

# DeltaCare<sup>®</sup> USA

## Alpha Dental Individual & Family<sup>™</sup>

DeltaCare USA  
Basic Plan for Families



Dental benefits that are  
affordable and easy to understand  
**Get dental care right away with DeltaCare USA**

### Is a DeltaCare USA plan right for me?

With easy-to-understand set costs and affordable pricing, DeltaCare USA is great for budget-conscious people. DeltaCare USA plans feature:

- Set costs (also known as copayments) for covered dental services
- No waiting periods on any covered procedures, even major services
- Low or no copays for diagnostic and preventive care

To use your plan, you'll need to see your chosen DeltaCare USA dentist. But don't worry! If you need emergency dental care, even when you're away from home, you'll be covered by an emergency services provision.<sup>1</sup>

#### Underwriter

Alpha Dental of Nevada, Inc.  
P.O. Box 660138  
Dallas, TX 75266

#### Claims and Correspondence

P.O. Box 1803  
Alpharetta, GA 30023

#### Customer Service

888-857-0337  
[deltadentalins.com](http://deltadentalins.com)

<sup>1</sup> Please consult the plan policy for a description of plan benefits, limitations and exclusions. **[View the full copayment schedule](#)**, plus limitations and exclusions or call **888-857-0337**.

Delta Dental Insurance Company acts as the DeltaCare USA administrator in all states.

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## How does DeltaCare USA work?

If you're familiar with HMO-style insurance plans, you'll find DeltaCare USA easy to understand.

When you visit your chosen DeltaCare USA dentist for care, you'll just pay the copayments listed in your plan documents for any covered services you receive. Because there are no waiting periods or deductibles (minimum amounts you must pay before your plan will begin helping with your costs), you can make the most of your benefits the first day your coverage begins.

You won't need an ID card to get care. Just give your information to your dentist and they can find your coverage.



### Important tips

- Always visit your chosen DeltaCare USA primary care dentist for care. It's easy to change your dentist anytime online or by phone.<sup>2</sup>
- Find a DeltaCare USA dentist near you with **Find a Dentist search**. Browse the built-in Yelp® and DentaQual® ratings to help you find a dentist you'll love.
- Review the plan highlights on the next page to see the copayments for the most common covered services. You can also **view the full copayment schedule** or **the Health Care Exchange (Marketplace) plans page** for more information.

Read your policy carefully. This brochure provides a brief description of the important features of your policy. This is not the insurance policy and only the policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is therefore important that you read your policy carefully.

<sup>2</sup> Changes received between the first and 15th of the month are effective immediately. Changes received on the 16th through the end of the month will be effective on the first of the next month.

# Alpha 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)
<b>Deductible</b> Enrollee Family	None None	None None
<b>Out-of-Pocket Maximum</b> After this amount is reached, the plan pays 100% of the remaining covered services per Calendar Year.	\$425 one pediatric enrollee \$850 two or more pediatric enrollees	None

### Sample of Covered Services<sup>1</sup>

Procedure Code	Description <sup>2</sup>	Copayment Amount <sup>3</sup>	
		Pediatric Benefits	Adult Benefits
<b>Diagnostic and Preventive Services</b>			
D0999	Office visit	\$15	\$15
D0120	Periodic oral exam — established patient	\$5	\$5
D0150	Comprehensive oral evaluation — new or established patient	\$5	\$5
D0210	Complete series of x-rays	\$25	\$25
D0220	Periapical x-ray of tooth's root	\$5	\$5
D0230	Periapical x-ray of tooth's root, each additional image	\$5	\$5
D0272	Bitewing x-rays (2 images)	\$5	\$5
D0274	Bitewing x-rays (4 images)	\$5	\$5
D0330	Panoramic x-ray	\$25	\$25
D1110	Prophylaxis (cleaning) — adult	\$10	\$10
D1120	Prophylaxis (cleaning) — child	\$10	Not a benefit
D1208	Fluoride treatment	No cost	No cost
D1351	Sealant — per tooth	\$10	Not a benefit

<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-2024 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.

Procedure Code	Description <sup>2</sup>	Copayment Amount <sup>3</sup>	
		Pediatric Benefits	Adult Benefits
<b>Basic Services</b>			
D2140	Amalgam (silver-colored) filling, 1 surface	\$30	\$30
D2150	Amalgam (silver-colored) filling, 2 surfaces	\$45	\$45
D2160	Amalgam (silver-colored) filling, 3 surfaces	\$55	\$55
D2330	Resin (tooth-colored) filling, front tooth, 1 surface	\$70	\$70
D2331	Resin (tooth-colored) filling, front tooth, 2 surfaces	\$80	\$80
D2332	Resin (tooth-colored) filling, front tooth, 3 surfaces	\$90	\$90
D2391	Resin (tooth-colored) filling, back tooth, 1 surface	\$75	\$75
D2392	Resin (tooth-colored) filling, back tooth, 2 surfaces	\$85	\$85
D2393	Resin (tooth-colored) filling, back tooth, 3 surfaces	\$120	\$120
<b>Endodontics</b>			
D3310	Root canal, front tooth	\$350	\$350
D3320	Root canal, premolar tooth	\$350	\$350
D3330	Root canal, molar tooth	\$350	\$350
<b>Periodontics</b>			
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
<b>Oral Surgery</b>			
D7140	Extraction (removal) of a fully exposed tooth	\$70	\$70
D7210	Extraction of erupted (exposed) tooth	\$120	\$120
D7240	Extraction of fully impacted tooth, completely bony	\$220	\$220
<b>Major Services</b>			
D2750	Crown, porcelain and precious metal	Not a benefit	\$485
D2790	Crown, precious metal	Not a benefit	\$485
D5110	Full upper denture	\$350	\$350
D6240	Bridge pontic, porcelain and precious metal	Not a benefit	\$485
D6750	Bridge crown, porcelain and precious metal	Not a benefit	\$485
<b>Orthodontics</b>			
D8080	Pediatric services <sup>4</sup>	\$350 <sup>4</sup>	Not a benefit
D8090	Adult services	\$350 <sup>4</sup>	\$3,250

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

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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)

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