

# Delta Dental Individual & Family™ plans in Florida

Delta Dental PPO™  
DeltaCare® USA



## A smart choice for dental coverage

You can count on Delta Dental as a trusted leader in dental coverage.<sup>1</sup> Plans from Delta Dental make sure you get the coverage you need, at a reasonable cost, with a dentist you trust.

We offer three simple, easy-to-use and affordable plans for individuals: Basic PPO, Premium PPO and DeltaCare USA.

### What is Delta Dental PPO?

Delta Dental PPO is a plan that covers a percentage of your costs for covered dental services. After you meet your annual deductible, you pay your share of the bill and your plan pays the rest.<sup>2</sup> You can visit any dentist, but you'll likely save the most with a Delta Dental PPO dentist. Once you enroll, you get coverage for diagnostic and preventive care, including exams, cleanings and x-rays. Your Delta Dental PPO plan will keep you smiling well into the future!

### What is DeltaCare USA?

DeltaCare USA is a copay plan that gives you comprehensive dental coverage with no waiting periods, no hidden fees, no annual maximums and no deductibles. You'll select a primary care dentist from the DeltaCare USA network who you must visit to receive benefits.<sup>3</sup> You'll have a complete list of copayments for every covered procedure so you know all your costs for covered services up front. That's the simplicity of a DeltaCare USA plan.

Delta Dental PPO is underwritten by Delta Dental Insurance Company in FL. DeltaCare USA is underwritten in Florida by Delta Dental Insurance Company. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all states. Companies are financially responsible for their own products. In Florida, Delta Dental Insurance Company provides DeltaCare USA Plan benefits as a Prepaid Limited Health Service Organization as described in Chapter 636 of the Florida Statutes.

<sup>1</sup> Delta Dental Annual Market and Industry Trends Report, July 2021.

<sup>2</sup> Excluding applicable deductibles, amounts over plan maximums and non-covered services.

<sup>3</sup> Change your selected network dentist at any time online, by phone or in writing. Changes made by the 15th of the month are effective the first day of the following month. You may visit any dentist in the case of an emergency. Limitations and exclusions may apply. Refer to your plan documents for more information.



[deltadentalins.com/plans](https://deltadentalins.com/plans)

# How do I know which plan is right for me?

## Delta Dental PPO is...

**Flexible.** You can visit any licensed dentist, but you'll likely save the most with a Delta Dental PPO dentist.

**Simple.** When you receive care from a Delta Dental PPO dentist, you pay a percentage for any covered services and your plan pays the rest.<sup>1</sup>

**Dual choice.** Choose the plan that works best for you. Both the Basic Plan and Premium Plan offer preventive care with few out-of-pocket costs at a Delta Dental PPO dentist. Premium Plans also cover orthodontics, crowns and more.<sup>2</sup>

## Keep track of your benefits online

All Delta Dental plans come with an online account where you can get information about your plan, check benefits and eligibility information, find a network dentist and more.

## DeltaCare USA is...

**Convenient.** You'll select a primary care dentist from the DeltaCare USA network who you must visit to receive benefits.

**Predictable.** DeltaCare USA is a great solution if you prefer to plan for costs ahead of time. You'll receive a list of covered services with set copayments.<sup>3</sup>

**Comprehensive.** DeltaCare USA plans cover more than 300 procedures, with zero or low copayments for preventive care.



Locate a Delta Dental dentist near you with the **Find a Dentist** tool at [deltadentalins.com/find-a-dentist](https://deltadentalins.com/find-a-dentist).

<sup>1</sup> Excluding applicable deductibles, amounts over plan maximums and non-covered services.

<sup>2</sup> Plan benefits may vary based on state requirements. This benefit information is only a summary and is not intended to replace or serve as the plan policy. 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 the document by visiting [deltadentalins.com](https://deltadentalins.com) and clicking Get a quote.

<sup>3</sup> Specialist services performed by an out-of-network specialist that are not authorized by Delta Dental are not covered.

## Have questions?

Contact your broker to learn more and enroll online.

**Broker:**

**Phone:**

**Email:**

**Delta Dental broker number:**

**Enroll online:**

For the most up-to-date plan rates, you can get an instant quote by visiting the link listed next to **Enroll online**. Or, you can type in **deltadentalins.com** and select **Get a quote**.

If you enroll without using the link listed next to **Enroll online**, remember to include your broker's ID number in Agent/Producer Information during checkout!



# Delta Dental PPO Plan comparison<sup>1</sup>

<b>Eligibility:</b> You, spouse (or domestic partner), eligible dependent children up to age 26				
<b>Plan types</b>	<b>Delta Dental PPO – Basic Plan</b>		<b>Delta Dental PPO – Premium Plan</b>	
<b>Calendar year deductible</b> Per enrollee	\$50		\$50	
Family	\$150		\$150	
<b>Annual maximum</b>	\$1,000		\$2,000	
<b>Orthodontic deductible</b>	Not covered		\$50	
<b>Orthodontic lifetime maximum</b>	Not covered		\$1,500	
<b>Waiting periods</b> Diagnostic and preventive services (D&P)	None		None	
Basic services	6 months		6 months	
Major services	Not covered		12 months	
Orthodontics	Not covered		12 months	
<b>Benefits and covered services</b>	Delta Dental PPO dentists	Non-PPO dentists	Delta Dental PPO dentists	Non-PPO dentists
<b>Diagnostic and preventive services (D&amp;P)</b> Exams, cleaning, x-rays, sealants	100% (no deductible required)		100% (no deductible required)	
<b>Basic services</b> Fillings, simple extractions	50% after deductible is met		80% after deductible is met	
<b>Endodontics</b> Root canals	50% after deductible is met		50% after deductible is met	
<b>Periodontics</b> Gum treatments	Not covered		50% after deductible is met	
<b>Oral surgery</b>	50% after deductible is met		50% after deductible is met	
<b>Prosthodontics</b> Bridges, dentures, implants	Not covered		50% after deductible is met	
<b>Major services</b> Crowns, inlays, onlays, cast restorations	Not covered		50% after deductible is met	
<b>Orthodontics</b> Adults and dependent children	Not covered		50% after deductible is met	

<sup>1</sup> Dentist 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.



# DeltaCare USA copayments<sup>1</sup>

<b>Eligibility:</b> You, spouse, eligible dependent children up to age 26		
<b>Procedure name</b>	<b>Procedure code</b>	<b>Your copayment</b>
<b>Diagnostic and preventive services (D&amp;P)</b>		
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
<b>Basic services</b>		
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
<b>Endodontics</b>		
Root canal — front tooth	D3310	\$240
Root canal — premolar tooth	D3320	\$350
Root canal — molar tooth	D3330	\$400

<sup>1</sup> This benefit information is only a summary and not intended or designed to replace or serve as the 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. Consult the Policy for complete plan information, including full limitations and exclusions. You can access the plan Policy by visiting [deltadentalins.com/shopping/delta/get-a-quote](https://deltadentalins.com/shopping/delta/get-a-quote), entering some basic 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

## copayments (continued)

Procedure name	Procedure code	Your copayment
<b>Periodontics</b>		
Periodontal surgery — per quadrant	D4260	\$650
Periodontal scaling and root planing — 4 or more teeth per quadrant	D4341	\$80
Periodontal maintenance	D4910	\$65
<b>Prosthodontics</b>		
Full upper denture	D5110	\$495
Partial upper denture — cast metal framework with resin denture bases (with clasps, rests and teeth)	D5213	\$565
<b>Oral surgery</b>		
Removal of a fully exposed tooth	D7140	\$40
Removal of a fully impacted tooth — completely bony	D7240	\$210
<b>Orthodontics</b>		
Comprehensive orthodontic treatment — pediatric services	D8070	You pay 75% of contract orthodontist's filed fees
Comprehensive orthodontic treatment — adult services	D8090	
<b>Teeth whitening</b>		
External bleaching for home application, per arch; includes materials and fabrication of custom trays	D9975	\$125

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-2022 descriptors or nomenclature, which are under copyright by the American Dental Association.

**IMPORTANT:** Can you read this document? If not, we can have somebody help you read it. For free help, please call Delta Dental at 1-888-335-8227. You may also be able to receive this document in Spanish or Chinese.

**IMPORTANTE:** ¿Puede leer este documento? Si no, podemos ayudarle. Para obtener ayuda gratis, llame a Delta Dental al 1-888-335-8227. También puede recibir este documento en español o chino.

**重要通知：**您能讀這份文件嗎？如有問題，我們可請他人協助您。如需免費協助，請電 Delta Dental 1-888-335-8227。您也能取得這份文件的西班牙文或中文譯本。