



Individual and Family™ plans
MARYLAND

Sized to sell,
sized to save



Since our inception in 1955, Delta Dental¹ has been creating smiles and improving health. While our enterprise has grown to cover more than 36 million enrollees,² we still provide the same customer-first focus that made us an industry leader. This is especially true when it comes to our plans for individuals.

Give clients what they want, get what you need

Individual and Family plans are designed to **give your clients competitive coverage at prices they can afford from a dentist they can trust.** While we've made the plans easy to use, we support your clients with dedicated customer service teams built specifically to serve individuals. This means less time spent servicing your clients after the sale, and more time for building your business.

Our plans are designed with you in mind, too. With instant online quotes and a dedicated broker support team, Delta Dental can help you make these plans a quick sell — and make it that much easier for you to earn your commission.³

DeltaCare® USA
Underwritten by Alpha Dental Programs, Inc.

Delta Dental PPO™
Underwritten by Delta Dental of Pennsylvania

Administered by Delta Dental Insurance Company

¹ Our Delta Dental enterprise includes Delta Dental of California, Delta Dental of Pennsylvania, Delta Dental of New York, Inc., Delta Dental Insurance Company and other affiliates.

² Delta Dental Annual Report, 2017, for enterprise companies

³ Commissions are based on percentage of the premium.

Offer plans with value



With both affordable PPO and copay plans to choose from, you can recommend the right plan design to fit your clients' individual needs.

Delta Dental PPO is ...

Simple: Give clients a combination of affordability and expansive dentist choice. When enrollees receive care from a Delta Dental PPO dentist, they simply pay their share of applicable coinsurance for covered services, and we pay the rest.¹ Plus, there are no claim forms to complete for network dentist visits.

Flexible: While enrollees save the most with a Delta Dental PPO dentist, they can visit any licensed dentist of their choice. With a competitive dentist network, there's a good chance they're already visiting a Delta Dental PPO network dentist.

Competitive: Your clients can choose between two affordable Delta Dental PPO plans – Basic or Premium. Both plan designs offer vital preventive care, and also basic coverage including fillings and simple tooth extractions. The Premium plan also includes major services and specialty coverage for implants, crowns, root canals and orthodontics.²

DeltaCare USA is ...

Predictable: DeltaCare USA is a great solution for your clients who prefer to plan for costs ahead of time. Similar to a DHMO, enrollees receive a list of covered services with set copayments, so they can better prepare for treatments.

Convenient: Enrollees select a primary care dentist from the DeltaCare USA network who they must visit to receive benefits (excluding emergency services). With conveniently located primary and specialty care dentists, enrollees can choose great care close to home. The selected DeltaCare USA dentist will handle all claim forms and coordinate specialty care. And, there are no waiting periods or annual deductibles or maximums to track.

Comprehensive: DeltaCare USA plans cover nearly 300 procedures, including zero or low copayments for preventive care. They even include teeth whitening and orthodontics for children and adults.² And if enrollees need emergency care, they're still covered with an emergency services provision.

¹ Excluding applicable deductibles, amounts over plan maximums and non-covered services.

² Plan benefits may vary based on state requirements. Please refer to the plan Policy for a complete list of plan benefits, limitations, exclusions and policy terms. In the event of any inconsistency between this document and the plan Policy, the terms of the Policy will prevail. You can download this document from deltadentalins.com/shopping/delta/get-a-quote.

Plan pricing

There is a one-time \$10 non-refundable application fee for each plan. There is no additional application fee for qualifying dependents. E.g., a primary enrollee with five dependents pays \$10 at time of enrollment, not \$60.

Delta Dental PPO plan rates^{1,2}

	Monthly rates by plan				Annual rates by plan			
	Premium (adult)	Premium (child)	Basic (adult)	Basic (child)	Premium (adult)	Premium (child)	Basic (adult)	Basic (child)
Maryland	\$34.96	\$24.90	\$17.89	\$15.63	\$419.52	\$298.80	\$214.68	\$187.56

<p>Maryland law requires we make the following statement:</p> <p>Our compensation to physicians who offer health care services to our insured members or enrollees may be based on a variety of payment mechanisms such as fee-for-service payments, salary or capitation. Bonuses may be used with these various types of payment methods. If you desire additional information about our methods of paying physicians or if you want to know which method(s) apply to your physician, call 800-932-0783 or write to: Delta Dental of Pennsylvania, One Delta Drive, Mechanicsburg, PA 17055.</p> <p>Please note that the benefit payments made by Delta Dental to dentists, other dental care providers or enrollees are based on fee-for-service payment mechanisms and do not include salary, capitation or bonuses.</p> <p>In Maryland, Delta Dental PPO™ and Delta Dental Premier® are underwritten by Delta Dental of Pennsylvania, a not-for-profit dental service company.</p> <p style="text-align: right; font-size: small;">FFS #119301A (rev. 1/19)</p>	<p>Where your dental benefits premium goes</p> <p>Amount of every \$100 in premiums used to pay for claims and administration for the year ending Dec. 31, 2018</p> <table border="1" style="margin-top: 10px;"> <caption>Where your dental benefits premium goes</caption> <thead> <tr> <th>Category</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Claims</td> <td>\$91.95</td> </tr> <tr> <td>Administration</td> <td>\$8.05</td> </tr> </tbody> </table>	Category	Amount	Claims	\$91.95	Administration	\$8.05
Category	Amount						
Claims	\$91.95						
Administration	\$8.05						

¹ Rates are valid for effective dates that occur through July 31, at which time they are subject to change. For the most current rate information, visit deltadentalins.com/shopping/delta/get-a-quote and enter some basic client information to see the rates/plans available. Rates are guaranteed for one year from the enrollee's effective date of coverage; exclusions may apply.

² Delta Dental PPO enrollees can pay monthly or annually and have flexible enrollment options.

Plans purchased from the first through the 14th of the month have effective date options of: the 15th of the current month, the first of the next month, the 15th of the next month or the first of the month after next.

- E.g., a plan purchased on July 3 can be effective July 15, August 1, August 15 or September 1.

Plans purchased on or after the 15th of the month have effective date options of: the first of the next month, the 15th of the next month, the first of the month after next or the 15th of the month after next.

- E.g., a plan purchased on July 15 can be effective August 1, August 15, September 1 or September 15.

The deductible and maximum reset at the beginning of the calendar year, regardless of an enrollee's effective date of coverage.

- E.g., the deductible and maximum of a plan with effective date of June 12 will reset on January 1.

Plan pricing cont.

DeltaCare USA plan rates^{1,3}

	Monthly rates		Annual rates	
	Adult	Child	Adult	Child
Maryland	\$20.33	\$13.67	\$244.00	\$164.00

Maryland law requires we make the following statement:
Our compensation to physicians who offer health care services to our insured members or enrollees may be based on a variety of payment mechanisms such as fee-for-service payments, salary or capitation. Bonuses may be used with these various types of payment methods.
 Please note that the benefit payments made by Alpha Dental to dentists, other dental care providers or enrollees are based on capitation payment mechanisms and do not include salary or bonuses.
If you desire additional information about our methods of paying physicians or if you want to know which method(s) apply to your physician, call Customer Service at 800-422-4234 or write to DeltaCare USA, Attn: Customer Service, P.O. Box 1803, Alpharetta, GA 30023.

Provided by:
Alpha Dental Programs, Inc.
 1701 Shoal Creek, Suite 240
 Highland Village, TX 75077

Administered by:
Delta Dental Insurance Company
 1130 Sanctuary Parkway, Suite 600
 Alpharetta, GA 30009

Visit us at our website: deltadentalins.com

NOTE: THIS IS ONLY A BRIEF SUMMARY OF THE PLAN.
 The group Dental Service Contract must be consulted to determine the exact terms and conditions of coverage. An Evidence of Coverage booklet will be sent to you upon enrollment.
DCU 10/2018 (rev. 1/18)

DeltaCare[®] USA — Where your dental benefits premium goes
 Amount of \$100 in premiums used to pay for claims and administration for the year ending Dec. 31, 2018

Category	Amount
Health Care	\$74.72
Administration	\$25.28
Total	\$100.00

¹ Rates are valid for effective dates that occur through July 31, at which time they are subject to change. For the most current rate information, visit deltadentalins.com/shopping/delta/get-a-quote and enter some basic client information to see the rates/plans available. Rates are guaranteed for one year from the enrollee's effective date of coverage; exclusions may apply.

³ DeltaCare USA enrollees must pay annually; monthly rate breakdown is an estimate for illustrative purposes only.

Plans purchased by the 21st of the month will become effective on the first date of the following month.

- E.g., a plan purchased on June 17 would become effective on July 1.

Plans purchased after the 21st will not be effective until the month after the next.

- E.g., a plan purchased on July 25 would not be effective until September 1.

Delta Dental PPO plan designs



Eligibility: Primary enrollee, spouse, eligible dependent children up to age 26.		
Plan type	Basic	Premium
Calendar Year Deductible Per enrollee Family	\$50 \$150	\$50 \$150
Annual Maximum per enrollee per Calendar Year	\$1,000	\$1,500
Orthodontic Deductible per enrollee	N/A	\$50
Orthodontic Lifetime Maximum per enrollee	N/A	\$1,500
Benefits and Covered Services¹	Delta Dental covers	Delta Dental covers
Diagnostic and Preventive (D&P) Services Exams, cleanings, x-rays, sealants	100%	100%
Basic Services Fillings, simple extractions	50%	80%
Cosmetic Services Teeth whitening, mouth-guards	Not a benefit	(Limited services covered under Basic) 80%
Endodontics Root canals	Limited services covered under Basic	(Covered under Major) 50%
Periodontics Gum treatments	Not a benefit	(Covered under Major) 50%
Oral Surgery	Limited services covered under Basic	(Covered under Major) 50%
Prosthodontics Bridges, dentures, implants	Not a benefit	(Covered under Major) 50%
Major Services Crowns, inlays, onlays, cast restorations	Not a benefit	50%
Orthodontics Adults and dependent children	Not a benefit	50%
Waiting Periods D&P Basic Major Orthodontics	None 6 months N/A N/A	None 6 months 12 months 12 months

¹ Reimbursement is calculated based on maximum contract allowances. This benefit information is only a summary and not intended or designed to replace or serve as the plan Policy. Limitations and/or waiting periods may apply for some benefits; some services may be excluded from the plan. Purchasers should consult the Policy for complete plan information, including full limitations and exclusions. You can access plan Policies by visiting deltadentalins.com/shopping/delta/get-a-quote, entering some basic client information and then selecting the desired plan. Click the "Disclosure Form/Contract" button at the bottom of the page to view the Policy.

DeltaCare USA plan design



Eligibility: Primary enrollee, spouse, eligible dependent children up to age 26.		
Copayments for common procedures¹	Procedure code²	Copayment amount
Diagnostic and Preventive (D&P)		
Periodic oral exam - established patient	D0120	\$0
Comprehensive oral evaluation - new or established patient	D0150	\$0
Periapical x-ray of tooth's root	D0220	\$0
Periapical x-ray of tooth's root, each additional image	D0230	\$0
Bitewing x-rays (4 images)	D0274	\$0
Prophylaxis (cleaning) - adult	D1110	\$20
Prophylaxis (cleaning) - child	D1120	\$20
Sealant - per tooth	D1351	\$22
Basic Services		
Amalgam (silver-colored) filling, 1 surface	D2140	\$25
Resin (tooth-colored) filling, front tooth, 1 surface	D2330	\$65
Resin (tooth-colored) filling, back tooth, 1 surface	D2391	\$70
Crown - porcelain and precious metal	D2750	\$425
Crown - precious metal	D2790	\$425
Post and core in addition to crown	D2952	\$85

¹ This benefit information is only a summary and not intended or designed to replace or serve as the plan Policy. The sample copayments provided herein do not constitute a full description of the benefits. Limitations and/or waiting periods may apply for some benefits; some services may be excluded from the plan. Purchasers should consult the Policy for complete plan information, including full limitations and exclusions. You can access plan Policies by visiting deltadentalins.com/shopping/delta/get-a-quote, entering some basic client information and then selecting the desired plan. Click the "Disclosure Form/Contract" button at the bottom of the page to view the Policy.

² Copayments and procedure descriptions referenced above are intended to clarify the delivery of benefits under the Delta Dental plan and are not to be interpreted as CDT-2019 descriptors or nomenclature, which are under copyright by the American Dental Association.

DeltaCare USA plan design cont.



Copayments for common procedures ¹	Procedure code ²	Copayment amount
Endodontics		
Root canal, front tooth	D3310	\$240
Root canal, premolar tooth	D3320	\$350
Root canal, molar tooth	D3330	\$400
Periodontics		
Periodontal surgery, per quadrant	D4260	\$650
Periodontal scaling and root planing - 4 or more teeth per quadrant	D4341	\$80
Periodontal maintenance	D4910	\$65
Prosthodontics		
Full upper denture	D5110	\$495
Partial upper denture - cast metal framework with resin denture bases (with clasps, rests and teeth)	D5213	\$565
Oral Surgery		
Extraction of a fully exposed tooth	D7140	\$40
Extraction of a fully impacted tooth, completely bony	D7240	\$210
Orthodontics		
Comprehensive orthodontic treatment, pediatric services	D8070	\$2,600
Comprehensive orthodontic treatment, adult services	D8090	\$2,800
Teeth Whitening		
External bleaching for home application, per arch; includes materials and fabrication of custom trays	D9975	\$125

Limitations & Exclusions



Delta Dental PPO Limitations¹

Delta Dental will base payment for optional services on the contract allowance for the covered procedure. Optional services are those elected by the enrollee in lieu of lower-cost conventional services, such as composite instead of amalgam.

1. Exams and cleanings are limited to twice each calendar year.
2. Bitewing x-rays are limited to once each calendar year (twice for enrollees under age 18).
3. Full mouth x-rays are limited to once every five years.
4. Topical fluoride is limited to enrollees under age 19 and no more than twice each calendar year.
5. Space maintainers are limited to the initial appliance and to children to age 14.
6. Sealants are limited to permanent first molars through age 8 and to permanent second molars through age 15; repair or replacement within 2 years of application is included in fee for original placement.
7. Periodontal scaling and root planing in the same quadrant are limited to once every two years.
8. Crowns, inlays/onlays (limited to enrollees age 12 and older) and prosthodontic appliances (bridges, dentures and implants) are limited to every five years. Permanent prosthodontic appliances are limited to enrollees age 16 and older; implants are limited to enrollees age 19 and older.
9. The orthodontic maximum amount is a lifetime maximum. Benefits are not paid to repair or replace any orthodontic appliance received under a Delta Dental plan.

Delta Dental PPO Exclusions¹

1. Treatment of injuries or illness covered by workers' compensation.
2. Cosmetic surgery or procedures for purely cosmetic reasons.
3. Maxillofacial prosthetics.
4. Provisional and/or temporary restorations (except under special circumstances for children 16 years of age or younger).
5. Services for congenital (hereditary) or developmental (following birth) malformations except for newborns.
6. Treatments or devices that increase the vertical dimension of an occlusion, restore an occlusion to normal, replace tooth structure lost by abrasion or erosion, or otherwise.

¹ The limitations and exclusions listed in this booklet are only a summary and not intended or designed to replace or serve as the plan Policy. Additional limitations and/or waiting periods may apply for some benefits; some additional services may be excluded from the plan. Purchasers should consult the Policy for complete plan information, including full limitations and exclusions. You can access plan Policies by visiting deltadentalins.com/shopping/delta/get-a-quote, entering some basic client information and then selecting the desired plan. Click the "Disclosure Form/Contract" button at the bottom of the page to view the Policy.

Limitations & Exclusions cont.



7. Services provided, supplies furnished or devices started prior to an enrollee's effective eligibility date.
8. Prescription drugs, pre-medication and relative analgesias.
9. Charges for anesthesia, other than general anesthesia or IV sedation, administered by a provider in connection with covered oral surgery or selected endodontic and periodontal surgery.
10. Extraoral grafts.
11. Lab-processed crowns for children under age 12.
12. Fixed bridges and removable partials for children under age 16.
13. Indirectly fabricated resin-based inlays/onlays.
14. Missed and/or canceled appointments.

The following exclusion applies to the Basic PPO plan only:

15. Services for any disturbance of the temporomandibular (jaw) joints (TMJ) or associated musculature, nerves and tissue except as provided under the TMJ benefit section, if applicable.

DeltaCare USA Limitations¹

1. The frequency of certain benefits is limited. All frequency limitations are listed in the Description of Benefits and Copayments found in the plan Policy.
2. Coverage for treatment provided by a pediatric dentist is limited to children through age 7 following a treatment

attempt by the enrollee's selected DeltaCare USA contract dentist and requires prior authorization.

3. Orthodontic treatment costs for enrollees whose coverage has been terminated or canceled will be based on the contract orthodontist's usual fee for treatment. The contract orthodontist will prorate the amount for the number of months remaining to complete treatment. The enrollee pays the contract orthodontist as arranged.

DeltaCare USA Exclusions¹

1. Any procedure not listed under the plan's Description of Benefits and Copayments found in the plan Policy.
2. Any procedure that, in the professional opinion of the contract dentist, has poor prognosis for a successful result and reasonable longevity (or is inconsistent with generally accepted standards for dentistry).
3. Cosmetic surgery or procedures for purely cosmetic reasons (except external bleaching for home application).
4. Services for congenital (hereditary) or developmental (following birth) malformations except for treatment of newborn children.
5. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures for children under age 16.
6. Lost or stolen appliances.

Limitations & Exclusions cont.



7. Procedures, appliances or restoration to diagnose or treat temporomandibular joint (TMJ) conditions.
8. Implant-supported dental appliances.
9. Consultations for non-covered benefits.
10. Dental services received from any dental facility other than the assigned contract dentist or a preauthorized dental specialist, except for emergency services as described in the plan Policy.
11. All related fees for admission, use or stays in a hospital, outpatient surgery center, extended care facility or other similar care facility.
12. Prescription drugs.
13. Changes in orthodontic treatment necessitated by any kind of accident.

Selling tips



Online Services

Username:

Password:

[Log In](#) [Register Today](#)

[Username and Password help.](#)

Health Care Marketplace (Exchange) Customers:

[Check Your Enrollment Status](#)

Easy online appointment/registration

You'll need to be appointed/registered with us to sell Delta Dental plans. If you're not, visit us at deltadentalins.com, and click "[Register Today](#)".¹

If you have questions about your appointment status, need help registering or finding marketing materials, please contact Producer Services:

Call: 866-760-4080

Email: producerservices@delta.org

Looking for a dental plan?

Get the coverage you need and access to a nationwide network.

[Buy Individual or Family Plans](#)

[Get a Quote](#)

Instant online quotes

For the most up-to-date plan rates, you and your clients can get an instant quote on our website. From the deltadentalins.com homepage, just click the "Get a Quote" button.

Smooth shopping and commissions experience

The simplest way for clients to enroll and for you to get credit is to share your unique individual broker link. The link will lead clients directly to our instant quoting and enrollment flow. Because it's tied to your broker number, we'll know who to credit the sale to when clients enroll. If you do not have one or need help, please reach out to Producer Services.

If you prefer not to use the link, once clients get an online quote (see above), they'll also have the option to purchase. Just tell clients to enter your broker number when they apply for the plan so you'll get credit.

Coordination of benefits

Please note that Delta Dental Individual and Family plans are considered the enrollee's primary plan and do not permit coordination of benefits with another dental plan.

¹ Administrative processing fee applies; fees may vary based on state, product and legal entity.