

# Total Retiree Advantage (TRAIL) - Members

## Quality Care Dental Plan (QCDP)

### PY2026 Orthodontic Schedule of Benefits

#### Orthodontic Services

The child orthodontia benefit is available only to children who begin treatment prior to the age of 19.

The maximum lifetime benefit for child orthodontia is \$2,000 for members utilizing an in-network provider. Services obtained at an out-of-network orthodontia provider will have a lifetime maximum benefit of \$1,500. This lifetime maximum is based on the length of treatment (see 'Length of Orthodontia Treatment' chart below). This lifetime maximum applies to each plan participant regardless of the number of courses of treatment. Note: The annual plan year deductible must be satisfied each plan year that the plan participant is receiving orthodontia treatment unless it was previously satisfied for other dental services incurred during the plan year.

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 \$175. 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 | In-Network Services<br>Maximum Benefit | Out-of-Network Services<br>Maximum Benefit |
|---------------------|----------------------------------------|--------------------------------------------|
| 0 – 36 months       | \$2,000                                | \$1,500                                    |
| 0 – 18 months       | \$1,820                                | \$1,364                                    |
| 0 – 12 months       | \$1,040                                | \$780                                      |

| Orthodontic Service                                                  | Code  |
|----------------------------------------------------------------------|-------|
| <b>Limited Orthodontic Treatment</b>                                 |       |
| Primary Dentition                                                    | D8010 |
| Transitional Dentition                                               | D8020 |
| Adolescent Dentition                                                 | D8030 |
| <b>Comprehensive Orthodontic Treatment</b>                           |       |
| Transitional Dentition                                               | D8070 |
| Adolescent Dentition                                                 | D8080 |
| <b>Comprehensive orthodontic treatment with orthognathic surgery</b> | D8091 |
| <b>Removable Appliance Therapy</b>                                   | D8210 |
| <b>Fixed Appliance Therapy</b>                                       | D8220 |