

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 Pennsylvania
One Delta Drive
Mechanicsburg, PA 17055

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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Delta Dental Individual & Family™

DeltaCare® USA

Basic Plan for Families

Plan Highlights

| Deductibles and Maximums | Pediatric Benefits (up to age 19) | Adult Benefits (age 19 and older) |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------|
| Deductible Enrollee Family | None None | None None |
| Out-of-Pocket Maximum 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 Services¹

| Category | Procedure Code and Description ² | Copayment Amount ³ | |
|------------------------------------|--------------------------------------------------------------------|-------------------------------|----------------|
| | | Pediatric Benefits | Adult Benefits |
| Diagnostic and Preventive Services | D0999 – Office visit | \$15 | \$15 |
| | 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 | \$25 |
| | D1110 – Prophylaxis (cleaning) – adult | \$15 | \$15 |
| | D1120 – Prophylaxis (cleaning) – child | \$15 | Not a benefit |
| | D1208 – Fluoride treatment | \$10 | \$5 |
| | D1351 – Sealant – per tooth | \$15 | Not a benefit |

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.

| Category | Procedure Code and Description ² | Copayment Amount ³ | |
|----------------|--------------------------------------------------------------------------------|-------------------------------|----------------|
| | | Pediatric Benefits | Adult Benefits |
| Basic Services | D2140 – Amalgam (silver-colored) filling, 1 surface | \$45 | \$40 |
| | D2150 – Amalgam (silver-colored) filling, 2 surfaces | \$60 | \$50 |
| | D2160 – Amalgam (silver-colored) filling, 3 surfaces | \$70 | \$65 |
| | D2330 – Resin (tooth-colored) filling, front tooth, 1 surface | \$75 | \$70 |
| | D2331 – Resin (tooth-colored) filling, front tooth, 2 surfaces | \$90 | \$85 |
| | D2332 – Resin (tooth-colored) filling, front tooth, 3 surfaces | \$100 | \$95 |
| | D2391 – Resin (tooth-colored) filling, back tooth, 1 surface | Not a benefit | \$75 |
| | D2392 – Resin (tooth-colored) filling, back tooth, 2 surfaces | Not a benefit | \$90 |
| | D2393 – Resin (tooth-colored) filling, back tooth, 3 surfaces | Not a benefit | \$105 |
| Endodontics | D3310 – Root canal, front tooth | \$270 | \$270 |
| | D3320 – Root canal, premolar tooth | \$320 | \$320 |
| | D3330 – Root canal, molar tooth | \$390 | \$390 |
| Periodontics | D4260 – Periodontal surgery, per quadrant | \$350 | \$350 |
| | D4341 – Periodontal scaling and root planing – four or more teeth per quadrant | \$110 | \$110 |
| | D4910 – Periodontal maintenance | \$60 | \$60 |
| Oral Surgery | D7140 – Extraction (removal) of a fully exposed tooth | \$85 | \$85 |
| | D7210 – Extraction of erupted (exposed) tooth | \$140 | \$140 |
| | D7240 – Extraction of fully impacted tooth, completely bony | \$245 | \$245 |
| 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 ⁴ | \$350 | \$3,250 |
| | D8090 – Adult services | \$350 | \$3,250 |

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

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צי קענט איר לייענען דעם דאזיקן דאקומענט? אויב ניט, עמעצער דא 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 אנקלינגען אט די דאזיקע נומער: 888-857-0337 ס'איז דא א נומער פאר מענטשען, וואס הערן ניט: 711 (Yiddish)

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