

DeltaCare[®] USA

Alpha Dental of Utah, Inc. 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
Alpha Dental of Utah, Inc.
257 E. 200 South, Suite 850
Salt Lake City, UT 84111

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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Alpha Dental of Utah Individual & Family DeltaCare® USA Basic Plan for Families

Plan Highlights

Deductibles and Maximums	Pediatric Benefits (through age 18)	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	No cost	\$10
	D0120 – Periodic oral exam – established patient	\$10	\$10
	D0150 – Comprehensive oral evaluation – new or established patient	\$10	\$10
	D0210 – Complete series of x-rays	\$10	\$10
	D0220 – Periapical x-ray of tooth's root	\$10	\$10
	D0230 – Periapical x-ray of tooth's root, each additional image	\$10	\$10
	D0272 – Bitewing x-rays (2 images)	\$10	\$10
	D0274 – Bitewing x-rays (4 images)	\$10	\$10
	D0330 – Panoramic x-ray	\$10	\$10
	D1110 – Prophylaxis (cleaning) – adult	\$10	\$10
	D1120 – Prophylaxis (cleaning) – child	\$10	Not a benefit
	D1208 – Fluoride treatment	\$10	Not a benefit
	D1351 – Sealant – per tooth	\$10	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	Not a benefit	\$30
	D2150 — Amalgam (silver-colored) filling, 2 surfaces	Not a benefit	\$45
	D2160 — Amalgam (silver-colored) filling, 3 surfaces	Not a benefit	\$55
	D2330 — Resin (tooth-colored) filling, front tooth, 1 surface	Not a benefit	\$70
	D2331 — Resin (tooth-colored) filling, front tooth, 2 surfaces	Not a benefit	\$80
	D2332 — Resin (tooth-colored) filling, front tooth, 3 surfaces	Not a benefit	\$90
	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	\$85
	D2393 — Resin (tooth-colored) filling, back tooth, 3 surfaces	Not a benefit	\$120
Endodontics	D3310 — Root canal, front tooth	Not a benefit	\$240
	D3320 — Root canal, premolar tooth	Not a benefit	\$350
	D3330 — Root canal, molar tooth	Not a benefit	\$400
Periodontics	D4260 — Periodontal surgery, per quadrant	Not a benefit	\$650
	D4341 — Periodontal scaling and root planing — four or more teeth per quadrant	Not a benefit	\$116
	D4910 — Periodontal maintenance	Not a benefit	\$50
Oral Surgery	D7140 — Extraction (removal) of a fully exposed tooth	Not a benefit	\$45
	D7210 — Extraction of erupted (exposed) tooth	Not a benefit	\$70
	D7240 — Extraction of fully impacted tooth, completely bony	Not a benefit	\$210
Major Services	D2750 — Crown, porcelain and precious metal	Not a benefit	\$425
	D2790 — Crown, precious metal	Not a benefit	\$425
	D5110 — Full upper denture	Not a benefit	\$624
	D6240 — Bridge pontic, porcelain and precious metal	Not a benefit	\$425
	D6750 — Bridge crown, porcelain and precious metal	Not a benefit	\$425
Orthodontics	D8090 — Adult services	Not a benefit	\$3,250

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