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EXECUTIVE SUMMARY

How will California Veterinary Medical Association benefit by choosing PMI as its dental benefits carrier? A dental health maintenance organization (HMO), PMI is dedicated to providing California Veterinary Medical Association with long-term savings and cost management, as well as high quality dental programs and trouble-free administration. With PMI, California Veterinary Medical Association will benefit from our:

- **Dental Expertise**

California Veterinary Medical Association can take advantage of PMI's more than 35 years of experience with capitated HMO programs. With nearly 1.3 million enrollees, PMI has developed dental programs for customers of every size, in every industry. We're the experts that California Veterinary Medical Association can depend on to provide the right dental benefits programs for its employees.

- **Comprehensive Benefits**

California Veterinary Medical Association will benefit from PMI's comprehensive dental programs, which cover over 250 procedures in ten benefit categories, including orthodontic coverage for children and adults. PMI also encourages specialty care, with no financial penalty to the referring general dentist.

- **Rigorous Quality Assurance**

California Veterinary Medical Association's enrollees will benefit from our sophisticated reporting systems, which continually monitor the quality of care provided by our network offices. PMI also employs licensed dentists who visit each office annually to ensure that they are upholding our quality of care guidelines. These annual audits supplement the quarterly service calls made by PMI's Professional Relations representatives, who monitor appointment availability at each network office and provide ongoing training and service.

- **Trouble-free Administration**

California Veterinary Medical Association's enrollees won't have to worry about filling out or submitting claim forms since all paperwork is handled by PMI and their dentists. In addition, PMI does not impose any deductibles or maximums restricting the amount of services enrollees may receive annually, (with the exception of the accidental injury benefit.)

All of these features combine to give California Veterinary Medical Association the best value there is in dental benefits. PMI is proud to present:

- **DeltaCare**

A dental HMO program. Enrollees select a dentist in advance from one of the largest networks of carefully selected private and group practice dentists in California.

Detailed product descriptions and associated rates are included in the Programs & Rates section of this proposal. Your account executive, Barry Licht can answer questions or provide more information.

At PMI, we view our customers as business partners. We have a strong commitment to building solid, long-term relationships based on the strengths of our dental programs and unparalleled service. California Veterinary Medical Association can count on PMI for stability and consistency in providing the best return for its healthcare dollars.

THE DELTACARE DIFFERENCE®

Delta Dental's Mission

To advance dental health and access through exceptional dental benefits service, technology and professional support

The DeltaCare dental HMO program — administered by Delta Dental's affiliate, PMI — enables customers and enrollees to enjoy the following advantages:

Program design

The DeltaCare programs cover over 250 procedures and assign specific dollar copayments for all covered services. *Program benefits increase over time* because the copayment becomes a smaller percentage of the dentist's usual fee.

Quality assurance

The review process *extends beyond clinical aspects* such as sterilization procedures, patient chart documentation and practice pattern review to include such practical considerations as languages spoken, handicapped access, parking availability and dental office appearance.

Specialty care

DeltaCare dentists may refer specialty work to specialists without penalty, eliminating any financial risk on the part of network dentists and *ensuring that enrollees get specialty services when appropriate*.

Management reporting capabilities

PMI uses a sophisticated reporting system that produces *comprehensive utilization and financial reports* that are available to clients with 100 or more primary enrollees.

Toll-free customer service

PMI's multi-lingual staff of Customer Relations representatives, *most with dental office experience*, provides telephone response 13 hours each weekday.

DELTA CARE

(Dental HMO Program)

DeltaCare dental HMO programs are administered by Delta Dental's affiliate, PMI. Founded in 1968, PMI is dedicated to providing quality dental care at rates lower than those associated with traditional fee-for-service programs.

Qualified dentist and dental specialists

All dentists are required to have a minimum of five years of experience before they are eligible to participate in the DeltaCare program. PMI also utilizes professional credentialing services to ensure that only first-rate dentists and dental specialists treat enrollees.

Convenient office locations

PMI has contracted with a network of carefully screened dentists and dental specialists in private practice. The DeltaCare network features nearly 2,500 dentists located throughout California.

Emphasis on small group practices

Nearly 75 percent of the DeltaCare network is comprised of small group dental practices. Small group practices offer enrollees more personalized care as well as increased appointment availability, greater dentist selection, extended office hours, on-site specialty care and internal peer review.

Easy transfers between facilities

Enrollees may select their primary care dentist from one of nearly 1,350 offices in California and may transfer to another network facility upon request. PMI imposes no restriction on the number of requests for dental changes.

No paperwork for enrollees

There are no claim forms for clients or enrollees to worry about. There are no deductibles or maximums restricting the amount of services enrollees may receive annually, (with the exception of the accidental injury benefit.)

Comprehensive care with cost savings

PMI monitors each DeltaCare facility to ensure that enrollees are not undertreated. Cost management is achieved via treatment plan reviews and preauthorization of specialty care services.

DELTA CARE

(Dental HMO Programs)

Standard Covered Services

All services are covered in full or with enrollee copayments, as shown on the schedule of copayments and subject to the limitations and exclusions of the program.

Diagnostic and Preventive Services

- X-rays
- Examinations
- Consultations
- Prophylaxes
- Topical preventive applications
- Space maintainers
- Sealants

Emergency Services

Relief of pain and infection

Restorative

Crowns, jackets and cast restorations will be covered when teeth cannot be restored with amalgam, synthetic porcelain or plastic restorations.

Oral Surgery

Extractions and other oral surgery procedures

Endodontics

Pulpal therapy and root canal procedures (treatment for nonvital teeth)

Periodontics

Treatment of the tissues supporting the teeth

Fixed bridges

Covered subject to specific limitations

Removable Prosthetics

Full or partial dentures

Orthodontic Care

Subject to availability of network orthodontists

DELTA CARE (Dental HMO Program)

Monthly Rates

Voluntary Enrollment

Rates are 100 percent paid by the primary enrollee for the primary enrollee and his dependents

Plan A03*

	Levels 1 & 2	Level 3	Level 4
One Party	\$19.39	\$19.95	\$20.50
Two Party	\$32.01	\$32.93	\$33.82
Three Party+	\$47.35	\$48.74	\$50.05
		Level 5	
One Party		\$39.54	
Two Party		\$65.24	
Three Party+		\$96.51	

* This DeltaCare plan design is available only to those California Veterinary Medical Association enrollees who reside within network service areas in California.

Levels 1 & 2 Los Angeles and Orange Counties

Level 3 Alameda, Contra Costa, Fresno, Kern, Mariposa, Riverside, San Bernardino, San Diego, San Francisco, San Mateo Santa Clara and Ventura Counties.

Level 4 Alpine, Amador, Calaveras, Colusa, El Dorado, Imperial, Inyo, Kings, Madera, Marin, Merced, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Joaquin, San Luis Obispo, Santa Barbara, Sierra, Solano, Sonoma, Stanislaus, Tuolumne, Tulare, and Yolo Counties.

Level 5 Butte, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Mono, San Benito, Santa Cruz, Shasta, Siskiyou, Sutter, Tehama, Trinity and Yuba Counties.

NOTE: These rates are contingent upon the proposal assumptions outlined within this proposal.

DELTA CARE

(Dental HMO Program)

Plan A03 — California Plan

The benefits shown below are performed as deemed appropriate by the attending contract dentist subject to the limitations and exclusions of the program. Please refer to the DeltaCare limitations and exclusions section for further clarification of benefits. **Enrollees should discuss all treatment options with their contract dentist prior to services being rendered.**

Codes and/or text that appear in *italics* below are specifically intended to clarify the delivery of benefits under the DeltaCare program and are not to be interpreted as CDT-4 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association.

Code	Description	Enrollee Pays
D0100-D0999	I. DIAGNOSTIC	
D0120	Periodic oral evaluation	No Cost
D0140	Limited oral evaluation - problem focused	No Cost
D0150	Comprehensive oral evaluation - new or established patient	No Cost
D0160	Detailed and extensive oral evaluation - problem focused, by report	No Cost
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	No Cost
D0180	Comprehensive periodontal evaluation - new or established patient	No Cost
D0210	Intraoral <i>radiographs</i> - complete series (including bitewings) - <i>limited to 1 series every 24 months</i>	No Cost
D0220	Intraoral - periapical first film	No Cost
D0230	Intraoral - periapical, each additional film	No Cost
D0240	Intraoral - occlusal film	No Cost
D0250	Extraoral - first film	No Cost
D0260	Extraoral - each additional film	No Cost
D0270	Bitewing <i>radiograph</i> - single film	No Cost
D0272	Bitewings <i>radiographs</i> - two films	No Cost
D0274	Bitewings <i>radiographs</i> - four films - <i>limited to 1 series every 6 months</i>	No Cost
D0277	Vertical bitewings - 7 to 8 films	No Cost
D0330	Panoramic film	No Cost
D0460	Pulp vitality tests	No Cost
D0470	Diagnostic casts	No Cost
D0472	Accession of tissue, gross examination, preparation and transmission of written report	No Cost
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	No Cost
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	No Cost
D0999	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit (in addition to other services)</i>	No Cost
D1000-D1999	II. PREVENTIVE	
D1110	Prophylaxis <i>cleaning</i> - adult - <i>1 per 6-month period</i>	No Cost
D1120	Prophylaxis <i>cleaning</i> - child - <i>1 per 6-month period</i>	No Cost
D1201	Topical application of fluoride (including prophylaxis) - child - <i>to age 19; 1 per 6-month period</i>	No Cost

Code	Description	Enrollee Pays
D1203	Topical application of fluoride (prophylaxis not included) - child - <i>to age 19; 1 per 6-month period</i>	No Cost
D1310	Nutritional counseling for control of dental disease	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth - <i>limited to permanent molars through age 15</i>	\$ 10.00
D1510	Space maintainer - fixed - unilateral	\$ 25.00
D1515	Space maintainer - fixed - bilateral	\$ 25.00
D1520	Space maintainer - removable - unilateral	\$ 25.00
D1525	Space maintainer - removable - bilateral	\$ 25.00
D1550	Recementation of space maintainer	No Cost
D2000-D2999 III. RESTORATIVE		
<i>Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.</i>		
¹ <i>Base or noble metal is the benefit. High noble metal (precious), if used, will be charged to the enrollee at the additional maximum cost to the enrollee of \$100.00 per tooth. If a cast post and core is made of high noble metal, an additional fee up to \$100.00 per tooth will be charged for the upgraded post and core.</i>		
² <i>Replacement is subject to a limitation requiring the existing restoration to be 5+ years old.</i>		
D2140	Amalgam - one surface, primary or permanent	No Cost
D2150	Amalgam - two surfaces, primary or permanent	No Cost
D2160	Amalgam - three surfaces, primary or permanent	No Cost
D2161	Amalgam - four or more surfaces, primary or permanent	No Cost
D2330	Resin-based composite - one surface, anterior (<i>tooth colored</i>)	No Cost
D2331	Resin-based composite - two surfaces, anterior (<i>tooth colored</i>)	No Cost
D2332	Resin-based composite - three surfaces, anterior (<i>tooth colored</i>)	No Cost
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior) (<i>tooth colored</i>)	No Cost
D2390	Resin-based composite crown, anterior (<i>tooth colored</i>)	No Cost
D2391 <i>Upgrade</i>	Resin-based composite - one surface, posterior (<i>tooth colored</i>)	\$ 65.00
D2392 <i>Upgrade</i>	Resin-based composite - two surfaces, posterior (<i>tooth colored</i>)	\$ 75.00
D2393 <i>Upgrade</i>	Resin-based composite - three surfaces, posterior (<i>tooth colored</i>)	\$ 85.00
D2394 <i>Upgrade</i>	Resin-based composite - four or more surfaces, posterior (<i>tooth colored</i>)	\$ 95.00
D2510	Inlay - metallic - one surface ^{1,2}	No Cost
D2520	Inlay - metallic - two surfaces ^{1,2}	No Cost
D2530	Inlay - metallic - three or more surfaces ^{1,2}	No Cost
D2542	Onlay - metallic - two surfaces ^{1,2}	No Cost
D2543	Onlay - metallic - three surfaces ^{1,2}	No Cost
D2544	Onlay - metallic - four or more surfaces ^{1,2}	No Cost
D2610 <i>Upgrade</i>	Inlay - porcelain/ceramic - one surface ²	\$250.00
D2620 <i>Upgrade</i>	Inlay - porcelain/ceramic - two surfaces ²	\$300.00
D2630 <i>Upgrade</i>	Inlay - porcelain/ceramic - three or more surfaces ²	\$350.00
D2642 <i>Upgrade</i>	Onlay - porcelain/ceramic - two surfaces ²	\$320.00
D2643 <i>Upgrade</i>	Onlay - porcelain/ceramic - three surfaces ²	\$390.00
D2644 <i>Upgrade</i>	Onlay - porcelain/ceramic - four or more surfaces ²	\$420.00
D2650 <i>Upgrade</i>	Inlay - resin-based composite - one surface (<i>tooth colored</i>) ²	\$150.00
D2651 <i>Upgrade</i>	Inlay - resin-based composite - two surfaces (<i>tooth colored</i>) ²	\$200.00
D2652 <i>Upgrade</i>	Inlay - resin-based composite - three or more surfaces (<i>tooth colored</i>) ²	\$250.00
D2662 <i>Upgrade</i>	Onlay - resin-based composite - two surfaces (<i>tooth colored</i>) ²	\$200.00
D2663 <i>Upgrade</i>	Onlay - resin-based composite - three surfaces (<i>tooth colored</i>) ²	\$250.00
D2664 <i>Upgrade</i>	Onlay - resin-based composite - four or more surfaces (<i>tooth colored</i>) ²	\$300.00
D2710	Crown - resin (indirect) ²	\$ 50.00
D2710 <i>Upgrade</i>	Crown - resin (indirect) - (<i>molars</i>) ²	\$200.00
D2720 <i>Upgrade</i>	Crown - resin with high noble metal ²	\$190.00
D2720 <i>Upgrade</i>	Crown - resin with high noble metal - (<i>molars</i>) ²	\$340.00

Code	Description	Enrollee Pays
D2721	Crown - resin with predominantly base metal ²	\$ 90.00
D2721 <i>Upgrade</i>	Crown - resin with predominantly base metal - (<i>molars</i>) ²	\$240.00
D2722	Crown - resin with noble metal ²	\$ 90.00
D2722 <i>Upgrade</i>	Crown - resin with noble metal - (<i>molars</i>) ²	\$240.00
D2740	Crown - porcelain/ceramic substrate ²	\$ 90.00
D2740 <i>Upgrade</i>	Crown - porcelain/ceramic substrate - (<i>molars</i>) ²	\$240.00
D2750 <i>Upgrade</i>	Crown - porcelain fused to high noble metal ²	\$190.00
D2750 <i>Upgrade</i>	Crown - porcelain fused to high noble metal - (<i>molars</i>) ²	\$340.00
D2751	Crown - porcelain fused to predominantly base metal ²	\$ 90.00
D2751 <i>Upgrade</i>	Crown - porcelain fused to predominantly base metal - (<i>molars</i>) ²	\$240.00
D2752	Crown - porcelain fused to noble metal ²	\$ 90.00
D2752 <i>Upgrade</i>	Crown - porcelain fused to noble metal - (<i>molars</i>) ²	\$240.00
D2780 <i>Upgrade</i>	Crown - ¾ cast high noble metal ²	\$190.00
D2781	Crown - ¾ cast predominantly base metal ²	\$ 90.00
D2782	Crown - ¾ cast noble metal ²	\$ 90.00
D2783	Crown - ¾ porcelain/ceramic ²	\$ 90.00
D2783 <i>Upgrade</i>	Crown - ¾ porcelain/ceramic - (<i>molars</i>) ²	\$240.00
D2790 <i>Upgrade</i>	Crown - full cast high noble metal ²	\$190.00
D2791	Crown - full cast predominantly base metal ²	\$ 90.00
D2792	Crown - full cast noble metal ²	\$ 90.00
D2910	Recement inlay	No Cost
D2920	Recement crown	No Cost
D2930	Prefabricated stainless steel crown - primary tooth	\$ 5.00
D2931	Prefabricated stainless steel crown - permanent tooth	\$ 5.00
D2932	Prefabricated resin crown - <i>anterior primary tooth</i>	\$ 15.00
D2933	Prefabricated stainless steel crown with resin window - <i>anterior primary tooth</i>	\$ 15.00
D2940	Sedative filling	\$ 5.00
D2950	Core buildup, including any pins	\$ 15.00
D2951	Pin retention - per tooth, in addition to restoration	\$ 15.00
D2952	Cast post and core in addition to crown ¹	\$ 15.00
D2953	Each additional cast post - same tooth ¹	\$ 15.00
D2954	Prefabricated post and core in addition to crown	\$ 15.00
D2957	Each additional prefabricated post - same tooth	\$ 15.00
D2970	Temporary crown (fractured tooth) - <i>palliative treatment only</i>	\$ 10.00
D2980	Crown repair, by report	\$ 15.00
D3000-D3999 IV. ENDODONTICS		
³ A benefit for permanent teeth only.		
D3110	Pulp cap - direct (excluding final restoration)	No Cost
D3120	Pulp cap - indirect (excluding final restoration)	No Cost
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	No Cost
D3221	Pulpal debridement, primary and permanent teeth	\$ 10.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$ 10.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$ 10.00
D3310	<i>Root canal</i> - anterior (excluding final restoration) ³	\$ 55.00
D3320	<i>Root canal</i> - bicuspid (excluding final restoration) ³	\$110.00
D3330	<i>Root canal</i> - molar (excluding final restoration) ³	\$135.00
D3346	Retreatment of previous root canal therapy - anterior ³	\$ 70.00
D3347	Retreatment of previous root canal therapy - bicuspid ³	\$125.00
D3348	Retreatment of previous root canal therapy - molar ³	\$150.00
D3410	Apicoectomy/periradicular surgery - anterior ³	\$ 60.00
D3421	Apicoectomy/periradicular surgery - bicuspid (first root) ³	\$ 60.00

Code	Description	Enrollee Pays
D3425	Apicoectomy/periradicular surgery - molar (first root) ³	\$ 60.00
D3426	Apicoectomy/periradicular surgery (each additional root) ³	No Cost
D3430	Retrograde filling - per root ³	\$ 60.00
D3450	Root amputation, per root - <i>not covered in conjunction with procedure D3920</i> ³	No Cost
D4000-D4999 V. PERIODONTICS		
<i>Includes preoperative and postoperative evaluations and treatment under a local anesthetic.</i>		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$125.00
D4211	Gingivectomy or gingivoplasty - one to three teeth, per quadrant	\$ 50.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	\$125.00
D4241	Gingival flap procedure, including root planing - one to three teeth, per quadrant	\$125.00
D4249	Clinical crown lengthening - hard tissue	\$125.00
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	\$250.00
D4261	Osseous surgery (including flap entry and closure) - one to three teeth, per quadrant	\$250.00
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$ 45.00
D4341	Periodontal scaling and root planing, four or more contiguous teeth or bounded teeth spaces per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	\$ 20.00
D4342	Periodontal scaling and root planing, one to three teeth, per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	\$ 20.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis - <i>limited to 1 treatment in any 12 consecutive months</i>	\$ 20.00
D4910	Periodontal maintenance - <i>limited to 1 treatment each 6-month period</i>	\$ 15.00
D5000-D5899 VI. PROSTHODONTICS (removable)		
⁴ <i>Includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement, if the enrollee continues to be eligible and the service is provided at the contract dentist's facility where the denture was originally delivered.</i>		
⁵ <i>Limited to 1 per denture during any 12 consecutive months.</i>		
⁶ <i>Replacement is subject to a limitation requiring the existing denture to be 5+ years old.</i>		
D5110	Complete denture - maxillary ^{4,6}	\$110.00
D5120	Complete denture - mandibular ^{4,6}	\$110.00
D5130	Immediate denture - maxillary ^{4,6}	\$125.00
D5140	Immediate denture - mandibular ^{4,6}	\$125.00
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth) ^{4,6}	\$100.00
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth) ^{4,6}	\$100.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) ^{4,6}	\$125.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) ^{4,6}	\$125.00
D5410	Adjust complete denture - maxillary ⁴	\$ 10.00
D5411	Adjust complete denture - mandibular ⁴	\$ 10.00
D5421	Adjust partial denture - maxillary ⁴	\$ 10.00
D5422	Adjust partial denture - mandibular ⁴	\$ 10.00
D5510	Repair broken complete denture base	\$ 20.00
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$ 10.00
D5610	Repair resin denture base	\$ 20.00
D5620	Repair cast framework	\$ 20.00
D5630	Repair or replace broken clasp	\$ 20.00
D5640	Replace broken teeth - per tooth	\$ 10.00
D5650	Add tooth to existing partial denture	\$ 10.00

Code	Description	Enrollee Pays
D5660	Add clasp to existing partial denture	\$ 10.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$135.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$135.00
D5710	Rebase complete maxillary denture ⁵	\$ 55.00
D5711	Rebase complete mandibular denture ⁵	\$ 55.00
D5720	Rebase maxillary partial denture ⁵	\$ 55.00
D5721	Rebase mandibular partial denture ⁵	\$ 55.00
D5730	Reline complete maxillary denture (chairside) ⁵	\$ 20.00
D5731	Reline complete mandibular denture (chairside) ⁵	\$ 20.00
D5740	Reline maxillary partial denture (chairside) ⁵	\$ 20.00
D5741	Reline mandibular partial denture (chairside) ⁵	\$ 20.00
D5750	Reline complete maxillary denture (laboratory) ⁵	\$ 45.00
D5751	Reline complete mandibular denture (laboratory) ⁵	\$ 45.00
D5760	Reline maxillary partial denture (laboratory) ⁵	\$ 45.00
D5761	Reline mandibular partial denture (laboratory) ⁵	\$ 45.00
D5820	Interim partial denture (maxillary) ⁴	No Cost
D5821	Interim partial denture (mandibular) ⁴	No Cost
D5850	Tissue conditioning, maxillary ^{4,5}	No Cost
D5851	Tissue conditioning, mandibular ^{4,5}	No Cost
D5900-D5999	VII. MAXILLOFACIAL PROSTHETICS - Not Covered	
D6000-D6199	VIII. IMPLANT SERVICES - Not Covered	
D6200-D6999	IX. PROSTHODONTICS, FIXED (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge]).	
¹ Base or noble metal is the benefit. High noble metal (precious), if used, will be charged to the enrollee at the additional maximum cost to the enrollee of \$100.00 per tooth. If a cast post and core is made of high noble metal, an additional fee up to \$100.00 per tooth will be charged for the upgraded post and core.		
⁷ Replacement is subject to a limitation requiring the existing bridge to be 5+ years old.		
D6210 ^{Upgrade}	Pontic - cast high noble metal ⁷	\$190.00
D6211	Pontic - cast predominantly base metal ⁷	\$ 90.00
D6212	Pontic - cast noble metal ⁷	\$ 90.00
D6240 ^{Upgrade}	Pontic - porcelain fused to high noble metal ⁷	\$190.00
D6240 ^{Upgrade}	Pontic - porcelain fused to high noble metal - (molars) ⁷	\$340.00
D6241	Pontic - porcelain fused to predominantly base metal ⁷	\$ 90.00
D6241 ^{Upgrade}	Pontic - porcelain fused to predominantly base metal - (molars) ⁷	\$240.00
D6242	Pontic - porcelain fused to noble metal ⁷	\$ 90.00
D6242 ^{Upgrade}	Pontic - porcelain fused to noble metal - (molars) ⁷	\$240.00
D6245	Pontic - porcelain/ceramic ⁷	\$ 90.00
D6245 ^{Upgrade}	Pontic - porcelain/ceramic - (molars) ⁷	\$240.00
D6250 ^{Upgrade}	Pontic - resin with high noble metal ⁷	\$190.00
D6250 ^{Upgrade}	Pontic - resin with high noble metal - (molars) ⁷	\$340.00
D6251	Pontic - resin with predominantly base metal ⁷	\$ 90.00
D6251 ^{Upgrade}	Pontic - resin with predominantly base metal - (molars) ⁷	\$240.00
D6252	Pontic - resin with noble metal ⁷	\$ 90.00
D6252 ^{Upgrade}	Pontic - resin with noble metal - (molars) ⁷	\$240.00
D6600 ^{Upgrade}	Inlay - porcelain/ceramic, two surfaces ⁷	\$300.00
D6601 ^{Upgrade}	Inlay - porcelain/ceramic, three or more surfaces ⁷	\$350.00
D6602 ^{Upgrade}	Inlay - cast high noble metal, two surfaces ⁷	\$100.00
D6603 ^{Upgrade}	Inlay - cast high noble metal, three or more surfaces ⁷	\$100.00
D6604	Inlay - cast predominantly base metal, two surfaces ⁷	No Cost
D6605	Inlay - cast predominantly base metal, three or more surfaces ⁷	No Cost
D6606	Inlay - cast noble metal, two surfaces ⁷	No Cost
D6607	Inlay - cast noble metal, three or more surfaces ⁷	No Cost

Code	Description	Enrollee Pays
D6608 <i>Upgrade</i>	Onlay - porcelain/ceramic, two surfaces ⁷	\$320.00
D6609 <i>Upgrade</i>	Onlay - porcelain/ceramic, three or more surfaces ⁷	\$390.00
D6610 <i>Upgrade</i>	Onlay - cast high noble metal, two surfaces ⁷	\$100.00
D6611 <i>Upgrade</i>	Onlay - cast high noble metal, three or more surfaces ⁷	\$100.00
D6612	Onlay - cast predominantly base metal, two surfaces ⁷	No Cost
D6613	Onlay - cast predominantly base metal, three or more surfaces ⁷	No Cost
D6614	Onlay - cast noble metal, two surfaces ⁷	No Cost
D6615	Onlay - cast noble metal, three or more surfaces ⁷	No Cost
D6720 <i>Upgrade</i>	Crown - resin with high noble metal ⁷	\$190.00
D6720 <i>Upgrade</i>	Crown - resin with high noble metal - (<i>molars</i>) ⁷	\$340.00
D6721	Crown - resin with predominantly base metal ⁷	\$ 90.00
D6721 <i>Upgrade</i>	Crown - resin with predominantly base metal - (<i>molars</i>) ⁷	\$240.00
D6722	Crown - resin with noble metal ⁷	\$ 90.00
D6722 <i>Upgrade</i>	Crown - resin with noble metal - (<i>molars</i>) ⁷	\$240.00
D6740	Crown - porcelain/ceramic ⁷	\$ 90.00
D6740 <i>Upgrade</i>	Crown - porcelain/ceramic - (<i>molars</i>) ⁷	\$240.00
D6750 <i>Upgrade</i>	Crown - porcelain fused to high noble metal ⁷	\$190.00
D6750 <i>Upgrade</i>	Crown - porcelain fused to high noble metal - (<i>molars</i>) ⁷	\$340.00
D6751	Crown - porcelain fused to predominantly base metal ⁷	\$ 90.00
D6751 <i>Upgrade</i>	Crown - porcelain fused to predominantly base metal - (<i>molars</i>) ⁷	\$240.00
D6752	Crown - porcelain fused to noble metal ⁷	\$ 90.00
D6752 <i>Upgrade</i>	Crown - porcelain fused to noble metal - (<i>molars</i>) ⁷	\$240.00
D6780 <i>Upgrade</i>	Crown - ¾ cast high noble metal ⁷	\$190.00
D6781	Crown - ¾ cast predominantly base metal ⁷	\$ 90.00
D6782	Crown - ¾ cast noble metal ⁷	\$ 90.00
D6783	Crown - ¾ porcelain/ceramic ⁷	\$ 90.00
D6783 <i>Upgrade</i>	Crown - ¾ porcelain/ceramic - (<i>molars</i>) ⁷	\$240.00
D6790 <i>Upgrade</i>	Crown - full cast high noble metal ⁷	\$190.00
D6791	Crown - full cast predominantly base metal ⁷	\$ 90.00
D6792	Crown - full cast noble metal ⁷	\$ 90.00
D6930	Recement fixed partial denture	No Cost
D6940	Stress breaker ⁷	No Cost
D6970	Cast post and core in addition to fixed partial denture retainer ¹	\$ 15.00
D6971	Cast post as part of fixed partial denture retainer ¹	\$ 15.00
D6972	Prefabricated post and core in addition to fixed partial denture retainer	\$ 15.00
D6973	Core buildup for retainer, including any pins	\$ 15.00
D6976	Each additional cast post - same tooth ¹	\$ 15.00
D6977	Each additional prefabricated post - same tooth	\$ 15.00
D6980	Fixed partial denture repair, by report	\$ 15.00
D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY		
<i>Includes preoperative and postoperative evaluations and treatment under local anesthetic.</i>		
D7111	Coronal remnants - deciduous teeth - <i>extraction</i>	\$ 3.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$ 3.00
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$ 15.00
D7220	Removal of impacted tooth - soft tissue	\$ 40.00
D7230	Removal of impacted tooth - partially bony	\$ 60.00
D7240	Removal of impacted tooth - completely bony	\$ 75.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$ 95.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	No Cost
D7286	Biopsy of oral tissue - soft (all others) - <i>does not include pathology laboratory procedures</i>	No Cost
D7310	Alveoloplasty in conjunction with extractions - per quadrant	\$ 50.00

Code	Description	Enrollee Pays
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	\$ 70.00
D7471	Removal of lateral exostosis - (maxilla or mandible)	No Cost
D7472	Removal of torus palatinus	No Cost
D7473	Removal of torus mandibularis	No Cost
D7510	Incision and drainage of abscess - intraoral soft tissue	No Cost
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	No Cost
D8000-D8999 XI. ORTHODONTICS		
⁸ Listed copayment covers up to 24 months of active orthodontic treatment excluding the services listed for D8999 "Start-up fee," and D8680 "Orthodontic retention." Beyond 24 months, an additional monthly fee not to exceed \$125.00 applies.		
⁹ In the event orthodontic treatment is not required or is declined by the enrollee, a fee of \$25.00 will apply. The enrollee is also responsible for any incurred orthodontic diagnostic record fees.		
¹⁰ Includes adjustments and/or office visits up to 24 months. After 24 months, a monthly fee not to exceed \$125.00 applies.		
D8050	Interceptive orthodontic treatment of the primary dentition ⁸	\$1,400.00
D8060	Interceptive orthodontic treatment of the transitional dentition ⁸	\$1,400.00
D8070	Comprehensive orthodontic treatment of the transitional dentition - child or adolescent to age 19 ⁸	\$1,600.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - adolescent to age 19 ⁸	\$1,600.00
D8090	Comprehensive orthodontic treatment of the adult dentition - adults, including dependent adult children covered as full-time students ⁸	\$1,800.00
D8660	Pre-orthodontic treatment visit - not to be charged with any other consultation procedure(s) ⁹	No Cost
D8680	Orthodontic retention (removal of appliances, construction and placement of removable retainers) ¹⁰	\$250.00
D8999	Unspecified orthodontic procedure, by report - includes the START-UP FEE, including initial examination, diagnosis, consultation and initial banding	\$100.00
D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES		
D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$ 5.00
D9211	Regional block anesthesia	No Cost
D9212	Trigeminal division block anesthesia	No Cost
D9215	Local anesthesia	No Cost
D9220 ^{Upgrade}	Deep sedation/general anesthesia - first 30 minutes	\$250.00
D9221 ^{Upgrade}	Deep sedation/general anesthesia - each additional 15 minutes	\$100.00
D9241 ^{Upgrade}	Intravenous conscious sedation/analgesia - first 30 minutes	\$250.00
D9242 ^{Upgrade}	Intravenous conscious sedation/analgesia - each additional 15 minutes	\$100.00
D9310	Consultation (diagnostic service provided by a dentist or physician other than practitioner providing treatment)	\$ 10.00
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	\$ 5.00
D9440	Office visit - after regularly scheduled hours	\$ 20.00
D9450	Case presentation, detailed and extensive treatment planning	No Cost
D9972 ^{Upgrade}	External bleaching - per arch	\$150.00
D9999	Unspecified adjunctive procedure, by report - includes failed appointment without 24 hour notice - per 15 minutes of appointment time	\$ 10.00

If the assigned contract dentist performs services for a listed procedure, the enrollee pays the specified copayment. Listed procedures that require a dentist to provide specialized services, and are referred by the assigned contract dentist, must be preauthorized in writing by PMI. The enrollee pays the copayment specified for such services.

Procedures not listed above are not covered, however, may be available at the contract dentist's filed fees, the contract dentist's fees on file with PMI. Questions regarding these fees should be directed to PMI's Customer Relations department at (800) 422-4234.

Emergency services - The contract dentist is responsible for providing covered emergency dental care while an enrollee is within 35 miles of the contract facility. If an enrollee is more than 35 miles from the contract dentist's facility, PMI will reimburse the enrollee for the cost of covered emergency dental care, less any applicable enrollee copayments, to a maximum of \$100.00 per enrollee in any 12-month period. All services are subject to the limitations and exclusions of the program.

Accident Injury Benefit - This program provides coverage for dental accident injuries up to 100 percent of the dentist's usual fee, less any applicable enrollee copayments, to a maximum of \$1,600.00 per enrollee in any 12-month period. The benefit is subject to the limitations and exclusions of the program.

DELTA CARE

(Dental HMO Program)

Proposal Assumptions

Rate Guarantee

These rates are guaranteed for a one-year period and are valid for 90 days beginning July 1, 2004.

Voluntary Enrollment

The rates quoted are based upon payroll deduction with the employer remitting one check. Under the totally voluntary program, enrollment is for a minimum period of one year.

Minimum Enrollment

For Plan A03, a minimum of five primary enrollees must enroll for this program to become effective. Should actual enrollment in the DeltaCare program be less than required, PMI may, at its option, choose not to implement a client contract.

Sole Carrier

These rates are based upon PMI being the sole carrier for the dental HMO program.

Participant Eligibility

Eligible persons include all employees of the client and their spouses unless legally separated or divorced. Unmarried, dependent children are covered from birth to age 19, but may continue membership to age 25 if they are full-time students, unmarried and primarily dependent on their parents for maintenance and support.

There are also provisions for continued membership of children who are mentally or physically incapacitated. Persons eligible for optional continuation of client benefits under the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA) may continue coverage for 18, 29 or 36 months, provided the qualifying person pays the monthly premium specified by the employer.

Enrollment Criteria for Associations

To qualify for the DeltaCare program, the purchasing client must meet the following enrollment criteria:

Minimum Client Size

There must be a minimum enrollment requirement of five eligible primary enrollees.

Contribution

The rates quoted are based on central billing with the association collecting any voluntary contribution to premium and remitting one check to PMI for all eligible primary enrollees and enrollees selecting to cover their dependents.

Enrollment

An annual 30-day client enrollment period will be permitted, with the next opportunity to opt in or out of the dental program being the regularly scheduled client enrollment period. New association enrollees must enroll within 30 days of their membership.

Eligibility*

Enrollment is for a minimum period of one year, or the number of months remaining in the contract period for new enrollees. Should coverage voluntarily be dropped prior to one year's enrollment, the enrollee must remit all back premiums (not to exceed 12 months) before benefits are resumed.

Administration

PMI's responsibility for administration of the dental HMO program is as follows:

- Contract development
- Generating monthly positive billing statement
- Dentist recruitment
- Auditing dental treatments
- Quality assurance audit of all dentists
- Processing of specialty care claims
- Advising dentists of benefits available under new client plans
- Accounting
- Printing initial solicitation/enrollment packets — 500 maximum**
- Printing *Evidence of Coverage* brochures and ID cards

Note: To minimize administration costs, the association will be processed as one client and will not be sublocated into smaller subdivisions.

The client's responsibilities for administration of the dental program are as follows:

- Acquisition and service
- Distribution of solicitation and enrollment materials
- Certification of eligibility
- Submitting a consolidated eligibility list to PMI
- Client billing
- Submitting a single monthly premium payment to PMI

All clients enrolling under the auspices of the association will be subject to the terms and conditions of a master agreement between PMI and the association.

* The client is responsible for monitoring enrollment requirements.

** Any additional printing is contingent upon actual enrollment and the client may be required to contribute to the cost.

Out-of-Area Emergency Care

Enrollees are covered for out-of-area emergency care while temporarily more than 35 miles from their DeltaCare network dentist's office. The benefit is limited to \$100.00 per enrollee during each 12-calendar-month period. Emergency dental care is limited to dental procedures required to alleviate severe pain, swelling and bleeding or to avoid placing the enrollee's health in serious jeopardy.

DeltaCare

(Dental HMO Program)

Limitations of Benefits — California Plans

1. A full mouth x-ray series (including any combination of periapicals or bitewings with a panoramic film) or a series of seven or more vertical bitewings is limited to one series every 24 months
2. Bitewing x-rays are limited to not more than one series of four films in any six-month period
3. Diagnostic casts are limited to aid in diagnosis by the contract dentist for covered benefits
4. Prophylaxis or periodontal maintenance is limited to one procedure each six-month period
5. Benefits for sealants include the application of sealants only to permanent first and second molars with no decay, with no restorations and with the occlusal surface intact through age 15. Benefits for sealants do not include the repair or replacement of a sealant on any tooth within three years of its application.
6. Amalgams and composites are benefits for the removal of decay, for minor repairs of tooth structure or to replace a lost or failing restoration
7. The placement of a crown, inlay or onlay is a benefit when there is insufficient tooth structure to support a filling. Replacement of an existing crown, inlay or onlay that is non-functional or non-restorable is a benefit when the existing restoration is five + years old.
8. If a porcelain margin is also chosen by the enrollee for a covered porcelain-fused-to-metal crown, the maximum additional cost for this laboratory upgrade is \$75.00
9. A covered metallic inlay, onlay, and cast post and core using base or noble metal is available for listed copayment(s). If the enrollee elects to have high noble metal used instead, the maximum additional cost of this material upgrade is \$100.00 per tooth.
10. A direct or indirect pulp cap is a benefit only on a vital permanent tooth with an open apex or a vital primary tooth
11. With the exception of pulp caps and pulpotomies, endodontic procedures (e.g. root canal therapy, apicoectomy, retrofill, etc.) are only a benefit on a permanent tooth with pathology
12. A therapeutic pulpotomy on a permanent tooth is limited to palliative treatment when the contract dentist is not performing root canal therapy
13. Clinical crown lengthening — hard tissue is limited to one per tooth per lifetime
14. Periodontal scaling and root planing are limited to four quadrants during any 12-month period
15. Full mouth debridement (gross scale) is limited to one treatment in any 12-month period

16. Coverage for the placement of a fixed partial denture (“bridge”) is limited to:
 - a. The initial placement of a bridge when all the following conditions are present:
 - A single permanent tooth requires prosthetic replacement
 - The abutment teeth can adequately support and retain a new bridge
 - The missing tooth cannot be replaced by adding a prosthetic tooth to a serviceable existing removable partial denture
 - No other missing teeth in the same arch require prosthetic replacement with a new removable partial denture; and (*for a bridge replacing a posterior tooth*) one or more of the abutment teeth meet Limitation #7
 - b. The replacement of an existing bridge that is not serviceable due to decay, fracture or other non-cosmetic defect, if:
 - The existing bridge is at least five years old; and
 - The same abutment teeth can adequately support and retain a new bridge, and
 - No other missing teeth in the same arch require prosthetic replacement
17. Coverage for a new removable partial or complete denture is limited to:
 - a. The initial placement of removable partial or complete denture in an arch when:
 - One or more permanent teeth require prosthetic replacement; and
 - The missing tooth/teeth cannot be replaced by adding a prosthetic tooth to a serviceable existing removable partial denture, and
 - (For partial dentures only) there are suitable abutment teeth to retain and support a removable partial denture
 - b. The replacement of an existing removable partial or complete denture with non-cosmetic defect(s) that cause the denture to be non-serviceable if:
 - The existing removable denture is at least five years old, and
 - The existing removable denture cannot be made serviceable by adjustment, repair, relining or rebasing
18. Relines, tissue conditioning and rebases are limited to one per denture during any 12 consecutive months
19. Interim partial dentures (stayplates), in conjunction with fixed or removable appliances, are limited to:
 - a. The replacement of extracted anterior teeth for adults during a healing period when the teeth cannot be added to an existing partial denture, or
 - b. The replacement of permanent tooth/teeth for children under 16 years of age
20. A new removable partial, complete or immediate denture includes after delivery adjustments and tissue conditioning at no additional cost for the first six months after placement if the enrollee continues to be eligible and the service is provided at the contract dentist’s facility where the denture was originally delivered
21. Retained primary teeth shall be covered as primary teeth
22. Excision of the frenum is a benefit only when it results in limited mobility of the tongue, it causes a large diastema between teeth or it interferes with a prosthetic appliance
23. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241)
24. External bleaching is limited to fabrication of one bleaching tray per arch; bleaching gel for two weeks of patient self treatment; and no more than one treatment per arch, per 36 months
25. Benefits provided by a pediatric dentist are limited to children through age seven following an attempt by the assigned contract dentist to treat the child and upon prior authorization by PMI, less applicable copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.

26. Soft tissue management programs include but are not limited to periodontal pocket charting, root planing, scaling, curettage, oral hygiene instruction, periodontal maintenance and/or prophylaxis. If an enrollee declines non-covered services within a soft tissue management program, it does not eliminate or alter the benefit for covered services.
27. Emergency services - The contract dentist is responsible for providing covered emergency dental care while an enrollee is within 35 miles of the contract dentist's facility. If an enrollee requires emergency dental care and is more than 35 miles from the contract dentist's facility, then PMI will reimburse the enrollee for the cost of covered emergency dental care, less any applicable enrollee copayments, to a maximum of \$100.00 per enrollee in any 12-month period. Emergency dental care is limited to listed procedures required to alleviate severe pain, swelling and/or bleeding or to avoid placing the enrollee's health in serious jeopardy. Any further treatment of the cause of such emergency dental care must be preauthorized by PMI or provided by the assigned contract dentist. All services are subject to the limitations and exclusions of the program.
28. Accident Injury Benefit - An accident injury is damage to the hard and soft tissue of the mouth caused directly and independently of all other causes by external forces. Damage to the hard and soft tissue of the mouth from normal chewing function is covered under the description of benefits and copayments.

PMI will pay up to 100 percent of the dentist's usual fee, for expenses an enrollee incurs for an accident injury, less any applicable copayment(s), up to a maximum of \$1,600.00 in any 12-month period.

Accident injury benefits include the following procedure in addition to those listed in the description of benefits and copayments: D7270 tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus — includes splinting and/or stabilization.

Payment of accident injury benefits is subject to the DeltaCare limitations and exclusions section, excluding Limitations #7, 16, and 17. Benefits are limited to services provided as a result of an accident that occurred:

- a. While the enrollee was covered under the DeltaCare program, or
 - b. While the enrollee was covered under another DeltaCare program, provided benefits for the expenses incurred would have been paid had the enrollee continued to be eligible under that program
29. An optional procedure is defined as any alternative procedure presented by the contract dentist that satisfies the same dental need as a covered procedure, is chosen by the enrollee, and is subject to the limitations and exclusions of the program. The applicable charge to the enrollee is the difference between the contract dentist's filed fee for the optional procedure and the filed fee for the covered procedure, plus any applicable copayment for the covered procedure.

Filed fees are the contract dentist's fees on file with PMI. Questions regarding these fees should be directed to PMI's Customer Relations department at (800) 422-4234.

DELTA CARE

(Dental HMO Program)

Exclusions of Benefits — California Plans

1. Any procedure that is not specifically listed under the description of benefits and copayments
2. Restorations placed solely due to cosmetics, abrasions, attrition, erosion, restoring or altering vertical dimension, congenital or developmental malformation of teeth
3. Porcelain crowns, porcelain fused to metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age
4. Loss or theft of full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges)
5. Appliances or restorations necessary to increase vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth, periodontal splinting, gnathologic recordings, equilibration or treatment of disturbances of the temporomandibular joint (TMJ)
6. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures
7. An initial treatment plan which involves the removal and reestablishment of the occlusal contacts of 10 or more teeth with crowns, onlays, fixed partial dentures (bridges), or any combination of these is considered to be full mouth reconstruction under the DeltaCare program. Crowns, onlays and fixed partial dentures associated with such a treatment plan are not covered benefits. This exclusion does not eliminate the benefit for other covered services.
8. Implant placement or removal, appliances placed on or services associated with implants, including but not limited to prophylaxis and periodontal treatment
9. Extraction/removal of an erupted, partially erupted or impacted tooth:
 - a. Solely for orthodontic purposes
 - b. When the tooth exhibits no signs or symptoms of infection, cystic degeneration, fracture, caries and/or having caused damage to an adjacent tooth; or
 - c. When the extraction or removal would be inconsistent with generally accepted professional standards
10. Treatment or extraction of primary teeth when exfoliation (normal shedding and loss) is imminent
11. Consultations for non-covered benefits
12. Replacement of restorations, crowns, bridges, dentures or prosthetic teeth to enhance cosmetics and/or better match bleached teeth
13. Dental services received from any dental facility other than the assigned contract dentist including the services of a dental specialist, unless expressly authorized in writing by PMI or as cited under emergency services, Limitation #27. To obtain written authorization, the enrollee should call PMI's Customer Relations department at (800) 422-4234.
14. Any procedure that in the professional opinion of the contract dentist:

- a. Has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, or
 - b. Is inconsistent with generally accepted standards for dentistry
15. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility
 16. Congenital malformations (e.g. congenitally missing teeth, supernumerary teeth, enamel and dentinal dysplasias, etc.), except for the treatment of newborn children with congenital defects or birth abnormalities
 17. Dispensing of drugs not normally utilized in the delivery of dental services
 18. Dental expenses incurred in connection with any dental procedure started before the enrollee's eligibility with the DeltaCare program. Examples include: teeth prepared for crowns, root canals in progress, orthodontics (unless qualified for the one-time orthodontic treatment in progress provision).
 19. Dental expenses incurred in connection with any dental procedures started after termination of eligibility for coverage
 20. Dental conditions arising out of and due to enrollee's employment for which Worker's Compensation is paid. Services that are provided to the enrollee by state government or agency thereof, or are provided without cost to the enrollee by any municipality, county or other subdivision, except as provided in Section 1373(a) of the California Health and Safety Code.

DELTA CARE

(Dental HMO Program)

Orthodontic Limitations of Benefits — California Plans

The DeltaCare program provides coverage for orthodontic treatment plans provided through PMI's contract orthodontists. Start-up fees, retention fees, and the cost to the enrollee for the treatment plan are listed in the description of benefits and copayments and subject to the following:

1. Orthodontic treatment must be provided by the selected contract orthodontist
2. Orthodontic copayments are listed on the description of benefits and copayments for both interceptive and comprehensive orthodontic treatment. Additional fees will be charged for start-up and retention.
3. Benefits cover 24 months of active interceptive orthodontic treatment
4. Benefits cover 24 months of active comprehensive orthodontic treatment, including initial banding, debanding and any commonly used appliances such as headgear
5. Following benefited interceptive or comprehensive orthodontic treatment, retention is covered up to a maximum of 24 months. Retention includes the initial construction, placement and adjustment to removable retainers and office visits.
6. Treatment plans extending beyond 24 months of active interceptive or comprehensive orthodontic treatment, or 24 months of retention, will be subject to a monthly office visit fee to the enrollee not to exceed \$125.00 per month
7. Should an enrollee's coverage be cancelled or terminated for any reason, and at the time of cancellation or termination the enrollee is receiving orthodontic treatment, the enrollee will be solely responsible for payment for treatment provided after cancellation or termination. In this event the enrollee's obligation shall increase to a maximum of \$2,800.00 for enrollees and covered dependents to age 19 and \$3,000.00 for enrollees and covered dependents over age 19. The contract orthodontist will prorate the amount over the number of months remaining in the initial 24 months of treatment. The enrollee will make payments based on an arrangement with the network orthodontist.
8. If treatment is not required or the enrollee chooses not to start treatment after the diagnosis and consultation has been completed by the contract orthodontist, the enrollee will be charged a consultation fee of \$25.00 in addition to diagnostic record fees
9. Three recementations or replacements of a bracket/band on the same tooth or a total of five rebracketings/rebandings on different teeth during the covered course of treatment are benefits. If any additional recementations or replacements of brackets/bands are performed, the enrollee is responsible for the cost at the contract orthodontist's usual fee.
10. The copayment is payable to the contract orthodontist who initiates banding in a course of orthodontic treatment. If, after banding has been initiated, the enrollee changes to another contract orthodontist to continue orthodontic treatment, the enrollee:
 - a. Will not be entitled to a refund of any amounts previously paid, and
 - b. Will be responsible for all payments, up to and including the full copayment, that are required by the new contract orthodontist for completion of the orthodontic treatment

11. Coverage and treatment under this program are conditioned on patients following the treatment plan recommended by their contract orthodontist. Failure to follow the instructions of the orthodontist can compromise the health of teeth and/or gums, which may necessitate discontinuation of treatment. Patients who are required to restart their orthodontic treatment because of non-compliance with the treatment plan will be subject again to all applicable copayments.

An orthodontic treatment-in-progress provision is available subject to the following:

- Treatment in progress is only through the dental HMO benefits plan previously sponsored by the group
- The enrollee is in active treatment (as defined under the previous dental HMO benefit plan) at the time of the group's original effective date with the DeltaCare program
- Qualifying orthodontic cases are subject to all copayments, fees and contract provisions of the prior dental HMO benefit plan
- PMI is financially responsible only for amounts owed and unpaid by the previous dental HMO benefit plan after the group's original effective date with the DeltaCare program; and only while the enrollee remains eligible for coverage under the DeltaCare program

DELTA CARE

(Dental HMO Program)

Orthodontic Exclusions of Benefits — California Plans

1. Pre-, mid- and post-treatment records that include cephalometric x-rays, tracings, photographs and study models
2. Lost, stolen or broken orthodontic appliances
3. Changes in treatment necessitated by accident of any kind
4. Surgical procedures incidental to orthodontic treatment
5. Myofunctional therapy
6. Surgical procedures related to cleft palate, micrognathia or macrognathia
7. Treatment related to temporomandibular joint disturbances
8. Supplemental appliances not routinely used in comprehensive orthodontics, including, but not limited to, palatal expander, habit control appliance, pendulum, quad helix, or herbst
9. Restorative work caused by orthodontic treatment
10. Extractions solely for the purpose of orthodontics
11. Treatment in progress at inception of eligibility unless qualified for the one-time orthodontic treatment in progress provision
12. Composite or ceramic brackets, lingual adaption of orthodontic bands, and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances