

TRICARE Retiree Dental Program

*Basic Program
Benefits Booklet*



Dear Basic TRDP Enrollee:

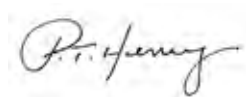
Thank you for your continued enrollment in the Basic TRICARE Retiree Dental Program (TRDP). The Department of Defense TRICARE Management Activity and Delta Dental of California are pleased to bring you a dental benefits program created for Uniformed Services retirees and their family members. As an enrollee in the Basic TRDP, you are provided an economical, high-quality dental program that offers a variety of dental benefits to meet your basic dental needs.

This Benefits Booklet has been designed to be a useful reference guide for all of your Basic 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 Basic TRDP coverage as well as a detailed list of all of the procedures under the Basic TRDP. We encourage you read over the information in this booklet carefully and urge you to call our Customer Service department toll-free at 888-838-8737 if you have any questions about your Basic TRDP benefits.

We want your enrollment in the Basic TRDP to be pleasant and rewarding. Your Basic 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. If you are interested in more comprehensive dental coverage for yourself and your family, you can learn more about the Enhanced TRDP on our website, at www.trdp.org.

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 throughout your continued enrollment in the TRDP.

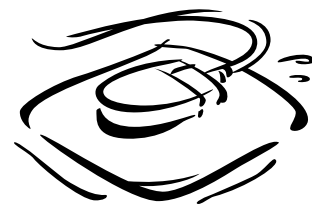
Sincerely,



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 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 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

www.trdp.org

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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 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 Basic TRDP, group 4600, under the policies and regulations effective October 1, 2008. A separate Benefits Booklet is available for enrollees who are enrolled in the Enhanced/Enhanced-Overseas TRDP. The Basic TRDP was closed to new enrollments on August 31, 2000 and remains closed.

Eligibility

Eligibility Requirements

Eligibility requirements for enrollment in the TRDP are set by the federal government in the laws that established the program. New enrollments in the Basic TRDP are no longer accepted; however, all current Basic Program enrollees will be allowed to continue their enrollment in the Basic Program throughout the TRDP contract period, provided they remain continuously enrolled and current with their premium payments.

Although the Basic TRDP is closed to new enrollments, the addition of a family member to an existing Basic Program enrollee's account is allowed. By enrolling an additional family member in the Basic TRDP, you have certified under penalty of perjury that the family member you enrolled meets 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 the family member you added does not meet the eligibility requirements, coverage under the program for that individual 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. 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 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.
- A Medal of Honor (MOH) recipient's eligible immediate family members, or an unremarried surviving spouse/eligible immediate family members of a deceased MOH recipient.

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

TRDP Service Area

Dental coverage under the Basic TRDP is offered throughout 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.

Basic Program enrollees who live within this service area may remain enrolled in the Basic TRDP or may enroll in the Enhanced TRDP to upgrade their program coverage. (Enhanced TRDP enrollees are eligible for the full scope of comprehensive benefits within the service area described above and are also eligible for emergency treatment when traveling outside this area.)

Basic Program enrollees who live outside the service area described above may remain enrolled in the Basic Program but must have their covered treatment provided within the service area by a licensed civilian dentist in order for payment to be made. However, Basic Program enrollees living overseas who choose to upgrade their coverage by enrolling in the Enhanced-Overseas TRDP will be able to obtain all their Enhanced Program benefits worldwide.

Enrollees in the Basic Program who are interested in upgrading their coverage can find details about the Enhanced TRDP and Enhanced-Overseas TRDP on the website at www.trdp.org.

Enrollment

Enrollment in the Basic Program is no longer allowed; however, eligible family members may be enrolled under a sponsor's current Basic Program account. The following rules apply if an eligible family member is added to a Basic Program account.

Enrollment Commitment

All enrollees in the Basic Program have completed their enrollment commitment unless they have added a family member to their membership. If a family member has been added, 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.

Coverage Effective Date

Coverage for a family member who is added to an existing membership will start on the first day of the month after Delta Dental has received the complete enrollment information and the correct premium prepayment amount. You may use the Consumer Toolkit® on the website at www.trdp.org or call Customer Service at 888-838-8737 to check the status of your eligibility and TRDP coverage effective date.

Enrollment Continuation and Termination

After you have satisfied your enrollment commitment, your enrollment in the Basic TRDP continues automatically on a month-to-month basis.

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 November. On December 15, Delta Dental receives notification from you that you wish to disenroll. Your disenrollment will be effective on February 1. Claims will be paid for services up to your termination effective date.

Note that if you request to disenroll at any time during your month-to-month enrollment period, any enrolled family members must also disenroll.

To request disenrollment during your month-to-month enrollment period, you may 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.

If you elect to terminate your enrollment in the Basic TRDP at the end of your family member's 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:

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

Note that if you elect to terminate your enrollment in the Basic TRDP at the end of your family member's 12-month enrollment commitment, your family member(s) must also disenroll. However, you may remain enrolled in the Basic TRDP even if you elect to terminate your family member's enrollment at the end of the 12-month enrollment commitment.

Reenrollment in the Basic Program is not allowed once you have disenrolled. However, you may enroll in the Enhanced TRDP at any time. When you enroll in the Enhanced TRDP, you will begin a new 12-month enrollment commitment, and you must satisfy the same waiting period for certain benefits as a new enrollee.

TRDP Voluntary Termination Criteria

When a primary enrollee in the Basic Program adds a family member to his or her account, both the primary enrollee and the added family member incur a new 12-month enrollment obligation. For a request for voluntary termination to be considered prior to satisfying a 12-month enrollment commitment of any added family members, it must fall within the enrollment grace period as described below. If Delta Dental's initial determination is that the request is denied, the enrollee may choose to begin the reconsideration and appeals process described later in this booklet.

Enrollment Grace Period

If the initial request for disenrollment of an added family member is received by Delta Dental within 30 calendar days following the added family member's coverage effective date and there has been no use of TRDP benefits under the enrollment, then the request is allowed. Any use of TRDP benefits by the added family member 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.

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 or to update your coverage, please 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 and submit inquiries to many of your questions on our website at www.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.

For information concerning the premium rate for your region, call Delta Dental toll-free at 888-838-8737.

Premium Payment Allotments

Monthly premiums for the TRDP are 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 could not be established or whose retired pay allotments ceased after having been started are 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 Basic TRDP who receive retired pay from one of the Uniformed Services finance centers. However, Delta Dental directly bills retirees whose pay has been determined by the appropriate finance center to be insufficient to cover the premium allotment amount. Certain other enrollees for whom retired pay is not available, such as surviving spouses and family members and "gray-area" National Guard/Reservists, are also 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. Dental claims will not be paid. Enrollees in the Basic Program whose accounts have been terminated for non-payment of premiums are not eligible for reenrollment in the Basic Program.

What Is Covered

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

Under the law which created the TRDP, the services which can be provided under the Basic Program are limited to basic dental care and treatment involving diagnostic, preventive, basic restorative, endodontic, periodontic, surgical, post-surgical, and emergency services. This section includes a general description of each of the categories of services that are covered under the Basic Program, a detailed list of covered services, and certain general policies, limitations and exclusions that apply to the Basic Program.

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 – Those 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 are considered basic restorative services. This includes the use of silver and tooth-colored filling materials (tooth-colored filling material on anterior teeth only).

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 treatment.

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, root planing and periodontal surgery.

Oral Surgery – 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.

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

Other Services – Drugs (therapeutic drug injection and other medications dispensed in the dental office) and Post-surgical Services (treatment of complications following oral surgery).

General Policies

Covered services for the Basic 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 (non-covered 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 submitted supporting documentation.
11. For procedures limited to a certain 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 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.

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	R 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
D0270	Bitewing—single film
D0272	Bitewings—two films
D0273	Bitewings—three films
D0274	Bitewings—four films
D0277	Vertical bitewings—seven to eight films
D0330	Panoramic film
D0425	R Caries susceptibility tests
D0460	Pulp vitality tests

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 a 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 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 full-mouth 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 only payable by report upon review and are limited to once per patient per dentist, per lifetime. They will not be paid if related to noncovered medical or dental procedures.
20. Re-evaluations (D0170 R) 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 non-covered medical or dental procedures.

Preventive Services—100% Coverage

Coverage: 100%

Patient Pays: 0%

Subject to Deductible: No

Applies to Maximum: No

D1110	Prophylaxis—adult (one 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. One prophylaxis for adults is covered in a period of 12 consecutive months. This limitation includes periodontal maintenance procedure D4910, which is covered at 60%. Payment is limited to one prophylaxis or one periodontal maintenance procedure in 12 consecutive months. Payment for additional prophylaxes or periodontal maintenance procedures is the patient's responsibility.
3. Two prophylaxes for children are covered in a period of 12 consecutive months.
4. One fluoride treatment for adults and two fluoride treatments for 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.
5. Topical fluoride applications are covered only when performed as independent procedures. Use of a prophylaxis paste containing fluoride is payable as a prophylaxis only.
6. 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.

7. 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.
8. Preventive control programs, including oral hygiene programs and dietary instructions, are not covered benefits.
9. 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%:

10. Sealants are only covered on permanent molars through age 18.
11. One sealant per tooth is covered in a three-year period.
12. Sealants are only payable for molars that are caries free with no previous restorations on the mesial, distal or occlusal surfaces.
13. Sealants for teeth other than permanent molars are not covered.
14. 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.
15. Sealants are covered for prevention of occlusal pit-and-fissure type cavities. Sealants done for treatment of sensitivity or for prevention of root or smooth surface caries are not payable.
16. The tooth number of the space to be maintained is required when requesting payment for space maintainers.
17. Space maintainers for missing permanent teeth or primary anterior teeth (except primary cuspids) are not covered.
18. The fee for a space maintainer-type appliance done in conjunction with orthodontic treatment is not covered.
19. 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).
20. The fee for a stainless steel crown or band retainer is considered to be included in the total fee for the space maintainer.
21. Repair of a damaged space maintainer is not covered.
22. Recementation of space maintainers is payable once within 12 months.
23. Space maintainers are not covered for patients 14 years and older.
24. 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
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)

The following policies apply to restorative services:

1. Coverage is for basic restorative services of amalgam fillings and anterior 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. Composite resin restorations on posterior teeth are not covered procedures and payment is the patient's responsibility.

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 by report with radiographs documenting a near exposure of the pulp and 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
- 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
- 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—non-resorbable 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 planning, 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. An apically positioned flap is subject to documentation when performed and when not related to implants.
13. Full-mouth debridement is payable once per lifetime per patient.
14. Up to four different quadrants of root planing are payable in a 24-month period with documentation of case type II or greater periodontal disease. All procedures must be completed within 90 days.
15. Bone grafts, soft tissue grafts and guided tissue regeneration 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.

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	X Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated
D7220	X Removal of impacted tooth—soft tissue
D7230	X Removal of impacted tooth—partially bony
D7240	X Removal of impacted tooth—completely bony
D7250	X 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

- D7285 R Biopsy of oral tissue—hard (bone, tooth)
- D7286 R Biopsy of oral tissue—soft
- D7290 R Surgical repositioning of teeth
- D7310 Alveoloplasty in conjunction with extractions—four or more teeth or tooth spaces, per quadrant
- D7311 Alveoloplasty in conjunction with extractions—one to threeteeth or tooth spaces, per quadrant
- 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

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 provider 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.

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 are 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.

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. 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 policy applies to post-surgical services:

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

Exclusions

The following services are not benefits under the Basic TRDP:

1. 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 benefits policies.
2. Services for injuries or conditions that are covered under Worker's Compensation or Employer's Liability Laws.
3. 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.
4. 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.
5. Those for which the member would have no obligation to pay in the absence of this or any similar coverage.
6. Those performed prior to the member's effective coverage date.
7. Those incurred after the termination date of the member's coverage unless otherwise indicated.
8. Medical procedures and dental procedures coverable as adjunctive dental care under TRICARE medical policy.
9. 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).
10. 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.
11. Prescribed or applied therapeutic drugs, premedication, sedation, analgesia and general anesthesia.
12. Drugs, medications, fluoride gels, rinses, tablets and other preparations for home use.
13. Those which are not medically or dentally necessary, or which are not recommended or approved by the treating dentist.
14. Those not meeting accepted standards of dental practice.
15. Those which are for unusual procedures and techniques.
16. Plaque control programs, oral hygiene instruction, and dietary instruction.
17. Services to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting and full-mouth rehabilitation.
18. Gold foil restorations.
19. Premedication and inhalation analgesia.
20. House calls and hospital visits.
21. Experimental procedures.
22. Telephone consultations.
23. Those performed by a provider who is compensated by a facility for similar covered services performed for members.
24. Those resulting from the patient's failure to comply with professionally prescribed treatment.
25. Any charges for failure to keep a scheduled appointment or charges for completion of a claim form.

26. Any services that are strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances.
27. Duplicate and temporary devices, appliances, and services.
28. All hospital costs and any additional fees charged by the dentist for hospital treatment.
29. Extra-oral grafts (grafting of tissues from outside the mouth to oral tissue).
30. Implants (materials implanted into or on bone or soft tissue), maintenance of implants or the removal of implants.
31. Diagnosis or treatment by any method of any condition related to the temporomandibular (jaw) joint or associated musculature, nerves and other tissues.
32. Replacement of existing restorations for any purpose other than to restore tooth structure lost due to fracture or decay.
33. Orthodontic services.
34. Prosthodontic services.
35. Cast crowns, inlays, onlays or partial crowns.
36. Treatment 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.
37. Treatment by anyone other than a dentist or person who, by law, may provide covered dental services.
38. 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 in the Basic TRDP 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 enrolled in the Basic 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 carry over to other TRICARE programs, such as an upgrade to the Enhanced TRDP.

Diagnostic and preventive services covered at 100 percent of the program allowed amount 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.

Annual Maximum

The annual maximum is the total dollar amount that can be paid by the TRDP per enrollee during each benefit year. The Basic TRDP annual maximum is \$1,000 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 \$1,000 annual amount that Delta Dental pays toward a Basic TRDP enrollee’s dental care.

The annual maximum for each enrollee accrues over the benefit year (October 1 through September 30) regardless of when during the year an individual enrolled in the Basic Program 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 carry over to other TRICARE programs, such as an upgrade to the Enhanced TRDP.

Services that are subject to the \$1,000 annual maximum include:

- Sealants and space maintainers
- Basic restorative services
- Endodontic services
- Periodontic services
- Oral surgery, drugs and post-surgical services
- Emergency services

Your Copayment

The TRDP pays a percentage of the program allowed amount for each covered service, subject to certain 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 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 Basic TRDP. A comprehensive, detailed list of all services covered under the Basic 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
Diagnostic	100%
Preventive	80%-100%
Restorative	80%
Endodontics	60%
Periodontics	60%
Oral Surgery	60%
Emergency Services	80%-100%
Fixed Partial Denture Sectioning	60%
Drugs	60%
Post-surgical Services	60%
Deductible*	
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>	
Annual Maximum**	
Per patient, per benefit year	\$1,000
<i>**Diagnostic and preventive procedures covered at 100% are exempt from the annual maximum</i>	

TRDP Time Limitations and Exclusions

Time Limitations

Some TRDP benefits are subject to time limitations that specify how often the benefit can be paid. Time limitations state that certain services 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:

For an adult, one cleaning is payable in a 12-month period. A second cleaning is not payable if a cleaning has already been paid for the patient during the 12 months immediately before the date of the second cleaning. If Delta Dental paid for a cleaning performed on October 15, 2008, 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 Basic TRDP are listed in the section titled “What is Covered.” For further clarification, certain services that are not covered are listed as exclusions. Please refer to this section for details.

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. 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 www.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 TRDP 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 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 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 either the Enhanced TRICARE Retiree Dental Program (4601) or the Basic TRICARE Retiree Dental Program (4600). The Subclient code identifies the benefit level available to the patient. For patients enrolled in the Basic TRDP, "0001" indicates the patient is eligible for basic benefits available under the Basic Program; "0004" indicates the patient is eligible for the full scope of covered benefits available under the Enhanced Program. 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, 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 and log on to the Consumer Toolkit to check your benefits, eligibility, claims status and more!

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 Pat. Dentist Savings	17 Allowed Amount	18 Deductible / Patient Co-Pay / Office 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 1-888-838-8737.

JOHN SMITH
 123 MAIN STREET
 ANYTOWN, CA 12345-6789

Patient Copy
 FOR OFFICIAL USE ONLY

Page 1 of 1

EOB_Subscriber

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 www.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

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 the 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, dental providers and other agencies with whom Delta may in turn subcontract for certain 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 routinely monitored on a random basis 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 participating 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 fraudulent activities.

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 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 Basic TRDP benefits, policies and exclusions.

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 website

www.trdp.org

Glossary

Many words contained in this Benefits Booklet have specific meanings. The following definitions are provided to help enrollees in the Basic 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 Basic 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 Basic 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 Basic 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 Basic 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 Basic TRDP per enrollee per benefit year for covered procedures is \$1,000.

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 Basic 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 Basic 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 Basic 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.

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.

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

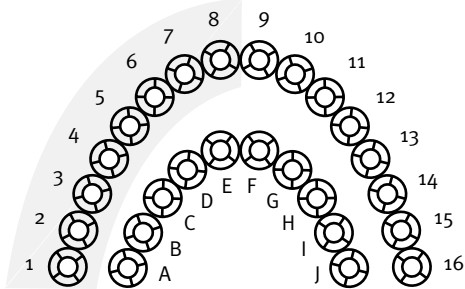
- 1—3rd molar (wisdom tooth)
- 2—2nd molar (12-yr. molar)
- 3—1st molar (6-yr. molar)
- 4—2nd bicuspid (2nd premolar)
- 5—1st bicuspid (1st premolar)

Anterior

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

Upper Right

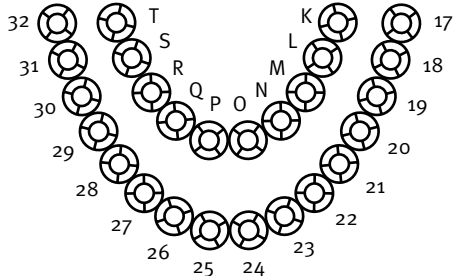
Upper Left



Primary
Permanent

Lower Right

Lower Left



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