that Delta Dental allows a dentist to charge a TRDP patient. For covered services, the maximum approved fee cannot be more than the submitted amount; however, for non-covered services, the approved fee would be the same as the submitted amount.
  - For covered services provided by a TRDP participating network dentist, the approved fee is the lesser of the submitted amount, the dentist’s fee on file with his/her local Delta Dental member company or the discounted fee available to TRDP enrollees.
  - For covered services provided by a Delta Dental dentist who does not participate in the TRDP network (e.g., a Delta Dental Premier® Dentist), the approved amount is the lesser of the submitted amount or the dentist’s fee on file with his/her local Delta Dental member company.
  - For covered services provided by an out-of-network dentist, the approved fee is the same as the submitted amount.
16. **Par Dentist Savings:** The amount the patient saved, or would have saved, by seeing a TRDP participating network dentist. A maximum approved fee that is less than the fee submitted by a TRDP participating network dentist represents additional savings for the enrollee.

17. **Allowed Amount:** The dollar amount used to calculate actual payment to the dentist or primary enrollee for the services provided on the claim associated with the EOB.
  - For covered services provided by a TRDP participating network dentist, the allowed amount is the same as the approved fee.
  - For covered services provided by a Delta Dental dentist who does not participate in the TRDP network (e.g., a Delta Dental Premier® dentist), the allowed amount is the lesser of the approved fee or the out-of-network fee in the geographic area where the dentist practices.
  - For covered services provided by an out-of-network dentist, the allowed amount is the lesser of the dentist's submitted amount or the out-of-network fee in the geographic area where the dentist practices.
  - For non-covered services, the allowed amount would be zero.
18. **Deductible/Patient Co-Pay/Office Visits:** The amount of the patient's deductible, if any, that is applied to the service provided, and/or the amount of the patient's copayment. When applicable, the patient's deductible amount showing in this column will be preceded by a "D" (e.g., D50.00) and the patient's copayment amount will be preceded by a "P" (e.g., P35.00). (The category "Office Visits" is not applicable to the TRDP.)
19. **Co-pay %:** The percentage of the patient's copayment for the covered service. For example, if the service is covered by the program at 80 percent, the patient's copayment percentage would be 20 percent.
20. **Payment:** The amount paid by Delta Dental for the treatment after the deductions for copayment and deductibles were applied, where appropriate.
21. **Patient Payment:** The amount the patient is responsible for paying after the deductions for deductibles and copayments were applied, where appropriate. A patient should not pay more than the amount shown as "Patient Payment."
22. **Pay To:** The code indicating who was paid. A "C" indicates payment was sent to the custodial parent. An "S" indicates that payment was sent to the primary enrollee (subscriber). A "P" indicates that payment was sent directly to the dentist (provider).
23. **Client/ID, Subclient, Plan:** The Client/ID code identifies the patient as an enrollee in the Enhanced TRICARE Retiree Dental Program (4601). The Subclient code identifies the benefit level available to the patient. For patients enrolled in the Enhanced TRDP, "0004" indicates the patient is eligible for the full scope of covered benefits available. The Plan is the name of the division of Delta Dental of California that administers the TRICARE Retiree Dental Program.
24. **Policy Code:** A code number that refers to an explanation of how the claim was processed.
25. A written explanation of how the claim was processed as indicated by the policy code number.
26. "Total" at the bottom of the EOB indicates the total dollar amount for all line items contained in the applicable columns.

## Questions About Your EOB

Be sure to review the information on your EOB carefully and retain the EOB for future reference. If you have any questions about the dental treatment you received or the amount billed by the dentist, first contact your dentist. If your dentist is a participating TRDP network dentist and you need additional assistance or believe an error was made in processing your claim, please use the convenient online Customer Service Inquiry Form available at [trdp.org](http://trdp.org), or call or write to us:

Delta Dental of California  
 Federal Government Programs  
 PO Box 537007  
 Sacramento, CA 95853-7007  
 Toll-free: 888-838-8737

Our staff will be able to help you more quickly if you have your EOB available when you call or include a copy of the EOB when you write.



# Explanation of Benefits

(THIS IS NOT A BILL)

Visit our web site at [www.trdp.org](http://www.trdp.org) and log on to the Consumer Toolkit to check your benefits, eligibility, claims status and more!

[www.trdp.org](http://www.trdp.org)

1 Patient Name: JANE SMITH  
 2 Date of Birth: 06/07/1980  
 3 Relationship: SPOUSE  
 4 Subscriber: JOHN SMITH

5 Business/Dentist: STEVE ANDERSON DDS  
 6 License No.: 1234 / CA (NPI: 1234567890)  
 7 Check No.: 98765432  
 8 Issue Date: 02/12/2011  
 9 Receipt Date: 02/10/2011  
 10 Claim No.: 1231231231234

\* FOR A COMPLETE PROCEDURE DESCRIPTION PLEASE REFER TO YOUR ENROLLEE BENEFITS BOOKLET. AVAILABLE ONLINE AT [HTTP://WWW.TRDP.ORG/ENR/RESOURCES.HTML](http://www.trdp.org/enr/resources.html).

Pay To: C = Custodial Parent  
 S = Subscriber  
 P = Provider

11 Area/Tooth Code/Surface	12 Date of Service	13 Procedure Description	14 Submitted Amount	15 Maximum Approved Fee	16 Par Dentist Savings	17 Allowed Amount	18 Deductible / Patient Co-Pay / Q/Free Visits	19 Co-Pay %	20 Payment	21 Patient Payment	22 Pay To
23 CLIENT/ID: 4601 TRICARE RETIREE DENTAL PROGRAM			PLAN: DELTA FEDERAL SERVICES								
SUBCLIENT: 0004 TRICARE RETIREE DENTAL PROGRAM											
	01/25/11	D0120*	55.00	0.00	55.00	0.00			0.00	0.00	P
24 POLICY CODE: PP00402											
	01/25/11	D1110*	93.00	70.00	23.00	70.00		100%	70.00	0.00	P
25 THE FOLLOWING POLICIES ARE APPLIED TO EXPLAIN BENEFITS PAYABLE AND ARE NOT INTENDED TO ALTER THE TREATMENT PLAN DETERMINED BY THE DENTIST AND PATIENT. PP00402 PERIODONTAL SURGICAL SERVICES INCLUDE ALL NECESSARY POST-OPERATIVE CARE, FINISHING PROCEDURES AND EVALUATION FOR 3-MONTHS, AS WELL AS ANY SURGICAL RE-ENTRY FOR 3 YEARS.											
			SAMPLE								
26 Total			148.00	70.00	78.00	70.00	0.00		70.00	0.00	

FOR INQUIRIES: 1-888-838-8737

DELTA DENTAL OF CALIFORNIA  
 FEDERAL GOVERNMENT PROGRAMS  
 P.O. BOX 537007  
 SACRAMENTO, CA 95853-7007

Payment for these services is determined in accordance with the specific terms of your dental plan and/or Delta Dental's agreements with its participating dentists. For inquiries regarding participating dentists, please call the number listed. Delta Dental's payment decisions do not qualify as dental or medical advice. You must make all decisions about the desirability or necessity of dental procedures and services with your dentist.  
 If you dispute the denial of payment of your claim in whole or in part, you may submit a written request for reconsideration of the denial. Your written request must be sent to Delta Dental within 90 days of receipt of this notice and must include all supporting documentation. Send your request for reconsideration to:  
 Delta Dental of California, Federal Government Programs, P.O. Box 537015, Sacramento, CA 95853-7015  
 IF YOU BELIEVE THE SERVICES ON THIS EOB WERE NOT PROVIDED, PLEASE CONTACT US IMMEDIATELY AT 1-888-638-8737

JOHN SMITH  
 123 MAIN STREET  
 ANYTOWN, CA 12345-6789

Patient Copy  
 FOR OFFICIAL USE ONLY

Page 1 of 1

EOB\_Subscriber

# Appeals Procedure

Delta Dental will notify you on your Explanation of Benefits (EOB) if any claims for dental services are denied, in whole or in part, stating the specific reason or reasons for the denial. If you believe there is an error in processing your claim, please call Delta Dental's Customer Service department toll-free at 888-838-8737. If there was an error, in most cases Delta Dental can reprocess the denial of your claim based on your phone call. If you still have concerns regarding the denial of a claim for your dental services, you (or your authorized representative, if applicable) may request a review of the denial by filing a first-level appeal.

## First-Level Appeal: Reconsideration

To be considered as an appeal:

- The appealing party must file the request within 90 calendar days after the date of the notice of the initial denial determination (for example, within 90 calendar days of the date of an EOB informing the beneficiary of a denied or reduced claim).
- The request must be in writing and may be either mailed or faxed. (Due to requirements to verify the appealing party, electronically mailed appeals are not accepted.) The appeal should state the issue in dispute, and should include a copy of all supporting documentation (e.g., a copy of the EOB) necessary for the review, although this is not required.
- There must be a disputed question of fact, which, if resolved in favor of the appealing party, would result in the authorization of TRICARE benefits.
- The issue must be appealable. Non-appealable issues are described on the following page.

Send your request to:

Delta Dental of California  
Federal Government Programs Appeals Department  
PO Box 537015  
Sacramento, CA 95853-7015

## Second-Level Appeal: Formal Review

You may request a formal review by TMA if Delta Dental's reconsideration decision was unfavorable, the amount in dispute is equal to or greater than \$50 and the appeal is filed within 60 calendar days from the date of Delta Dental's first-level appeal response. No amount in dispute is required when the denial addresses predeterminations (denial for dental necessity). A request for formal review should be sent to:

TRICARE MANAGEMENT ACTIVITY  
Appeals and Hearings Division  
16401 E. Centretch Parkway  
Aurora, Colorado 80011-9066

## Non-Appealable Issues

The following issues are not appealable:

- Regulatory provisions. Based on TMA regulations, a dispute involving a regulatory provision or contractually defined issue of the TRDP (such as which procedures are covered) are not processed as an appeal.
- Allowable charge. The amount of allowable cost or charge is not appealable because the methodology for determining the charge is established by the TRDP contract.

- Eligibility for the TRDP. A person's TRDP eligibility is not appealable because this determination is specified in law and regulation.
- Denial of services by a dentist. The refusal of a dentist to provide services or to refer a beneficiary to a specialist is not an appealable issue. This type of correspondence is categorized as a grievance and is handled accordingly.

## Who May Submit an Appeal of Denied Dental Coverage

Persons who may submit an appeal of denied dental coverage are:

- The TRDP enrollee (including minors; however, a parent or guardian of a minor enrollee may represent the enrollee in an appeal).
- A representative of the TRDP enrollee, appointed by a court of competent jurisdiction to act on his or her behalf.
- An individual who has been appointed, in writing, by the TRDP enrollee to act as the enrollee's representative.

## Appeals of Denied Requests for Voluntary Termination

Requests for "voluntary termination" of TRDP coverage under the "grace period" or "extenuating circumstances" policies must be submitted in writing to the address listed in the "Enrollment Inquiries and Changes" section of this booklet.

If the initial voluntary termination request is denied, you may file a written request for reconsideration. To be considered, the request must be submitted within 90 days of the date of the denial notice. It should include a copy of Delta Dental's initial determination notice and relevant documentation supporting the request. Submit requests to:

Delta Dental of California  
 Federal Government Programs Appeals Department  
 PO Box 537015  
 Sacramento, CA 95853-7015

If the reconsideration is not in your favor, you may request a formal review from TMA, following the process for second-level appeals described above. The decision of TMA is the final determination.

## Grievances

Delta Dental's grievance process allows full opportunity for aggrieved parties to seek and obtain an explanation for and/or correction of any perceived failure of a participating network dentist or Delta Dental personnel to furnish the level or quality of care and/or service to which the beneficiary believes he or she is entitled. For this process to work to its optimum benefit, it is important that any grievance be submitted in writing to Delta Dental as soon as possible after the occurrence of the initial event that is the subject of the grievance, and prior to the beneficiary seeking additional care related to the initial event.

## Who May Submit a Grievance

Delta Dental's policy is that any TRDP beneficiary, sponsor, parent, guardian or other representative who is aggrieved by a failure (or perceived failure) of Delta Dental's staff or a participating network dentist to meet their obligations for timely, high-quality, appropriate care or service may file a written grievance.

The subject of a grievance may be an issue such as:

- The refusal of a dentist to provide services or to refer a beneficiary to a specialist.
- The length of the waiting period to obtain an appointment or undue delays at an office when an appointment has been made.
- Improper level of care, poor quality of care or other factors that reflect upon the quality of the care provided.
- The quality and/or timeliness of an administrative service.

A grievance must state it is a “formal grievance” and be submitted to:

Delta Dental of California  
Federal Government Programs Grievance Department  
PO Box 537015  
Sacramento, CA 95853-7015

In lieu of a written letter, you can complete and submit your grievance by mail using the Patient Grievance Form, which is available for downloading from the Program Materials & Forms page on the TRDP website at [trdp.org](http://trdp.org).

## Quality of Care

If you have questions about the quality of services you receive from a participating TRDP network dentist or from a Delta Dental Premier® dentist, we recommend that you first discuss the matter with the dentist. If you continue to have concerns, please complete the Patient Grievance form and mail or fax the form to:

Delta Dental of California  
Federal Government Programs Grievance Department  
PO Box 537015  
Sacramento, CA 95853-7015  
Fax: 916-858-0235

## Predetermination Requests

Predetermination requests are not required though are recommended for more complex and major procedures such as cast crowns, bridges and dentures. The predetermination request outlines the dentist’s proposed treatment plan on a claim form and results in Delta Dental’s non-binding, written estimate of how much the Enhanced TRDP will cover for a particular service.

The predetermination request is completed like a claim and should include specific procedure code(s), treatment plan and x-rays, if needed. Dates of service should be left blank, because the treatment is only proposed and not yet completed. A predetermination request for planned treatment and a claim for completed treatment may be submitted on the same claim form; in this case, the dates of service should be left blank for those items for which predetermination is being requested. When the claim is submitted, any undated claim line items will be processed as predetermination requests.

Delta Dental will process the predetermination request and issue a pre-treatment estimate, called a Predetermination Notice, to the dentist. A copy of the notice will be sent to the patient. When the treatment is complete, the dentist will fill in the date(s) of service, sign and return the Predetermination Notice to Delta Dental at the address provided for submitting claims (see “How to Submit a Claim”). Predetermination Notices



submitted for payment will be processed in accordance with Delta's claims processing policies. The final determination of eligibility, maximums, program benefits, limitations and allowable fees will be made by Delta Dental when the Predetermination Notice is processed as a claim for payment.

## Coordination of Benefits (COB)

You may have other dental coverage in addition to the TRDP. For example, this may occur if the primary enrollee has another job or if the primary enrollee's spouse has a job and has dental benefits through that job. If you are covered by another dental plan, it is your responsibility and to your advantage to let your dentist and Delta Dental know. Most dental carriers coordinate benefits when secondary coverage is noted on the claim, allowing patients to make use of their coverage under both programs. Payment is based on the type of benefit programs involved (i.e., fee for-service, indemnity, preferred provider organization (PPO), dental HMO (DHMO)) and the guidelines for coordination between these programs as established by the National Association of Insurance Commissioners. If the dental office is completing the claim form, ask that they complete the "Other coverage" portion of the claim to ensure that all benefits are appropriately coordinated. If you are submitting your own claim, follow the COB rules outlined below to determine which carrier is primary and which is secondary, and be sure to include complete information about your other coverage carrier.

In cases where there is other dental coverage, the following Coordination of Benefits rules determine coverage and payment:

- The claim should be filed first with the plan that pays first. Information about the first plan's payment is used by the other plan to determine its payment. If Delta Dental pays first, the other plan will determine how much it will pay after the Delta Dental payment has been made. If the other plan pays first, Delta Dental will determine how much it will pay after the other plan has paid.
- Delta Dental will generally make the first payment if the other coverage is not principally a dental program.
- If the primary enrollee (retiree or unremarried surviving spouse) has another dental plan that is principally a dental program, the plan that was effective first would be the first to pay.
- If the spouse has his or her own dental plan that is principally a dental program, claims for the spouse's dental treatment should be filed with that plan first.

If a child is covered under two different plans, the first coverage to pay usually depends on which parent's birthday is earlier in the year. For example, if the mother was born on May 1 and the father was born on May 5, all the children will be covered by their mother's plan first. This is because the mother's birthday is earlier in the year than the father's. The parents' year of birth does not matter—only the month and day are considered. This "birthday rule" is defined by the National Association of Insurance Commissioners.

In custody cases, the determination of first coverage and second coverage can be difficult. In most cases, if one parent has been awarded custody, the child is covered by that parent's coverage first and by the non-custodial parent's coverage second. If the parent with custody remarries, his or her coverage usually pays first and the stepparent's coverage pays second. If the custodial parent does not have other coverage, but the child's stepparent does, then the stepparent's coverage may pay first and the non-custodial parent's coverage pays second. Sometimes it is not possible to determine which coverage should pay first even after checking these rules. In this case, whichever dental plan has covered the person the longest usually pays first. In special circumstances, a court may decide that some other rule should apply.

# Privacy Act and Delta Dental

The Privacy Act of 1974 was established to guard against the invasion of privacy of any record maintained on an individual by a government agency. As a federal contractor, Delta Dental is bound by contract and by law to adhere to the Privacy Act. The Privacy Act places restrictions on the information that Delta Dental can provide. Some of these restrictions are outlined below:

- Delta Dental can only release personal information to the member to whom the information pertains if that member is age 18 or older. Written authorization is required from the member before Delta Dental can release information to others.
- The parent(s) or legal guardian of a child under age 18 can receive information from Delta Dental on the minor child, provided the relationship to the minor child can be established.
- A legal guardian or custodial parent must establish proof of guardianship with Delta Dental in writing, prior to releasing information.

# Health Insurance Portability and Accountability Act

Congress enacted the administrative simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to help facilitate efficiencies and cost-savings for the health care industry through the use of electronic technology as primary means of communication. Congress further recognized the importance of protecting the privacy of health information that accompanies the increased use of electronic technology and required that confidentiality statutes and/or rules be enacted through the implementation of HIPAA. Federal contractors such as Delta Dental, as well as outside vendors, dentists and other agencies with whom Delta Dental may in turn subcontract for services in the performance of its administration of the TRDP, must also sign applicable confidentiality agreements to adhere to the requirements of HIPAA.

Delta Dental may ask for confirmation of identification from parties who call with questions about TRDP eligibility or claims as well as requests for personal health information. Delta Dental does this to protect the privacy rights of individuals as required by federal regulations.

Note: Telephone calls are occasionally monitored by Delta Dental management staff for employee training and quality control purposes.

# Quality Assurance

## Clinical Precautions in the Dental Office

Delta Dental shares the public and professional concern about the possible spread of HIV and other infectious diseases in the dental office. However, Delta Dental cannot ensure your dentist's use of precautions against the spread of diseases, or compel your dentist to be tested for HIV or to disclose test results to Delta Dental or to you. Delta Dental informs its network dentists about the need for clinical precautions as recommended by recognized health authorities and required for compliance with Occupational Safety and Health Administration regulations. If you have questions about your dentist's health status or use of recommended clinical precautions, you should discuss them with your dentist.

## Internal Quality Control

In addition to ongoing communication and outreach to both the dental and retired service member communities on quality of care issues, Delta Dental has established internal quality control procedures to help minimize program costs, ensure accurate and prompt claims processing, and maintain an optimum level of overall customer satisfaction with the TRDP. These quality control procedures are based on feedback from a variety of sources, including

- Internal audits
- Customer surveys
- Complaints, appeals and grievances
- Anecdotal comments from outreach staff

Results from this feedback are continuously reviewed and evaluated to determine the appropriate course of action to implement improvements. The ultimate goal of Delta Dental's quality control plan is to exceed our customers' expectations in the provision of dental benefits and customer service for the TRICARE Retiree Dental Program.

## Fraud and Abuse

Although very few dentists engage in fraudulent activities, the damage they do far exceeds their numbers. If left unchecked, fraud inflates the cost of dental programs and can limit access to affordable dental coverage. One of the most common forms of dental program fraud is called "overbilling."

Under the TRDP, you share in both the cost and decision making of your dental care by paying a percentage of some fees. Some dentists offer to accept the "covered" percentage of insurance payment as "full payment" and do not collect your copayment percentage. This practice is called overbilling. Although it sounds like a good deal, you should know that these dentists make up their losses by overcharging your program and possibly by performing more services than necessary, which eventually will increase your program's cost.

Overbilling has been identified as unethical conduct by the American Dental Association and is specifically prohibited by law in many states. Waiver of the copayment or offering of any inducement or incentive to receive care is also prohibited by federal law as it is inflationary and can result in services being provided that may not be medically necessary. You can help keep your program costs down by not participating in overbilling schemes and by contacting Delta Dental if you suspect these activities.

# References

## Customer Service Directory

### *Telephone Inquiries*

**Customer Service:**

888-838-8737

Monday – Friday (excluding holidays)

6:00 a.m. – 6:00 p.m. Pacific Time

866-847-1264 TTY/TDD

**Interactive Voice Response (IVR) System:**

888-838-8737

24 hours a day, 7 days a week.

### *Written Inquiries*

**Customer Service:**

Delta Dental of California

Federal Government Programs

PO Box 537008

Sacramento, CA 95853-7008

**Claims Submission:**

Delta Dental of California

Federal Government Programs

PO Box 537007

Sacramento, CA 95853-7007

**Payment Inquiries/EFT Requests:**

Delta Dental of California

Federal Government Programs

PO Box 537011

Sacramento, CA 95853-7011

### *Online Inquiries*

trdp.org

# Glossary

Many words contained in this Benefits Booklet have specific meanings. The following definitions are provided to help enrollees in the Enhanced TRDP better understand their dental program and get the most from the important information contained in this booklet.

## **Adjunctive Dental Care**

Dental treatment that is medically necessary in the treatment of a medical (not dental) condition. Only those procedures listed in the “What is Covered” section of this book are covered under the TRDP.

## **Allowed Amount**

The dollar amount used to calculate actual payment to the dentist or primary enrollee. See section on “The Explanation of Benefits (EOB)” in this booklet for details.

## **Amalgam**

The most commonly used material for fillings in posterior (back) teeth, also called silver fillings.

## **Anterior Teeth**

The front teeth. Refers to the six upper and six lower teeth located towards the front of the mouth; includes incisors and cuspids.

## **Appeal**

A formal procedure through which an enrollee in the TRDP or an authorized representative can request a review of the denial of payment of a claim for covered dental services.

## **Appealable Issue**

An issue regarding the denial of payment of a claim for covered dental services for reasons other than those involving the rules and policies of the Enhanced TRDP as set forth by law or regulation.

## **Approved Amount**

The approved amount is what Delta Dental allows a dentist to charge a patient. For care received from a participating network dentist or a Delta Dental Premier® dentist, a reduction from the submitted amount represents additional benefit to the enrollee. See section on “The Explanation of Benefits (EOB)” in this booklet for details.

## **Assignment of Benefits**

This term refers to the authorization that a primary enrollee/patient gives Delta Dental, by signing the appropriate section on the claim form, to send payment for any TRDP covered services directly to the non-Delta Dental treating dentist.

## **Basic Services**

The most commonly needed dental services to help maintain good dental health. These services include those dental procedures necessary to restore the teeth (other than cast crowns and cast restorations), oral surgery procedures such as extractions, endodontic procedures such as root canals, and periodontal procedures including gum surgery.

## **Benefits**

Dental services/procedures received by an enrollee for which all or part of the cost is paid under the TRDP.

## **Benefits Booklet**

A comprehensive, detailed explanation of the policies and benefits of the Enhanced TRDP.

**Benefit Year**

The twelve-month period to which each enrollee's deductibles, maximums and other plan provisions are applied. The TRDP benefit year begins on October 1 and runs through September 30 of the next year.

**Bicuspids (Premolars)**

The first and second bicuspids are the fourth and fifth teeth counting from the center of the mouth on each side and are found between the cuspid (canine tooth) and the first molar. A bicuspid has two points (cusps).

**Birthday Rule**

The rule defined by the National Association of Insurance Commissioners that states that when a child is covered under both parents' dental plans, the plan of the parent whose birthday (month and day, but not year) falls earlier in the calendar year is billed first. In cases of divorced or separated parents, other factors such as custodial and legal orders must be considered.

**Bitewing Radiograph (X-Ray)**

An x-ray film exposed by x-rays that shows the portion of the upper and lower posterior (back) teeth above the gum line and enables the dentist to detect cavities between the teeth and under fillings.

**By Report**

A narrative description used to report a service that requires additional information (usually in the form of a written explanation from the dentist) in order to be processed and/or considered for payment. A dental consultant evaluates these narratives. By Report procedures are indicated in the benefits booklet by an **R** following the procedure code.

**Calendar Year**

The 12-month period beginning January 1 and ending December 31.

**Caries/Cavities**

Commonly used terms for tooth decay.

**Cast Restoration/Crown**

Cast restorations (crowns, inlays and onlays) are usually made of gold and other metals and used most often when it is necessary to replace a large portion of tooth structure lost from decay or fracture. These restorations are custom-fit to the individual tooth, processed in a dental laboratory and permanently cemented in place.

**CDT-2009/2010 (Current Dental Terminology)**

See Code on Dental Procedures and Nomenclature.

**Claim Form**

A standard form submitted by the dentist or patient to Delta Dental for reimbursement of dental services. The completed and signed form must contain the information necessary for consideration for payment of dental services.

**Code on Dental Procedures and Nomenclature**

A coding structure developed by the American Dental Association (ADA) to achieve uniformity, consistency and specificity throughout the dental industry in accurately reporting dental treatment. The Code has been designated as the national standard for reporting dental services by the federal government under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and is currently recognized by dental insurance companies nationwide. This Benefits Booklet uses the most current version of the code at the time of printing.

**Composite**

A tooth-colored material used to fill a tooth. Composite fillings are also known as resin fillings.

**Comprehensive Oral Examination**

A thorough evaluation of the extraoral and intraoral hard and soft tissues and detailed recording of the findings. It may require interpretation of information acquired through additional diagnostic procedures. A comprehensive evaluation typically includes an evaluation and recording of the patient's dental and medical history and a general health assessment, as well as an evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal (bite) relations, periodontal conditions (including periodontal charting), hard and soft tissue abnormalities, etc.

**Contract**

The written agreement between the Department of Defense and Delta Dental of California to administer a program of dental benefits established by Congress for Uniformed Services retirees and their family members. In addition to the laws and regulations governing the TRDP, the contract, together with this Benefits Booklet, forms the terms and conditions of the benefits provided under the Enhanced TRDP.

**Coordination of Benefits (COB)**

A method of integrating benefits payable for the same patient under more than one dental plan. Benefits from all sources should not exceed 100% of the total charges.

**Copayment**

The enrollee's portion of the allowed fee for a covered procedure.

**Coverage Effective Date**

The date a TRDP enrollee may begin obtaining benefits. The coverage effective date is the first day of the month following acceptance of the enrollment application.

**Covered Procedure/Service**

A dental procedure or service provided and/or received in accordance with the policies of the TRDP for which benefit payment will be made by Delta Dental.

**Cusp**

The high point(s) on the chewing or biting surface of a cuspid, bicuspid or molar tooth.

**Cuspid**

The third tooth, counting from the center of the mouth to the back of the mouth. Cuspids have one rounded or pointed edge used for biting and tearing. Cuspids are commonly known as canine teeth or eye teeth.

**Date of Service**

The date a dental service was completed. In cases when more than one visit is necessary to complete a dental procedure, the date that the actual procedure is completed is considered the date of service. This is the date that should be indicated on the claim form when it is submitted for payment.

**Deductible**

The dollar amount that must be paid by the patient towards some covered services before the TRDP payment is applied to those services. The deductible amount is \$50 per person per benefit year, not to exceed \$150 per family per benefit year.

**Defense Finance and Accounting Service (DFAS)**

The pay center for retirees of the Army, Navy, Air Force and Marine Corps. Upon notification of enrollment in the TRDP, DFAS is required to automatically deduct monthly allotments from the retiree's pay to cover the TRDP premiums.

**Delta Dental of California**

A not-for-profit dental benefits administrator, Delta Dental of California is one of many Delta Dental Plans across the country that are members of Delta Dental Plans Association. Delta Dental of California administers the TRDP.

**Delta Dental Premier® Network**

A nationwide network of licensed dentists, established as a managed fee-for-service program, that supports the delivery of dental programs offered by Delta Dental. While they are not a part of the network supporting the TRDP, Delta Dental Premier® dentists offer additional benefits for TRDP enrollees.

**Dental Implant**

A device specially designed to be placed surgically within or on the mandibular or maxillary bone (lower or upper jaw) as a means of providing for dental replacement.

**Diagnostic Services**

Procedures performed by the dentist to identify the health of the teeth and supporting structures and areas in and around the mouth. The most common diagnostic procedures are examinations and x-rays.

**Dual Coverage**

When an enrollee has coverage for dental care under more than one benefit (insurance) plan.

**Eligibility**

The criteria set forth by the United States Congress to determine who is allowed to enroll in the TRDP.

**Endodontic Services**

Dental services that involve the treatment of diseases or injuries that affect the nerve and blood supply of a tooth. A common endodontic procedure is root canal therapy.

**Enrollment Grace Period**

A period of 30 days from your coverage effective date during which time you may disenroll, provided you or any enrolled family members have not used any of the benefits of the Enhanced TRDP.

**Exclusions**

Dental services and/or procedures not covered under the TRDP dental benefits program.

**Explanation of Benefits (EOB)**

A statement sent to the primary enrollee and to the dentist, when the dentist is paid directly by Delta Dental, showing dentist and patient information, the service(s) received, the allowable charge(s), the amount(s) billed, the amount(s) allowed by the program and the cost-share amount(s). For denied services, the EOB also explains why payment was not allowed and how to appeal that decision.

**Extraction**

The surgical removal of a tooth.



**Federal Government Programs**

The division of Delta Dental of California that administers the TRDP under a contract with the Department of Defense.

**Fee Schedule**

A list of the charges agreed to by a dentist and the dental insurance company for specific dental services.

**Fluoride**

A naturally occurring element that helps to prevent dental decay. It is found in fluoridated water systems and many toothpastes. It may also be applied directly to the teeth by a dentist or dental hygienist.

**Gingiva**

The soft tissue that surrounds the necks of the teeth. Also referred to as the gums.

**Grace Period**

See Enrollment Grace Period.

**Grievance**

A formal procedure that offers an opportunity for aggrieved parties to seek and obtain an explanation for and/or correction of any perceived failure of a network dentist or Delta Dental personnel to furnish the level or quality of care and/or service to which the beneficiary believes he or she is entitled.

**Impacted Tooth**

An unerupted or partially erupted tooth that will not fully erupt because it is obstructed by another tooth, bone or soft tissue.

**Incisal Edge**

The biting surface of a central or lateral incisor.

**Incisal Angle**

The corner of the incisal edge of an anterior (front) tooth.

**Incisors**

The central and lateral incisors are the first and second teeth counting from the center of the mouth to the back of the mouth. These are the front teeth with flat edges used for biting.

**Inlay**

A laboratory-processed restoration (filling) made of metal, gold, acrylic or porcelain. This type of restoration does not involve the high points of the tooth (cusps). Inlays are not covered benefits of the TRDP; however, an allowance may be made for a corresponding amalgam restoration.

**Maximum Allowable Benefit**

The total dollar amount per enrollee that Delta Dental will pay during a specific period of time for covered services as specified in the TRDP's contract provisions. The maximum benefit allowed in the Enhanced TRDP per enrollee per benefit year for most covered procedures is \$1,200. There is a separate maximum benefit allowed amount of \$1,000 per enrollee per benefit year for dental accident procedures and a lifetime maximum benefit amount of \$1,500 allowed per enrollee for orthodontic procedures.

**Network Dentist**

A licensed dentist who is a member of a specific network of dentists who have agreed to accept negotiated fees for the provision of affordable dental care.

**Non-Participating Dentist**

See Out-of-Network Dentist.

**Occlusal Surface**

The chewing or grinding surfaces of the bicuspid and molar teeth (back teeth).

**Onlay**

A custom-made cast gold, semi-precious metal or porcelain restoration that is extended to cover the cusps for the protection of the tooth. It can also be used to replace one or more of the cusps of a tooth.

**Oral Hygiene**

The practice of personal hygiene of the mouth. It includes the maintenance of oral cleanliness, tissue tone, and general preservation of oral health through brushing and flossing.

**Oral Surgery**

Surgical procedures in and about the oral cavity and jaws, such as extractions.

**Orthodontic Services**

Dental procedures to realign teeth and/or jaws which otherwise do not function properly. The treatment usually consists of braces or other appliances to correct a patient's bite, straighten the teeth and treat problems related to growth and development of the jaws.

**Out-of-Network Dentist**

A licensed dentist who is not a member of any participating TRDP network. While care may be received from an out-of-network dentist, enrollees may experience higher out-of-pocket costs than if using a participating network dentist. Delta Dental Premier® dentists, while considered out-of-network for the TRDP, offer benefits not available from other out-of-network dentists. (See "Out-of-Network Dentists" in the "Selecting Your Dentist" section of this booklet.)

**Overbilling**

The unethical practice whereby a dentist may offer to forego collection of a patient's copayment as required by the TRDP and to accept the program's "covered" percentage as payment in full. Overbilling by dentists is illegal and leads to increased costs for dental care and limits access to affordable dental coverage under programs such as the TRDP.

**Palliative Treatment**

Non-definitive treatment designed to alleviate pain or stop the spread of infection.

**Panographic Radiograph (X-Ray)**

An x-ray film exposed with both the x-ray source and film outside of the mouth that presents all of the teeth and jaws on one plane on a single film. Also known as a Panorex.

**Participating Network Dentist**

A licensed dentist who "participates" in the networks that support the TRDP by agreeing to accept the program allowable fees as the full fee for covered treatment, complete and submit claims paperwork on behalf of the TRDP patient, and receive payment directly from Delta Dental. See Network Dentist.

**Periapical Radiograph (X-Ray)**

An x-ray film that shows the whole root of a tooth, including the bone surrounding the apex (tip or bottom) of the root. Also known as a single film or PA.

**Periodic Oral Examination/Evaluation**

An evaluation performed on a patient of record to determine any changes in the patient's dental and medical health status since a previous comprehensive or periodic evaluation was performed.

**Periodontal Prophylaxis (Cleaning)**

A part of periodontal maintenance following active periodontal therapy. The periodontal prophylaxis includes removal of the supra and subgingival microbial flora and calculus, site specific scaling and root planing where indicated, and/or polishing of the teeth.

**Periodontal Services**

Services that involve the treatment of diseases of the gum or supporting structure (bone). A common periodontal service is a periodontal root planing.

**Periradicular**

The area that surrounds the root of the tooth.

**Permanent Tooth**

An adult tooth. Also known as permanent dentition. Adult teeth naturally replace primary (baby) teeth.

**Posterior Teeth**

The bicuspid and molars. These are the teeth in the back of the mouth used for chewing and grinding.

**Predetermination**

A non-binding, written estimate by Delta Dental of how much the Enhanced TRDP will cover for a particular service. Predetermination requests from dentists are suggested for the more complicated and expensive treatments plans.

**Prefabricated Crown**

A pre-made metal or resin crown shaped like a tooth that is used to temporarily cover a seriously decayed or broken down tooth. Used most often on children's deciduous teeth (baby teeth).

**Premium**

The monthly amount paid by an enrollee for coverage under TRDP.

**Premium Prepayment**

An advance payment that amounts to the first two months of premium that is required to be made at the time of application for enrollment in TRDP. Future premiums are then deducted from retired pay. If it is determined that sufficient retired pay is not available for premiums, other arrangements will be made.

**Preventive Services**

Dental services performed to prevent tooth decay and gum disease. Common preventive services include cleanings and fluoride treatments.

**Primary Teeth**

A child's first set of twenty teeth that are eventually replaced by permanent teeth. Also known as deciduous or baby teeth.

**Procedure Codes**

The American Dental Association (ADA) codes used to identify and define specific dental services. Only those dental services whose procedure codes are specifically listed in this Benefits Booklet are covered under the Enhanced TRDP.

**Prophylaxis (Cleaning)**

Teeth cleaning; the scaling and polishing of the crowns of the teeth to remove calculus, plaque (a sticky bacterial substance that clings to the surface of the teeth and causes caries and gum disease), and stains. Also known as a prophy.

**Prosthodontic Services**

Dental services that involve the design, construction, and fitting of fixed bridges and partial and complete dentures to replace missing teeth or restore oral structures.

**Provider**

A dentist or other person who is licensed by a state to deliver dental services.

**Proximal Surface**

Refers to the surfaces of a tooth that touch an adjacent tooth. The space between adjacent teeth is the interproximal space.

**Quadrant**

One of the four equal sections of the mouth. The four quadrants of the mouth are the upper right, the upper left, the lower right and the lower left.

**Radiograph**

A picture produced on a sensitive surface (film) by a form of radiation other than light. In dentistry, x-rays are the radiation source. The term x-ray is often used interchangeably with radiograph.

**Resin**

See Composite.

**Restorative Services**

Dental procedures performed to restore the missing part of the tooth that was due to decay or fracture. A common restorative service is an amalgam (silver) filling.

**Retired Pay Deduction**

An automatic allotment deducted by the member's Uniformed Services finance center before direct deposit into that member's checking account. The automatic deduction of the monthly premium from retired pay is by means of a discretionary allotment and is mandated by Public Law 104-201 for the TRICARE Retiree Dental Program under Title 10 USC 1076c.

**Root Canal Therapy (Root Canal)**

An endodontic procedure involving the treatment of disease and injuries of the tooth pulp and related periradicular conditions. Commonly called a root canal.

**Root Planing**

A periodontal procedure that involves the removal of bacteria and mineralized plaque deposits from the root surfaces and tooth pocket. Sometimes called a "deep cleaning."

**Sealant**

A composite material, usually a plastic coating, that is bonded to the biting surface of teeth to seal decay-prone pits, fissures, and grooves of teeth to prevent decay.

**Service Area**

The area in which enrollees may obtain dental treatment that is covered under the TRDP. The service area for the Enhanced TRDP includes the 50 United States, the District of Columbia, Puerto Rico, Guam, American Samoa, the U.S. Virgin Islands, the Commonwealth of the Northern Mariana Islands and Canada. Enrollees in the Enhanced TRDP are eligible only for emergency care outside this service area. Coverage under the Enhanced-Overseas TRDP is available worldwide for retired members of the Uniformed Services and their families who reside outside this area.

**Sponsor**

The retired member or deceased member of one of the seven Uniformed Services whose relationship to their spouse or child determines their eligibility for the TRICARE Retiree Dental Program.

**Submitted Amount**

The amount normally charged by the dentist for services provided to all patients, regardless of insurance coverage.

**Temporary Crown**

A restorative procedure that involves a pre-fabricated resin or stainless steel tooth covering (cap) that is placed over a tooth. A temporary crown is payable under the TRDP only when used in an emergency situation to replace tooth structure that has been lost due to fracture. A temporary crown is included in the fee for cast restorations.

**TRICARE Dental Program (TDP)**

The dental plan offered by the Department of Defense through the TRICARE Management Activity (TMA) to family members of all active duty service members of the Uniformed Services and to National Guard/Reserve members and/or their families. The TDP is administered by United Concordia.

**TRICARE Management Activity (TMA)**

A field activity of the Under Secretary of Defense for Personnel and Readiness under the policy guidance and direction of the Assistant Secretary of Defense (Health Affairs). TMA is responsible for implementing and managing civilian health benefit programs for Uniformed Services beneficiaries. This includes all dental programs administered by contractors; Delta Dental of California administers the TRDP.

**TRICARE Retiree Dental Program (TRDP)**

A dental benefits program authorized by Congress in the 1997 Defense Authorization Act for retired Uniformed Services members and their eligible family members.

**Universal/National Tooth Numbering System**

A system that assigns a unique number (from 1-32) to permanent teeth, and a unique letter (A-T) for primary teeth.

**Uniformed Services**

The Army, Navy, Air Force, Marine Corps, Coast Guard, the National Oceanic and Atmospheric Administration and the Commissioned Corps of the U. S. Public Health Service and their Reserve/Guard components.

**Unremarried Surviving Spouse**

The unremarried spouse of a deceased Uniformed Services member.

**Waiting Period**

The specific period of time of continuous enrollment (i.e., 12 months) that an enrollee in the TRDP must complete before applicable dental procedures become covered benefits.

**X-Ray**  
See Radiograph.

# Tooth Chart

The following tooth chart illustrates both primary and permanent dentition. Each tooth is identified by letter or number using the Universal/National Tooth Designation System.

## Permanent Teeth

### Posterior

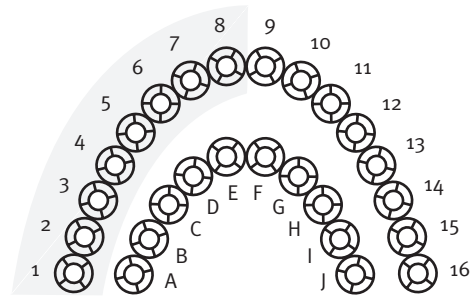
- 1—3rd molar (wisdom tooth)
- 2—2nd molar (12-yr. molar)
- 3—1st molar (6-yr. molar)
- 4—2nd bicuspid (2nd premolar)
- 5—1st bicuspid (1st premolar)

### Anterior

- 6—cuspid (canine/eye tooth)
- 7—lateral incisor
- 8—central incisor

Upper Right

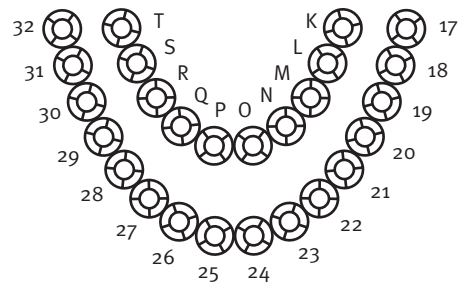
Upper Left



Primary  
Permanent

Lower Right

Lower Left



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