

DeltaCare[®] USA

Delta Dental Individual & Family[™]

DeltaCare[®] USA

Basic 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.¹ 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.

Customer Service
888-857-0337
deltadentalins.com

Underwriter
Delta Dental of New York, Inc.
575 Madison Ave.
New York, NY 10022

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

This benefit information is only a summary and is not intended to replace or serve as the plan Policy. 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**.

¹Change 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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Plan Highlights - Pediatric Enrollees (up to age 19)

PEDIATRIC DENTAL CARE ESSENTIAL HEALTH BENEFIT	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing
Deductibles and Maximums		
Deductible	None	Non-Participating Provider services are not Covered except as required for Emergency Dental Care described in the Pediatric Dental Care section of this Policy
Out-of-Pocket Maximum After this amount is reached, the plan pays 100% of the remaining covered services for that calendar year.	\$375 for one pediatric enrollee \$750 for two or more pediatric enrollees	

Sample of Covered Services²

Category	Procedure Code and Description ³	Copayment Amount ¹	
		Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing
PEDIATRIC DENTAL ESSENTIAL HEALTH BENEFIT & CARE			
Diagnostic & Preventive Services	D0999 - Office visit	\$25	Non-Participating Provider Services Are Not covered and You Pay the Full Cost
	D0120 - Periodic oral exam - established patient	No cost	
	D0150 - Comprehensive oral evaluation - new or established patient	No cost	
	D0210 - Complete series of x-rays	\$25	
	D0220 - Periapical x-ray of tooth's root	No cost	
	D0230 - Periapical x-ray of tooth's root, each additional image	No cost	
	D0272 - Bitewing x-rays (2 images)	No cost	
	D0274 - Bitewing x-rays (4 images)	No cost	
	D0330 - Panoramic x-ray	\$25	
	D1110 - Prophylaxis (cleaning) - adult	\$15	
	D1120 - Prophylaxis (cleaning) - child	\$15	
	D1208 - Fluoride treatment	\$15	
	D1351 - Sealant - per tooth	\$15	

Category	Procedure Code and Description ³	Copayment Amount ¹	
		Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing
Basic Services	D2140 - Amalgam (silver-colored) filling - 1 surface	\$60	Non-Participating Provider Services Are Not covered and You Pay the Full Cost
	D2150 - Amalgam (silver-colored) filling - 2 surfaces	\$85	
	D2160 - Amalgam (silver-colored) filling - 3 surfaces	\$110	
	D2330 - Resin (tooth-colored) filling, front tooth, 1 surface	\$90	
	D2331 - Resin (tooth-colored) filling, front tooth, 2 surfaces	\$100	
	D2332 - Resin (tooth-colored) filling, front tooth, 3 surfaces	\$110	
	D2391 - Resin (tooth-colored) filling, back tooth, 1 surface	\$90	
	D2392 - Resin (tooth-colored) filling, back tooth, 2 surfaces	\$110	
Endodontics	D2393 - Resin (tooth-colored) filling, back tooth, 3 surfaces	\$140	Non-Participating Provider Services Are Not covered and You Pay the Full Cost
	D3310 - Root canal, front tooth	\$350	
	D3320 - Root canal, premolar tooth	\$350	
Periodontics	D3330 - Root canal, molar tooth	\$350	Non-Participating Provider Services Are Not covered and You Pay the Full Cost
	D4341 - Periodontal scaling and root planing - four or more teeth per quadrant	\$105	
Oral Surgery	D4910 - Periodontal maintenance	\$55	Non-Participating Provider Services Are Not covered and You Pay the Full Cost
	D7140 - Extraction (removal) of a fully exposed tooth	\$85	
Major Services	D7210 - Extraction of erupted (exposed) tooth	\$165	Non-Participating Provider Services Are Not covered and You Pay the Full Cost
	D7240 - Extraction (removal) of fully impacted tooth, completely bony	\$280	
	D2750 - Crown, porcelain and precious metal	\$350	
	D2790 - Crown, precious metal	\$350	
	D5110 - Full upper denture	\$350	Non-Participating Provider Services Are Not covered and You Pay the Full Cost
	D6240 - Bridge pontic, porcelain and precious metal	\$350	

	D6750 - Bridge crown, porcelain and precious metal	\$350	
Orthodontics	D8080 - Pediatric services D8090 - Adult services	\$350 ⁴ \$350 ⁴	Non-Participating Provider Services Are Not covered and You Pay the Full Cost

¹ 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.

² 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.

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

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

Plan Highlights - Adult Enrollees (age 19 and older)

ADULT DENTAL CARE	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing
Deductibles and Maximums		
Deductible	None	Non-Participating Provider Services Are Not covered and You Pay the Full Cost
Out-of-Pocket Maximum After this amount is reached, the plan pays 100% of the remaining covered services for that calendar year.	None	

Sample of Covered Services²

Category	Procedure Code and Description³	Copayment Amount¹	
		Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing
Diagnostic & Preventive Services	D0999 - Office visit	\$20	Non-Participating Provider Services Are Not covered and You Pay the Full Cost
	D0120 - Periodic oral exam - established patient	\$5	
	D0150 - Comprehensive oral evaluation - new or established patient	\$5	
	D0210 - Complete series of x-rays	\$20	
	D0220 - Periapical x-ray of tooth's root	\$5	
	D0230 - Periapical x-ray of tooth's root, each additional image	\$5	
	D0272 - Bitewing x-rays (2 images)	\$5	
	D0274 - Bitewing x-rays (4 images)	\$5	
	D0330 - Panoramic x-ray	\$20	
	D1110 - Prophylaxis (cleaning) - adult	\$15	
	D1208 - Fluoride treatment	\$15	

Category	Procedure Code and Description ³	Copayment Amount ¹	
		Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing
Basic Services	D2140 - Amalgam (silver-colored) filling - 1 surface D2150 - Amalgam (silver-colored) filling - 2 surfaces D2160 - Amalgam (silver-colored) filling - 3 surfaces D2330 - Resin (tooth-colored) filling, front tooth, 1 surface D2331 - Resin (tooth-colored) filling, front tooth, 2 surfaces D2332 - Resin (tooth-colored) filling, front tooth, 3 surfaces D2391 - Resin (tooth-colored) filling, back tooth, 1 surface D2392 - Resin (tooth-colored) filling, back tooth, 2 surfaces D2393 - Resin (tooth-colored) filling, back tooth, 3 surfaces	\$55 \$75 \$100 \$80 \$90 \$100 \$80 \$100 \$130	Non-Participating Provider Services Are Not covered and You Pay the Full Cost
Endodontics	D3310 - Root canal, front tooth D3320 - Root canal, premolar tooth D3330 - Root canal, molar tooth	\$280 \$340 \$350	Non-Participating Provider Services Are Not covered and You Pay the Full Cost
Periodontics	D4341 - Periodontal scaling and root planing - four or more teeth per quadrant D4910 - Periodontal maintenance	\$105 \$55	Non-Participating Provider Services Are Not covered and You Pay the Full Cost
Oral Surgery	D7140 - Extraction (removal) of a fully exposed tooth D7210 - Extraction of erupted (exposed) tooth D7240 - Extraction (removal) of fully impacted tooth, completely bony	\$75 \$165 \$235	Non-Participating Provider Services Are Not covered and You Pay the Full Cost
Major Services	D2750 - Crown, porcelain and precious metal D2790 - Crown, precious metal D5110 - Full upper denture D6240 - Bridge pontic, porcelain and precious metal	\$350 \$350 \$350 \$350	Non-Participating Provider Services Are Not covered

	D6750 - Bridge crown, porcelain and precious metal	\$350	and You Pay the Full Cost
Orthodontics	D8090 - Adult services	\$3,250	Non-Participating Provider Services Are Not covered and You Pay the Full Cost

¹ 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.

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

Service Areas

Coverage is available in the following counties in New York:

Cayuga

Cortland

Genesee

Kings

Nassau

New York

Oswego

Queens

Rensselaer

Rockland

Suffolk

Tompkins

Westchester

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이 문서를 읽으실 수 있습니까? 읽으실 수 없으면 다른 사람이 대신 읽어드릴 수 있습니다. 한국어로 번역된 문서를 받으실 수도 있습니다. 무료로 도움을 받기를 원하시면 888-857-0337 (TTY: 711)번으로 연락하십시오. (Korean)

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Díísh yíníłta'go bííníghah? Doo bííníghahgóó éí nich'í' yídóółtahígíí nihee hółq. Díí naaltsoos t'áá Diné bizaad k'éhjí ályaago ałdó' nich'í' ádoolnítłgo bííghah. T'áá jíík'e shíká i'doolwoł nínízingo kojí' béésh holdíílnih 888-857-0337 (TTY: 711) (Navajo)