

DeltaCare[®] USA

Delta Dental Individual & Family[™]

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.¹

Underwriter

Delta Dental of New York, Inc.
P.O. Box 660138
Dallas, TX 75266-0138

Claims and Correspondence

P.O. Box 1803
Alpharetta, GA 30023

Customer Service

888-857-0337
www1.deltadentalins.com/exchange

¹ 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.²
- 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.

If you are not satisfied with the policy for any reason, you may return the Policy within 10 days after you receive it. Mail or deliver it to Delta Dental Insurance Company. Any premium paid will be refunded. The policy will then be void from its start.

² 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.

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Plan Highlights — Pediatric Enrollees (up to age 19)

Pediatric Dental Care Essential Health Benefit	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing
Deductibles and Maximums		
Deductible	None	Non-Participating Provider services are not Covered except as required for Emergency Dental Care described in the Pediatric Dental Care section of this Policy
Out-of-Pocket Maximum After this amount is reached, the plan pays 100% of the remaining covered services for that plan year.	\$450 one pediatric enrollee \$900 two or more pediatric enrollees	

Sample of Covered Services²

Procedure Code	Description ³	Copayment Amount ¹	
Pediatric Dental Care Essential Health Benefit and Care		Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing
Diagnostic and Preventive Services			
D0999	Office visit	\$25	Non-Participating Provider Services Are Not covered and You Pay the Full Cost
D0120	Periodic oral exam — established patient	No cost	
D0150	Comprehensive oral evaluation — new or established patient	No cost	
D0210	Complete series of x-rays	\$25	
D0220	Periapical x-ray of tooth's root	No cost	
D0230	Periapical x-ray of tooth's root, each additional image	No cost	
D0272	Bitewing x-rays (2 images)	No cost	
D0274	Bitewing x-rays (4 images)	No cost	
D0330	Panoramic x-ray	\$25	
D1110	Prophylaxis (cleaning) — adult	\$15	
D1120	Prophylaxis (cleaning) — child	\$15	
D1208	Fluoride treatment	\$15	
D1351	Sealant — per tooth	\$15	

Procedure Code	Description ³	Copayment Amount ¹	
Pediatric Dental Care Essential Health Benefit and Care		Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing
Basic Services			
D2140	Amalgam (silver-colored) filling, 1 surface	\$60	Non-Participating Provider Services Are Not covered and You Pay the Full Cost
D2150	Amalgam (silver-colored) filling, 2 surfaces	\$85	
D2160	Amalgam (silver-colored) filling, 3 surfaces	\$110	
D2330	Resin (tooth-colored) filling, front tooth, 1 surface	\$90	
D2331	Resin (tooth-colored) filling, front tooth, 2 surfaces	\$100	
D2332	Resin (tooth-colored) filling, front tooth, 3 surfaces	\$110	
D2391	Resin (tooth-colored) filling, back tooth, 1 surface	\$90	
D2392	Resin (tooth-colored) filling, back tooth, 2 surfaces	\$110	
D2393	Resin (tooth-colored) filling, back tooth, 3 surfaces	\$140	
Endodontics			
D3310	Root canal, front tooth	\$350	Non-Participating Provider Services Are Not covered and You Pay the Full Cost
D3320	Root canal, premolar tooth	\$350	
D3330	Root canal, molar tooth	\$350	
Periodontics			
D4341	Periodontal scaling and root planing — four or more teeth per quadrant	\$105	Non-Participating Provider Services Are Not covered and You Pay the Full Cost
D4910	Periodontal maintenance	\$55	
Oral Surgery			
D7140	Extraction (removal) of a fully exposed tooth	\$85	Non-Participating Provider Services Are Not covered and You Pay the Full Cost
D7210	Extraction of erupted (exposed) tooth	\$165	
D7240	Extraction of fully impacted tooth, completely bony	\$280	

Procedure Code	Description ³	Copayment Amount ¹	
Pediatric Dental Care Essential Health Benefit and Care		Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing
Major Services			
D2750	Crown, porcelain and precious metal	\$350	Non-Participating Provider Services Are Not covered and You Pay the Full Cost
D2790	Crown, precious metal	\$350	
D5110	Full upper denture	\$350	
D6240	Bridge pontic, porcelain and precious metal	\$350	
D6750	Bridge crown, porcelain and precious metal	\$350	
Orthodontics			
D8080	Pediatric services ⁴	\$350 ⁴	Non-Participating Provider Services Are Not covered and You Pay the Full Cost
D8090	Adult services	\$350 ⁴	

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-2025 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.

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

Plan Highlights — Adult Enrollees (age 19 and older)

Adult Dental Care	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing
Deductibles and Maximums		
Deductible	None	Non-Participating Provider Services Are Not covered and You Pay the Full Cost
Out-of-Pocket Maximum After this amount is reached, the plan pays 100% of the remaining covered services for that calendar year.	None	

Sample of Covered Services²

Procedure Code	Description ³	Copayment Amount ¹	
Adult Dental Care		Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing
Diagnostic and Preventive Services			
D0999	Office visit	\$20	Non-Participating Provider Services Are Not covered and You Pay the Full Cost
D0120	Periodic oral exam — established patient	\$5	
D0150	Comprehensive oral evaluation — new or established patient	\$5	
D0210	Complete series of x-rays	\$20	
D0220	Periapical x-ray of tooth's root	\$5	
D0230	Periapical x-ray of tooth's root, each additional image	\$5	
D0272	Bitewing x-rays (2 images)	\$5	
D0274	Bitewing x-rays (4 images)	\$5	
D0330	Panoramic x-ray	\$20	
D1110	Prophylaxis (cleaning) — adult	\$15	
D1208	Fluoride treatment	\$15	

Procedure Code	Description ³	Copayment Amount ¹	
Adult Dental Care		Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing
Basic Services			
D2140	Amalgam (silver-colored) filling, 1 surface	\$55	Non-Participating Provider Services Are Not covered and You Pay the Full Cost
D2150	Amalgam (silver-colored) filling, 2 surfaces	\$75	
D2160	Amalgam (silver-colored) filling, 3 surfaces	\$100	
D2330	Resin (tooth-colored) filling, front tooth, 1 surface	\$80	
D2331	Resin (tooth-colored) filling, front tooth, 2 surfaces	\$90	
D2332	Resin (tooth-colored) filling, front tooth, 3 surfaces	\$100	
D2391	Resin (tooth-colored) filling, back tooth, 1 surface	\$80	
D2392	Resin (tooth-colored) filling, back tooth, 2 surfaces	\$100	
D2393	Resin (tooth-colored) filling, back tooth, 3 surfaces	\$130	
Endodontics			
D3310	Root canal, front tooth	\$280	Non-Participating Provider Services Are Not covered and You Pay the Full Cost
D3320	Root canal, premolar tooth	\$340	
D3330	Root canal, molar tooth	\$350	
Periodontics			
D4341	Periodontal scaling and root planing — four or more teeth per quadrant	\$105	Non-Participating Provider Services Are Not covered and You Pay the Full Cost
D4910	Periodontal maintenance	\$55	
Oral Surgery			
D7140	Extraction (removal) of a fully exposed tooth	\$75	Non-Participating Provider Services Are Not covered and You Pay the Full Cost
D7210	Extraction of erupted (exposed) tooth	\$165	
D7240	Extraction of fully impacted tooth, completely bony	\$235	

Procedure Code	Description ³	Copayment Amount ¹	
Adult Dental Care		Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing
Major Services			
D2750	Crown, porcelain and precious metal	\$350	Non-Participating Provider Services Are Not covered and You Pay the Full Cost
D2790	Crown, precious metal	\$350	
D5110	Full upper denture	\$350	
D6240	Bridge pontic, porcelain and precious metal	\$350	
D6750	Bridge crown, porcelain and precious metal	\$350	
Orthodontics			
D8090	Adult services	\$3250	Non-Participating Provider Services Are Not covered and You Pay the Full Cost

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³ A copayment is the amount the enrollee pays for covered services at the time of treatment.

Services Areas

Coverage is available in the following counties in New York:

Bronx	New York	Richmond
Genesee	Orange	Rockland
Kings	Queens	Suffolk
Nassau	Rensselaer	Westchester

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您能自行閱讀本文件嗎？如果不能，我們可請人幫助您閱讀。您還可以請人以您的語言撰寫本文件。如需免費幫助，請致電 888-857-0337 (TTY: 711)。 (Chinese)

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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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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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