

## You'll benefit from:

### Largest network of dentists

Delta Dental has the largest network of dentists in North Carolina and across the nation<sup>1</sup>, which means you may find affordable care wherever you are.

### Finding a dentist

While you are free to visit any licensed dentist of your choice, it works to your advantage to choose a dentist from one of our networks—Delta Dental Premier® or Delta Dental PPO<sup>SM</sup>. To obtain the *deepest* discounts and the *least* amount of out-of-pocket costs, choose a dentist from the Delta Dental PPO network. To find a participating dentist near you, visit our website, [www.deltadentalinc.com](http://www.deltadentalinc.com), or call us toll-free at 800-971-4108.

- **Delta Dental PPO:**  
Lowest out-of-pocket costs
- **Delta Dental Premier:**  
Higher out-of-pocket costs than Delta Dental PPO, but may be lower than a nonparticipating dentist
- **Nonparticipating:**  
May have the highest out-of-pocket costs

Individual plans B and C are based on the Delta Dental PPO network; therefore, Delta Dental Premier and nonparticipating dentists can bill members for charges above the allowed Delta Dental PPO amount. If you purchase plans B or C, you are strongly encouraged to obtain services from a Delta Dental PPO dentist to maximize your benefits and reduce your out-of-pocket costs.

Waiting periods will be waived if your application is received within 31 days of the termination of your prior carrier; you have had at least six months of continuous coverage in basic restorative services; and you have had at least 12 months of continuous coverage in major restorative services. To waive waiting periods, please submit a copy of your Certificate of Creditable Coverage verifying your previous dental coverage and a copy of your covered benefits.

## We offer a variety of plans certified to meet the requirements of the Affordable Care Act (ACA)

Thank you for your interest in the Delta Dental Individual and Family Plan options. You will feel secure having your dental coverage with the leading dental benefits provider in North Carolina. Our knowledge and focus on dental benefits allow us to present an individual product that will meet your needs.

The plans we've offered for several years that cover nearly 23,000<sup>2</sup> North Carolinians meet the guidelines of the ACA's pediatric dental Essential Health Benefit (EHB). Individuals are not required to purchase pediatric dental coverage from a medical carrier, and the pediatric dental EHB does not have to be embedded in a medical plan or purchased from a medical carrier or the federal marketplace.

### Who is eligible?

Any North Carolina resident can enroll. Individuals under the age of 19 receive EHB-certified coverage. Individuals age 19 and over receive non-EHB coverage.

For more information,  
call **800-971-4108**,  
or visit  
[www.deltadentalinc.com](http://www.deltadentalinc.com).

<sup>1</sup> Delta Dental Plans Association. "Fact Sheet," web.  
<sup>2</sup> Delta Dental of North Carolina Monthly Statistics Report; September 2018.



## When does coverage begin?

Your coverage begins on the first day of the month following the date we receive your application and initial premium. The initial coverage period is for 12 months. We guarantee not to change your premiums during those 12 months, and you agree to pay premiums on time for those 12 months. The policy will terminate due to nonpayment of premium when due, or upon your written request. Only dental treatments begun and completed while coverage is in force are eligible.

## Complete details in your policy

This brochure is intended to provide a convenient overview of coverage and is not intended to be a complete description or guarantee of payment. Only those services and supplies specifically listed in your policy are covered under the plan, regardless of dental necessity.

The policy is your source for complete information, including the specific dental treatments that are covered, the frequency with which those treatments are covered, benefit amounts, limitations, exclusions and conditions under which coverage may remain in force.

You will receive the policy with your welcome packet. If you decide this coverage is not for you, simply let us know in writing within 10 days of receiving the policy.

## Ready to enroll?

When you're ready, there are two easy ways to sign up for dental insurance with Delta Dental.



Visit our website at [mysmilecoverage.com/nc](http://mysmilecoverage.com/nc).



Call us toll-free at 800-971-4108.



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# Delta Dental Individual and Family Dental Plans

EHB-Certified



Delta Dental of North Carolina

DELTA DENTAL BENEFITS FOR INDIVIDUALS 19 YEARS OF AGE OR OLDER	PLAN OPTIONS: Plans A Enhanced and A Standard—Delta Dental PPO plus Premier Plans B and C—Delta Dental PPO (Standard)	Plan A Enhanced Delta Dental PPO/ Delta Dental Premier	Plan A Standard Delta Dental PPO/ Delta Dental Premier	Plan B Delta Dental PPO/ Delta Dental Premier	Plan C Delta Dental PPO/ Delta Dental Premier	
	Diagnostic and preventive services covered immediately					
	<b>Exams, Cleanings, Fluoride and Space Maintainers, Emergency Palliative Treatment and Radiographs (X-rays)</b>	100%/90%	100%	100%	80%	
	Basic services covered after a six-month waiting period					
	<b>Relines and Repairs</b> —To repair bridges, dentures and implants	80%/70%	80%	Not covered	Not covered	
	<b>Minor Restorative</b> —Crown repair and fillings	80%/70%	60%	70%	50%	
	<b>Endodontics</b> —Root canals	80%/70%	50%	Not covered	Not covered	
	<b>Periodontics</b> —Treatment of gum disease	80%/70%	50%	50%	Not covered	
	<b>Oral Surgery</b> —Including extractions	80%/70%	50%	50%	Not covered	
	Major services covered after a 12-month waiting period					
<b>Major Restorative</b> —Crown and cast restorations	50%/40%	50%	Not covered	Not covered		
<b>Prosthodontics</b> —Dentures and bridges (fixed and removable)	50%/40%	50%	Not covered	Not covered		
Annual deductible and annual benefit maximum						
<b>Annual Deductible</b> —Per person/per family, per calendar year	\$50/\$150 applies to basic and major services only	\$75/\$50 applies to all services	\$75/\$225 applies to all services	\$50/\$150 applies to all services		
<b>Annual Benefit Maximum</b> —Per person per calendar year	\$1,000	\$1,000	\$1,000	\$500		
<b>EHB covered services for individuals under the age of 19*</b> (There are no waiting periods and no annual or lifetime maximum payments)						
<b>Exams, Cleanings, Fluoride, Space Maintainers, X-rays and Sealants</b>	100%	100%	100%/80%	100%/80%		
<b>Emergency Palliative Treatment</b>	100%	100%	100%	100%		
<b>Basic Services</b> —Minor restorative, endodontic services, periodontic services, oral surgery, relines and repairs	80%/60%	80%/60%	50%/50%	50%/50%		
<b>Major Services</b> —Major restorative, prosthodontic and medically necessary orthodontia (deductible waived)	50%/50%	50%/50%	50%/50%	50%/50%		
<b>Annual Deductible</b> —Per person/per family, per calendar year	\$50/\$150	\$50/\$150	\$75/\$225	\$75/225		
*In-network out-of-pocket maximum for EHB covered services—\$350 per benefit year if policy covers one individual under the age of 19, or \$700 per benefit year if policy covers two or more individuals under the age of 19. There is no annual out-of-pocket maximum for EHB-covered services received from Delta Dental Premier and nonparticipating dentists.						

PREMIUMS (Based on Home ZIP code)	Plan A Enhanced	Monthly	Annual	Plan A Standard	Monthly	Annual	Plan B	Monthly	Annual	Plan C	Monthly	Annual	
	Residents of ZIP code areas 270–274, 280–282												
	Subscriber	\$43.11	\$517.32	Subscriber	\$41.73	\$500.76	Subscriber	\$28.32	\$339.84	Subscriber	\$19.80	\$237.60	
	Subscriber +1	\$84.06	\$1008.72	Subscriber +1	\$81.37	\$976.44	Subscriber +1	\$55.22	\$662.64	Subscriber +1	\$38.61	\$463.32	
	Family	\$140.11	\$1,681.32	Family	\$135.62	\$1,627.44	Family	\$92.04	\$1,104.48	Family	\$64.35	\$772.20	
	ZIP codes 275–277, 279												
	Subscriber	\$45.70	\$548.40	Subscriber	\$44.23	\$530.76	Subscriber	\$30.03	\$360.36	Subscriber	\$20.98	\$251.76	
	Subscriber +1	\$89.12	\$1,069.44	Subscriber +1	\$86.25	\$1,035.00	Subscriber +1	\$58.56	\$702.72	Subscriber +1	\$40.91	\$490.92	
	Family	\$148.53	\$1,782.36	Family	\$143.75	\$1,725.00	Family	\$97.60	\$1,171.20	Family	\$68.19	\$818.28	
	All other NC ZIP codes												
Subscriber	\$40.53	\$486.36	Subscriber	\$39.22	\$470.64	Subscriber	\$26.62	\$319.44	Subscriber	\$18.60	\$223.20		
Subscriber +1	\$79.03	\$948.36	Subscriber +1	\$76.48	\$917.76	Subscriber +1	\$51.91	\$622.92	Subscriber +1	\$36.27	\$435.24		
Family	\$131.72	\$1,580.64	Family	\$127.47	\$1,529.64	Family	\$86.52	\$1,038.24	Family	\$60.45	\$725.40		

Future rates are subject to change at a frequency of no more than once per year. You will be given a 45-day advance notification if there is any change in rates. All rates are based on your ZIP code.

## Summary of key exclusions and limitations

Delta Dental will make no payment for the following services or supplies, unless otherwise specified in the Summary of Dental Plan Benefits, and all charges for the following services or supplies will be the responsibility of the Insured:

- Services or supplies for the treatment of an occupational injury or sickness which are payable under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act. NOTE: This provision does not apply to any programs provided under Medicaid or Medicare.
  - Services or supplies, as determined by Delta Dental, for correction of congenital or developmental malformations, cosmetic surgery or dentistry for aesthetic reasons. This exclusion does not apply to any newborn, adopted, or foster child who becomes covered under this Policy after the Effective Date.
  - Cosmetic surgery or dentistry for aesthetic reasons, as determined by Delta Dental. This exclusion does not apply to any newborn, adopted, or foster child who becomes covered under this Policy after the Effective Date.
  - Charges for services or appliances incurred prior to the date the person became covered under this Policy.
  - Prescription drugs (except intramuscular injectable antibiotics), premedication, medications/solutions and relative analgesia.
  - General anesthesia and intravenous sedation, unless medically necessary.
  - Charges for hospitalization, laboratory tests, histopathological examinations and miscellaneous tests.
  - Charges for failure to keep a scheduled visit with the dentist.
  - Services or supplies, as determined by Delta Dental, for which no valid dental need can be demonstrated.
  - Services or supplies, as determined by Delta Dental, that are investigational in nature including services or supplies required to treat complications from investigational procedures.
  - Services or supplies, as determined by Delta Dental, which are specialized techniques.
  - Services or supplies, as determined by Delta Dental, which are not provided in accordance with generally accepted standards of dental practice.
  - Treatment by other than a dentist, except for services performed by a licensed dental hygienist under the supervision of a licensed dentist or other licensed dental professional, may be covered only and solely determined by Delta Dental.
  - Services or supplies excluded by the policies and procedures of Delta Dental, including the Processing Policies.
  - Services or supplies for which no charge is made, for which the patient is not legally obligated to pay, or for which no charge would be made in the absence of Delta Dental coverage.
  - Services or supplies received due to an act of war, declared or undeclared. This exclusion does not apply to acts of terrorism.
  - Services or supplies not within the categories of benefits that have been selected and that are not covered under the terms of the Policy.
  - Fluoride rinses, self-applied fluorides or desensitizing medicaments.
  - Preventive control programs (including oral hygiene instruction, caries susceptibility tests, dietary control, tobacco counseling, home care medicaments, etc.).
  - Lost, missing or stolen appliances of any type and replacement or repair of orthodontic appliances or space maintainers.
  - Cosmetic dentistry, (except that when a child covered from the moment of birth or placement in the adoptive or foster home requires dental care associated with congenital defects and anomalies, those defects or anomalies will be covered to the same extent an otherwise Covered Service is provided by this Policy) including repairs to facings posterior to the second bicuspid position.
  - Veneers.
  - Prefabricated crowns used as final restorations on permanent teeth for people over age 15.
  - Appliances, surgical procedures and restorations for increasing vertical dimension; for altering, restoring, or maintaining occlusion; for replacing tooth structure loss resulting from attrition, abrasion, abfraction, or erosion; or for periodontal splinting. This exception will not apply to medically necessary orthodontic services for individuals under age 19 as limited by the terms and conditions of the Policy.
  - Paste-type root canal fillings on permanent teeth.
  - Replacement, repair, relines, or adjustments of occlusal guards.
  - Chemical curettage.
  - Services associated with overdentures.
  - Metal bases on removable prostheses for people age 19 and over.
  - The replacement of teeth beyond the normal complement of teeth.
  - Personalization or characterization of any service or appliance.
  - Temporary crowns used for temporization during crown or bridge fabrication.
  - Posterior bridges in conjunction with partial dentures in the same arch.
  - Precision attachments and stress breakers.
  - Bone replacement grafts and specialized implant surgical techniques.
  - Radiographic/surgical implant index for people age 19 and over.
  - Appliances, restorations or services for the diagnosis or treatment of disturbances of the temporomandibular joint (TMJ).
  - Non-medically necessary orthodontic services for children under age 19, and any orthodontic services for people age 19 and over.
  - Diagnostic photographs and cephalometric films for people age 19 and over, unless done for orthodontics and orthodontics are a Covered Service.
  - Myofunctional therapy.
  - Mounted case analyses.
  - Implants for individuals age 19 and over.
  - Any and all taxes applicable to the services.
  - Interim caries arresting medicament.
  - Sealants, for individuals 19 years of age and older.
  - Implant/abutment supported interim fixed denture for edentulous arch.
  - Biologic materials to aid in soft and osseous tissue regeneration when submitted on the same day as soft tissue grafting, guided tissue regeneration and periodontal or implant bone grafting.
- Delta Dental will make no payment for the following services or supplies. Participating dentists may not charge eligible people for these services supplies. All charges from nonparticipating dentists for the following services or supplies are your responsibility:**
- The completion of forms or submission of claims.
  - Consultations, patient screening or patient assessment when performed in conjunction with examinations or evaluations.
  - Local anesthesia.
  - Acid etching, cement bases, cavity liners, and bases or temporary fillings.
  - Infection control.
  - Temporary, interim or provisional crowns.
  - Gingivectomy as an aid to the placement of a restoration.
  - The correction of occlusion, when performed with prosthetics and restorations involving occlusal surfaces.
  - Diagnostic casts, when performed in conjunction with restorative or prosthodontic procedures.
  - Palliative treatment, when any other service is provided on the same date except X-rays and tests necessary to diagnose the emergency condition.
  - Post-operative X-rays, when done following any completed service or procedure.
  - Periodontal charting.
  - Pins and preformed posts, when done with core buildups for crowns, onlays or inlays.
  - A pulp cap, when done with a sedative filling or any other restoration. A sedative or temporary filling, when done with pulpal debridement for the relief of acute pain prior to conventional root canal therapy or another endodontic procedure. The opening and drainage of a tooth or palliative treatment, when done by the same dentist or dental office on the same day as completed root canal treatment.
  - A pulpotomy on a permanent tooth, except on a tooth with an open apex.
  - A therapeutic apical closure on a permanent tooth, except on a tooth where the root is not fully formed.
  - Retreatment of a root canal by the same Dentist or dental office within two years of the original root canal treatment for individuals over the age of 19.
  - A prophylaxis or full mouth debridement, when done on the same day as periodontal maintenance or scaling in the presence of gingival inflammation.
  - Scaling in the presence of gingival inflammation when done on the same day as periodontal maintenance.
  - Prophylaxis, scaling in the presence of gingival inflammation, or periodontal maintenance when done within 30 days of three or four quadrants of scaling and root planing or other periodontal treatment.
  - Full mouth debridement when done within 30 days of scaling and root planing.
  - Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of implant surfaces without flap entry and closure, when performed within 12 months of implant restorations, provisional implant crowns and implant or abutment supported interim dentures.
  - Full mouth debridement, when done on the same day as a comprehensive evaluation.
  - An occlusal adjustment, when performed on the same day as the delivery of an occlusal guard.
  - Reline, rebase, or any adjustment or repair within six months of the delivery of a partial denture.
  - Tissue conditioning, when performed on the same day as the delivery of a denture or the reline or rebase of a denture.
  - Periapical and/or bitewing X-rays, when done within seven days, a clinically unreasonable period of time of performing panoramic and/or full mouth X-rays, as determined solely by Delta Dental.
  - Teledentistry fees.
  - Services or supplies, as determined by Delta Dental, which are not provided in accordance with generally accepted standards of dental practice.
- The benefits for the following services are limited as follows, unless otherwise specified in the Summary of Dental Plan Benefits. All charges for services and supplies that exceed these limits will be the responsibility of the Insured. All time limitations are measured from the applicable prior dates of service in our records in any Delta Dental plan:**
- Bitewing X-rays are payable twice per benefit year for individuals under age 19 and once per benefit year for individuals age 19 and over.
  - Panoramic or full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
  - Any combination of teeth cleanings (prophylaxes), full mouth debridement, scaling in the presence of inflammation, and periodontal maintenance are payable twice per benefit year.
  - Oral exams or evaluations are payable twice per benefit year, regardless of the dentist's specialty.
  - Patient screening is payable once per calendar year.
  - Preventive fluoride treatments are payable twice per benefit year for individuals under age 19.
  - Space maintainers are payable for individuals under age 19. A distal shoe space maintainer is only payable for first permanent molars to individuals under the age of 9.
  - Sealants are payable once per tooth per three-year period on unrestored permanent molars for individuals under age 19.
  - Preventative resin restorations are payable once per tooth per three-year period on permanent teeth for a moderate to high carries risk patient.
  - Prefabricated stainless steel crowns are payable once per tooth per five-year period for individuals under age 15.
  - Cast restorations (including jackets, crowns, onlays) and associated procedures (such as core buildups and post substructures) are payable once in any five-year period per tooth.
  - Crowns, onlays and associated procedures (such as core buildups and post substructures) are payable once in any five-year period per tooth.
  - Crowns or onlays are payable only for extensive loss of tooth structure due to caries and/or fracture (lost or mobile tooth structure).
  - Individual crowns over implants are payable at the prosthodontic benefit level.
  - Substructures, porcelain, porcelain substrate and cast restorations are not payable for individuals under age 12.
  - An occlusal guard is payable once per benefit year for children from age 13 to age 19, and once per lifetime for individuals age 19 years of age and over.
  - For individuals under age 19, an interim partial denture is payable only for the replacement of permanent anterior teeth. For people 19 years of age or older, an interim partial denture is payable only for the replacement of permanent anterior teeth during the healing period.
  - Prosthodontic services reductions:
    - One complete upper, one complete lower denture, and any impact used to support a denture are payable once in any five-year period.
    - A removable partial denture, endosteal implant (other to support a denture) or fixed bridge is payable once in any five-year period unless the loss of additional teeth requires the construction of a new appliance.
    - Fixed bridges and removable partial dentures are not payable for individuals under age 16.
    - A reline or the complete replacement of denture base material is payable once in any three-year period per appliance.
    - Implant removal is payable once in any five-year period per tooth or area.
    - Removal of a broken implant retaining screw is payable once in a five-year period.
  - Orthodontic services reductions, pursuant to your Summary Dental Plan of Benefits.
    - Orthodontic services are payable for individuals under age 19 when deemed medically necessary.
    - If the treatment plan terminates before completion for any reason, Delta Dental's obligation for payment ends on the last day of the month in which the patient was last treated.
    - Upon written notification to Delta Dental and to the patient, a dentist may terminate treatment for lack of patient interest and cooperation. In those cases, Delta Dental's obligation for payment ends on the last day of the month in which the patient was last treated.
    - An observation and adjustment is payable twice in a 12-month period.
  - Delta Dental's obligation for payment of benefits ends on the last day of coverage unless services are completed within a 30-day period measured from the date of termination. Delta Dental will make payment for Covered Services provided on or before the last day of coverage as long as we receive a claim for those services within 180 days of the date of service unless it was not reasonably possible for the claim to be filed within such time, provided such claim is submitted as soon as reasonably possible, in no event, except in the case of your legal incapacity, later than one year from the time submittal of the claim is otherwise required..
  - When services in progress are interrupted and completed later by another dentist, we will review the claim to determine the amount of payment, if any, to each dentist.
  - Care terminated due to the death of an eligible person will be paid to the limit of our liability for the services completed or in progress.
  - Prefabricated crowns used as final restorations on permanent teeth are limited to individuals under the age of 19.
  - Metal bases on removable prostheses are limited to individuals under the age of 19.
  - Radiographic/surgical implant index are limited to individuals under the age of 19 unless such services were performed in conjunction with orthodontic services and orthodontics are a Covered Service.
  - Optional treatment: If you select a more expensive service than is customarily provided, Delta Dental may make an allowance for certain services based on the fee for the customarily provided service. You are responsible for the difference in cost. In all cases, Delta Dental will make the final determination regarding optional treatment and any available allowance.
  - Listed below are services for which Delta Dental will provide an allowance for optional treatment. Remember, you are responsible for the difference in cost for any optional treatment.
    - Resin, porcelain fused to metal and porcelain crowns, bridge retainers, or pontics on posterior teeth—Delta Dental will pay only the applicable amount that it would pay for a full metal crown.
    - Overdentures—Delta Dental will pay only the amount that it would pay for a conventional denture.
    - Plastic, resin, porcelain/ceramic onlays—Delta Dental will pay only the applicable amount that it would pay for a metallic onlay.
    - Inlays, regardless of the material used—Delta Dental will pay only the amount that it would pay for an amalgam or composite resin restoration (depending on the tooth being restored).
    - All-porcelain/ceramic bridges—Delta Dental will pay only the applicable amount that it would pay for a conventional fixed bridge.
    - Implant/abutment supported complete or partial dentures—Delta Dental will pay only the amount that it would pay for a conventional denture.
    - Gold foil restorations—Delta Dental will pay only the amount that it would pay for an amalgam or composite restoration.
    - Posterior stainless steel crowns with esthetic facings, veneers or coatings—Delta Dental will pay only the amount that it would pay for a conventional stainless steel crown.
  - Maximum payment:
    - The maximum benefits payable in any one benefit year will be limited to the Maximum Payment stated in the Summary of Dental Plan Benefits.
    - Delta Dental's payment for orthodontic services will be limited to the annual or lifetime Maximum Payment stated in the Summary of Dental Plan Benefits.
  - If a Deductible amount is stated in the Summary of Dental Plan Benefits, Delta Dental will not pay for any services or supplies, in whole or in part, to which the Deductible applies until the Deductible amount is met.
  - Processing Policies may otherwise limit Delta Dental's payment for services or supplies.
- Delta Dental will make no payment for services or supplies that exceed the following limits. However, Delta Dental PPO dentists or Delta Dental Premier dentists may not charge eligible persons for these services or supplies when performed by the same dentist or dental office. All time limitations are measured from the applicable prior dates of services in our records with any of our benefit plans.**
- Core buildups and other substructures are payable only when needed to retain a crown on a tooth with excessive breakdown due to caries and/or fractures.
  - Root planing is payable once in any two-year period.
  - Periodontal surgery is payable once in any three-year period.
  - A complete occlusal adjustment is payable once in any five-year period. The fee for a complete occlusal adjustment includes all adjustments that are necessary for a five-year period. A limited occlusal adjustment is not payable more than three times in any five-year period. The fee for a limited occlusal adjustment includes all adjustments that are necessary for a six-month period.
  - Distal shoe space maintainers are only payable for individuals under the age of 9.
  - One caries risk assessment is allowed on the same date of service.
  - One caries risk assessment is allowed within a 12-month period when done by the same dentist/dental office.
  - Services or supplies, as determined by us, which are not provided in accordance with generally accepted standards of dental practice.
- Delta Dental will make no payment for services or supplies that exceed the following reductions for people age 19 and over. In addition, participating dentists may not charge any time limitations are measured from the applicable prior dates of services in our records with any Delta Dental Plan.**
- Amalgam and composite resin restorations are payable once within a two-year period, regardless of the number or combination of restorations placed on a surface.
  - Recementation of a crown, onlay, inlay, space maintainer, or bridge within six months of the seating date.
  - Retention pins are payable once in a two-year period. One onlay substructure per tooth is a Covered Service.
  - Tissue conditioning is payable twice per arch in any three-year period.
  - The allowance for a denture repair (including reline or rebase) will not exceed half the fee for a new denture.
  - Distal shoe space maintainers are only payable for individuals under the age of 9.
  - One caries risk assessment is allowed on the same date of service.
  - One caries risk assessment is allowed within a 12-month period when done by the same dentist/dental office.