

# DeltaCare<sup>®</sup> USA

Delta Dental Individual<sup>™</sup>  
DeltaCare<sup>®</sup> USA  
Pediatric Basic Plan

## 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.

**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, [here](#).

### 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. For a complete copay schedule, limitations and exclusions, [click here](#) 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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# Delta Dental Individual & Family™

## DeltaCare® USA

### Pediatric Basic Plan

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
<b>Deductibles and Maximums</b>		
<b>Deductible</b>	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
<b>Out-of-Pocket Maximum</b> After this amount is reached, the plan pays 100% of the remaining covered services for that calendar year.	\$350 for one pediatric enrollee \$700 for two or more pediatric enrollees	

### Sample of Covered Services<sup>2</sup>

Category	Procedure Code and Description <sup>3</sup>	Copayment Amount <sup>1</sup>	
<b>PEDIATRIC DENTAL ESSENTIAL HEALTH BENEFIT &amp; CARE</b>		<b>Participating Provider Member Responsibility for Cost-Sharing</b>	<b>Non-Participating Provider Member Responsibility for Cost-Sharing</b>
<b>Diagnostic &amp; Preventive Services</b>	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 <sup>3</sup>	Copayment Amount <sup>1</sup>	
		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	
	D2393 - Resin (tooth-colored) filling, back tooth, 3 surfaces	\$140	
Endodontics	D3310 - Root canal, front tooth	\$350	Non-Participating Provider Services Are Not covered and You Pay the Full Cost
	D3320 - Root canal, premolar tooth	\$350	
	D3330 - Root canal, molar tooth	\$350	
Periodontics	D4341 - Periodontal scaling and root planing - four or more teeth per quadrant	\$105	Non-Participating Provider Services Are Not covered and You Pay the Full Cost
	D4910 - Periodontal maintenance	\$55	
Oral Surgery	D7140 - Extraction (removal) of a fully exposed tooth	\$85	Non-Participating Provider Services Are Not covered and You Pay the Full Cost
	D7210 - Extraction of erupted (exposed) tooth	\$165	
	D7240 - Extraction (removal) of fully impacted tooth, completely bony	\$280	
Major Services	D2750 - Crown, porcelain and precious metal	\$350	Non-Participating Provider Services Are Not covered and You Pay the Full Cost
	D2790 - Crown, precious metal	\$350	
	D5110 - Full upper denture	\$350	
	D6240 - Bridge pontic, porcelain and precious metal	\$350	

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

<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-2020 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.

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

## 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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您能自行閱讀本文件嗎？如果不能，我們可請人幫助您閱讀。您還可以請人以您的語言撰寫本文件。如需免費幫助，請致電 888-857-0337 (TTY: 711)。 (Chinese)

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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)

Nababasa mo ba ang dokumentong ito? Kung hindi, may tao kaming makakatulong sa iyong basahin ito. Maaari mo ring makuha ang dokumentong ito nang nakasulat sa iyong wika. Para sa libreng tulong, pakitawagan ang 888-857-0337 (TTY: 711). (Tagalog)

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Èske w ka li dokiman sa a? Si w pa kapab, nou ka fè yon moun ede w li l. Ou ka gen posibilite pou jwenn dokiman sa a tou ki ekri nan lang ou. Pou jwenn èd gratis, tanpri rele 888-857-0337 (TTY: 711). (Haitian Creole)

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צי קענט איר לייענען דעם דאזיקן דאקומענט? אויב ניט, עמעצער דאָ קען אייך העלפן אים צו לייענען. עס איז אויך מעגלעך, אז איר קענט באקומען דעם דאזיקן דאקומענט אין אייער שפראך. פאר אומזיסטע הילף קענט איר אַנקלינגען אַט די דאזיקע נומער: 888-857-0337 ס'איז דאָ אַ נומער פאַר מענטשען, וואָס הערן ניט: 711 (Yiddish)

Díísh yíníłta'go bííníghah? Doo bííníghahgóó éí nich'í' yídóolta'hígíí nihee hólq. 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)