

Local Care Dental Plan (LCDP) Orthodontic Schedule of Benefits

FY2025

Orthodontic Services

The lifetime maximum benefit for child orthodontics is \$1,500. The amount of the benefit is based upon the length of treatment. This lifetime maximum applies to each plan participant regardless of the number of courses of treatment.

An annual plan deductible will be applied to the orthodontic benefit if it is the first dental claim processed for the plan year. The deductible is \$100. The plan year deductible does not apply to 'Preventive' or 'Diagnostic' procedures listed on the Dental Schedule of Benefits.

Orthodontic Limitations

- The course of treatment (initial banding) must begin before age 19.
- In order to confirm whether or not an orthodontic service is covered, contact Delta Dental.

Reimbursement of Benefit: Twenty-five percent (25%) of the applicable maximum benefit, based on the length of treatment (see chart below), is reimbursed after the initial banding. The remaining benefit is prorated over the remaining length of treatment.

| Length of Treatment | Maximum Benefit |
|---------------------|-----------------|
| 0 – 36 months | \$1,500 |
| 0 – 18 months | \$1,364 |
| 0 – 12 months | \$780 |

| Orthodontic Service | Code |
|--------------------------------------------|-------|
| Limited Orthodontic Treatment | |
| Primary Dentition | D8010 |
| Transitional Dentition | D8020 |
| Adolescent Dentition | D8030 |
| Interceptive Orthodontic Treatment | |
| Primary Dentition | D8050 |
| Transitional Dentition | D8060 |
| Comprehensive Orthodontic Treatment | |
| Transitional Dentition | D8070 |
| Adolescent Dentition | D8080 |
| Removable Appliance Therapy | D8210 |
| Fixed Appliance Therapy | D8220 |