

Exhibit A-2

DHMO - CAC08 -Medi Medi Wrap

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to *Schedule B* for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under this Program and is not to be interpreted as Current Dental Terminology ("CDT"), CDT-2022 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association ("ADA"). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

<u>CODE</u>	<u>DESCRIPTION</u>	<u>ENROLLEE PAYS</u>
D0100-D0999	I. DIAGNOSTIC	
	<i>- Exams are limited to 2 per calendar year.</i>	
D0140	Limited oral evaluation - problem focused	No Cost
D0180	Comprehensive periodontal evaluation - new or established patient	No Cost
D0240	Intraoral - occlusal radiographic image	No Cost
D0273	Bitewings three radiographic images - <i>limited to 1 per calendar year</i>	No Cost
D0999	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit (in addition to other services)</i>	No Cost
D1000-D1999	II. PREVENTIVE	
D1110	Prophylaxis <i>cleaning</i> - adult - <i>1 per 6 month period</i>	No Cost
D1310	Nutritional counseling for control of dental disease	No Cost
D1320	Tobacco counseling for the control and prevention of oral disease	No Cost
D1330	Oral hygiene instructions	No Cost
D2000-D2999	III. RESTORATIVE	
	<i>- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.</i>	
	<i>- Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.</i>	

- Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed \$325.00 in addition to the listed Copayment. Refer to Limitation of Benefits #3 for additional information.

- Porcelain and other tooth-colored materials (i.e. resin) is considered a material upgrade with a maximum additional charge to the Enrollee of \$150.00 on molars.

Porcelain margins are a cosmetic option. Contract Dentists have agreed to charge a maximum of \$75.00 for porcelain.

D2720	Crown - resin with high noble metal	No Cost
D2721	Crown - resin with predominantly base metal	No Cost
D2722	Crown - resin with noble metal	No Cost
D2740	Crown - porcelain/ceramic	No Cost
D2750	Crown - porcelain fused to high noble metal	No Cost
D2751	Crown - porcelain fused to predominantly base metal	No Cost
D2752	Crown - porcelain fused to noble metal	No Cost
D2790	Crown - full cast high noble metal	No Cost
D2791	Crown - full cast predominantly base metal	No Cost
D2792	Crown - full cast noble metal	No Cost
D2933	Prefabricated stainless steel crown with resin window - anterior primary tooth	No Cost
D2950	Core buildup, including any pins when required	No Cost
D2953	Each additional indirectly fabricated post - same tooth - includes canal preparation	No Cost
D3000-D3999	IV. ENDODONTICS	
D3110	Pulp cap - direct (excluding final restoration)	No Cost
D3120	Pulp cap - indirect (excluding final restoration)	No Cost
D3320	Root canal - endodontic therapy, premolar tooth (excluding final restoration)	No Cost
D3330	Root canal - endodontic therapy, molar tooth (excluding final restoration)	No Cost
D3331	Treatment of root canal obstruction; non-surgical access	No Cost
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	No Cost
D3347	Retreatment of previous root canal therapy - premolar	No Cost

D3348	Retreatment of previous root canal therapy - molar	No Cost
D3410	Apicoectomy - anterior	No Cost
D3421	Apicoectomy - premolar (first root)	No Cost
D3425	Apicoectomy - molar (first root)	No Cost
D3426	Apicoectomy (each additional root)	No Cost
D4000-D4999	V. PERIODONTICS	

- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.

- No more than 2 periodontal scaling and root planing per appointment, per day allowable.

D4341	Periodontal scaling and root planing - four or more teeth per quadrant <i>- limited to 4 quadrants during any 12 consecutive months</i>	No Cost
D4342	Periodontal scaling and root planing - one to three teeth per quadrant <i>- limited to 4 quadrants during any 12 consecutive months</i>	No Cost
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit <i>- limited to 1 treatment in any 12 consecutive months</i>	No Cost
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	No Cost
D4910	Periodontal maintenance <i>- limited to 1 treatment each 3 month period</i>	No Cost
D4921	Gingival irrigation - per quadrant	No Cost
D4999	Unspecified periodontal procedure, by report	No Cost

D5000-D5899 VI. PROSTHODONTICS (removable)

- For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.

- Relines are limited to 1 per denture during any 12 consecutive months.

- Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.

D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	No Cost
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	No Cost
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	No Cost

D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	No Cost
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	No Cost
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	No Cost
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	No Cost
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	No Cost
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	No Cost
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth)	No Cost
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	No Cost
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	No Cost
D5863	Overdenture - complete maxillary - <i>limited to 1 per five year period</i>	\$150.00
D5864	Overdenture - partial maxillary	\$150.00
D5900-D5999	VII. MAXILLOFACIAL PROSTHETICS - Not Covered	
D6000-D6199	VIII. IMPLANT SERVICES	
D6010	Surgical placement of implant body: endosteal implant	No Cost
D6055	connecting bar - implant supported or abutment supported	\$250.00
D6056	Prefabricated abutment - includes modification and placement	No Cost
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	\$350.00
D6082	Implant supported crown - porcelain fused to predominantly base alloys	\$350.00
D6200-D6999	IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])	

- Replacement of a crown, pontic or stress breaker requires the existing bridge to be 5+ years old.

- Name brand, laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials are material upgrades. The Contract Dentist may charge an additional fee not to exceed \$325.00 in addition to the listed Copayment. Refer to Limitation of Benefits #3 for additional information.

- Porcelain is considered a material upgrade with a maximum additional charge to the Enrollee of \$150.00 per molar.

Porcelain margins are a cosmetic option. Contract Dentists have agreed to charge a maximum of \$75.00 for porcelain.

D6211	Pontic - cast predominantly base metal	No Cost
D6240	Pontic - porcelain fused to high noble metal	No Cost
D6241	Pontic - porcelain fused to predominantly base metal	No Cost
D6242	Pontic - porcelain fused to noble metal	No Cost
D6750	Retainer crown - porcelain fused to high noble metal	No Cost
D6751	Retainer crown - porcelain fused to predominantly base metal	No Cost
D6752	Retainer crown - porcelain fused to noble metal	No Cost

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.

D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	No Cost
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	No Cost
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	No Cost
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	No Cost
D7910	Suture of recent small wounds up to 5 cm	No Cost

D8000-D8999 XI. ORTHODONTICS - Not Covered

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain - minor procedure	No Cost
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	No Cost

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide Specialist Services, and are referred by the assigned Contract Dentist, must be authorized by Delta Dental. The Enrollee pays the Copayment specified for such services.

Listed procedures not covered under this plan under Schedule A may be a covered benefit under the Denti-Cal state benefit for the member. Please review covered benefits under Denti-Cal.

SCHEDULE B

Limitations of Benefits

1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments*.
2. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon prior authorization by Delta Dental, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
3. Contract Dentists may offer services that utilize brand or trade names at an additional fee. The Enrollee must be offered the plan benefits of a high quality laboratory processed crown/pontic that may include: porcelain/ceramic; porcelain with base, noble or high-noble metal. If the Enrollee chooses the alternative of a material upgrade (name brand laboratory processed or in-office processed crowns/pontics produced through specialized technique or materials, including but not limited to: Captek, Procera, Lava, Empress and Cerec) the Contract Dentist may charge an additional fee not to exceed \$325.00 in addition to the listed Copayment. Contact the Customer Service department at 1-866-247-2486 if you have questions regarding the additional fee or name brand services.

Exclusions of Benefits

1. Any procedure that is not specifically listed under *Schedule A, Description of Benefits and Copayments*. Listed procedures not covered under this plan under Schedule A may be a covered benefit under the Denti-Cal state benefit for the member. Please review covered benefits under Denti-Cal.
2. Any procedure that in the professional opinion of the Contract Dentist:
 - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**
 - b. is inconsistent with generally accepted standards for dentistry.
3. Services solely for cosmetic purposes or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).
6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant, unless listed in *Schedule A, Description of Benefits and Copayments*.
9. Consultations for non-covered benefits.
10. Dental services received from any dental facility other than the assigned Contract Dentist or a preauthorized dental specialist except for Emergency Services as described in the Contract and/or Evidence of Coverage.
11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
12. Prescription drugs.
13. Dental expenses incurred in connection with any dental procedure started before the Enrollee's eligibility with this program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken.
14. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

15. Orthodontic treatment must be provided by a licensed Dentist. Self-administered orthodontics are not covered.
16. The removal of fixed orthodontic appliances for reasons other than completion of treatment is not a covered benefit.