

# DeltaCare® USA

## Delta Dental Individual & Family™

### DeltaCare® USA

#### Preferred Plan for Families

# Dental benefits made easy.

## What is DeltaCare USA?

**DeltaCare USA is a copay plan that works similar to a dental HMO.** With this type of plan, you must visit your selected DeltaCare USA dentist to receive benefits.<sup>1</sup> When you visit the dentist, simply pay your predefined copayment and you're all set! Since we provide a list of copayments for covered services up front, you can prepare for treatment costs ahead of time.

This plan has no waiting periods; you can use your benefits on the first day your coverage becomes effective.

**Delta Dental Insurance Company provides benefits as a Prepaid Limited Health Services Organization as described in Chapter 636 of the Florida Statutes.**

**Customer Service**  
888-857-0337  
deltadentalins.com

**Underwriter**  
Delta Dental Insurance Company  
1130 Sanctuary Parkway  
Alpharetta, GA 30009

**Claims and Correspondence**  
P.O. Box 1803  
Alpharetta, GA 30023

## Is a DeltaCare USA plan right for me?

**DeltaCare USA can be a great choice if you are budget conscious.** Many enrollees appreciate the transparent pricing and affordable premiums the plans offer. Plus, with a large network of quality dentists, you can get great service close to home.

**Need more reasons to love DeltaCare USA?** Most diagnostic and preventive procedures, like routine cleanings, are offered at low or no copay. And if you need emergency dental care, even when you're away from home, we've got you covered with an emergency services provision.



### Important tips

- This plan only covers you when you visit your selected DeltaCare USA dentist. We pick one for you when you enroll, but you can easily change your dentist online or on the phone.
- You can use our [Find a Dentist](#) tool to find a DeltaCare USA dentist near you. Too many choices? The included Yelp ratings may help you decide.
- Review the plan highlights on the next page to view copayments for the most common covered services. Want more? [View the full copayment schedule](#), plus limitations and exclusions.



### Questions?



888-857-0337



deltadentalins.com

Read your Policy carefully. This brochure provides a brief description of the important features of your Policy. This is not the insurance Policy and only the Policy provisions will control. The Policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore important that you read your Policy carefully.

If you are not satisfied with the Policy for any reason, you may return the Policy within 10 days after you receive it. Mail or deliver it to Delta Dental Insurance Company. Any premium paid will be refunded. The Policy will then be void from its start.

Please consult the plan Policy for a description of plan benefits, limitations and exclusions. In the event of any inconsistency between this document and the plan Policy, the terms of the Policy will prevail. [View the full copayment schedule](#), plus limitations and exclusions or call **888-857-0337**.

<sup>1</sup>Change your selected network dentist at any time online, by phone or in writing. Changes made by the 21st of the month are effective the first day of the following month.

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### Preferred Plan for Families

#### Plan Highlights

Deductibles and Maximums	Pediatric Benefits (up to age 19)	Adult Benefits (age 19 and older)
<b>Deductible</b>  Enrollee Family	None None	None None
<b>Out-of-Pocket Maximum</b> After this amount is reached, the plan pays 100% of the remaining covered services per Calendar Year.	\$375 one pediatric enrollee \$750 two or more pediatric enrollees	None

#### Sample of Covered Services<sup>1</sup>

Category	Procedure Code and Description <sup>2</sup>	Copayment Amount <sup>3</sup>	
		Pediatric Benefits	Adult Benefits
Diagnostic and Preventive Services	D0999 – Office visit	\$5	\$5
	D0120 – Periodic oral exam – established patient	No cost	No cost
	D0150 – Comprehensive oral evaluation – new or established patient	No cost	No cost
	D0210 – Complete series of x-rays	\$10	\$10
	D0220 – Periapical x-ray of tooth's root	No cost	No cost
	D0230 – Periapical x-ray of tooth's root, each additional image	No cost	No cost
	D0272 – Bitewing x-rays (2 images)	No cost	No cost
	D0274 – Bitewing x-rays (4 images)	No cost	No cost
	D0330 – Panoramic x-ray	\$10	\$10
	D1110 – Prophylaxis (cleaning) – adult	\$5	\$5
	D1120 – Prophylaxis (cleaning) – child	\$5	Not a benefit
	D1208 – Fluoride treatment	\$5	\$5
	D1351 – Sealant – per tooth	\$10	Not a benefit

<sup>1</sup> Featured benefits represent the most frequently used services covered under your plan; other services are also covered. After enrollment, DeltaCare USA will make available a complete list of covered services and copayments, along with any limitations and exclusions that apply. If applicable, service areas are detailed in the limitations and exclusions.

<sup>2</sup> Copayments and procedure descriptions referenced above are intended to clarify the delivery of benefits under the DeltaCare USA plan. They are not to be interpreted as CDT-2021 descriptors or nomenclature, which are under copyright by the American Dental Association.

<sup>3</sup> A copayment is the amount the enrollee pays for covered services at the time of treatment.

Category	Procedure Code and Description <sup>2</sup>	Copayment Amount <sup>3</sup>	
		Pediatric Benefits	Adult Benefits
Basic Services	D2140 — Amalgam (silver-colored) filling, 1 surface	\$25	\$25
	D2150 — Amalgam (silver-colored) filling, 2 surfaces	\$35	\$30
	D2160 — Amalgam (silver-colored) filling, 3 surfaces	\$45	\$40
	D2330 — Resin (tooth-colored) filling, front tooth, 1 surface	\$45	\$40
	D2331 — Resin (tooth-colored) filling, front tooth, 2 surfaces	\$55	\$50
	D2332 — Resin (tooth-colored) filling, front tooth, 3 surfaces	\$65	\$60
	D2391 — Resin (tooth-colored) filling, back tooth, 1 surface	Not a benefit	\$65
	D2392 — Resin (tooth-colored) filling, back tooth, 2 surfaces	Not a benefit	\$80
	D2393 — Resin (tooth-colored) filling, back tooth, 3 surfaces	Not a benefit	\$90
Endodontics	D3310 — Root canal, front tooth	\$315	\$170
	D3320 — Root canal, premolar tooth	\$325	\$190
	D3330 — Root canal, molar tooth	\$350	\$240
Periodontics	D4260 — Periodontal surgery, per quadrant	\$350	\$350
	D4341 — Periodontal scaling and root planing — four or more teeth per quadrant	\$100	\$50
	D4910 — Periodontal maintenance	\$50	\$50
Oral Surgery	D7140 — Extraction (removal) of a fully exposed tooth	\$25	\$18
	D7210 — Extraction of erupted (exposed) tooth	\$40	\$30
	D7240 — Extraction of fully impacted tooth, completely bony	\$120	\$80
Major Services	D2750 — Crown, porcelain and precious metal	\$350	\$350
	D2790 — Crown, precious metal	\$350	\$350
	D5110 — Full upper denture	\$350	\$350
	D6240 — Bridge pontic, porcelain and precious metal	\$350	\$350
	D6750 — Bridge crown, porcelain and precious metal	\$350	\$350
Orthodontics	D8080 — Pediatric services	\$350 <sup>4</sup>	Not a benefit
	D8090 — Adult services	\$350 <sup>4</sup>	\$3,250

<sup>4</sup> Orthodontic Services for Pediatric Enrollees must meet medical necessity as determined by a dentist.

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