

## Schedule of Benefits – Orthodontic Discount Program

**ORTHODONTIC SERVICES:** Treatment necessary for the prevention and correction of malocclusion of the teeth and associated dental and facial disharmonies.

Orthodontic treatment using standard orthodontic techniques and appliances are covered for eligible enrollees when provided by an orthodontist participating in the Delta Dental Orthodontic Discount Program. Dependent children are eligible up to their 19<sup>th</sup> birthday. The employee and spouse have no age limitations.

Eligible enrollees are entitled to receive orthodontic treatment for a maximum payment of the fees listed below. These fees include orthodontic diagnostic records, active orthodontic treatment and appliances, one (1) set of retainers and up to twelve (12) months of follow-up visits after the active appliances are removed.

Limited Orthodontic Treatment – Not full treatment cases. Usually done for minor tooth movement.

Interceptive Orthodontic Treatment – A limited treatment phase used to prevent or assist in the severity of future treatment.

Comprehensive (Complete) Orthodontic Treatment – Full treatment includes all records, appliances and visits.

Fee Schedule	
Treatment Description	Fee
Limited treatment, up to age 19	Lesser of \$ 2,600 or 85% of quoted fee
Limited treatment, age 19 and over	Lesser of \$ 3,300 or 85% of quoted fee
Interceptive treatment	Lesser of \$ 2,190 or 85% of quoted fee
Comprehensive treatment	\$ 4,250

*Services not listed above will be charged at the usual and customary fee.*

### EXCLUSIONS FROM ORTHODONTIC FEE SCHEDULE:

- Orthodontic treatment for cosmetic purposes alone, the alteration of vertical face height, or treatment of temporomandibular joint dysfunction (TMD).
- Orthognathics: When a combination of orthodontics and jaw surgery is required there is an additional cost for special orthodontic services.
- Additional costs due to frequently missed appointments.
- Cost for lost or broken appliances and retainers.
- Changes in treatment plan or additional services necessitated by an accident or trauma.
- Treatment that extends beyond thirty (30) consecutive months of active orthodontics, and beyond twelve (12) months of retention therapy.
- Personalized special appliances such as “clear” or “invisible” braces, colored brackets, Invisalign System and similar special braces.
- Services that are performed by a dentist or orthodontic provider that is not participating in the Delta Dental Orthodontic Discount Program
- Orthodontic services in process.
- Any orthodontic service rendered after an enrollee becomes ineligible due to dependent age (19 or over), change in employment, or any other change in eligibility. The reduced fee schedule will apply only for the portion of treatment rendered while eligible, based on the Orthodontic Pro-ration Schedule.
- This fee schedule may not be used in conjunction with other discounts, fee schedule plans or HMO plans.