

DeltaCare[®] USA

Alpha Dental of Utah, Inc.
Individual & Family[™]

DeltaCare USA
Basic Plan for Families
Plan year 2027



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

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

Claims and Correspondence

P.O. Box 1803
Alpharetta, GA 30023

Customer Service

888-857-0337
<https://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.

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

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.	\$450 one pediatric enrollee \$900 two or more pediatric enrollees	None

Sample of Covered Services¹

Procedure Code	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-2026 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.

Procedure Code	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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Կարո՞ղ եք կարդալ այս փաստաթուղթը: Եթե ոչ, ապա Ձեզ հասանելի են անվճար լեզվական օգնության ծառայություններ: Մատչելի ձևաչափերով տեղեկատվություն տրամադրելու համար համապատասխան օժանդակ փնջոցներն ու ծառայությունները նույնպես հասանելի են անվճար: Խնդրում եմ զանգահարել 888-857-0337 (TTY՝ 711): (Armenian)

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ਕੀ ਤੁਸੀਂ ਇਹ ਦਸਤਾਵੇਜ਼ ਪੜ੍ਹ ਸਕਦੇ ਹੋ? ਜੇ ਨਹੀਂ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਸੁਵਿਧਾਜਨਕ ਫਾਰਮੈਟ ਵਿੱਚ ਜਾਣਕਾਰੀ ਦੇਣ ਲਈ ਉਚਿਤ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਵਿੱਚ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ ਕਾਲ ਕਰੋ 888-857-0337 (TTY: 711)। (Punjabi)

Koj nyeem puas tau daim ntaub ntawv no? Yog tias tsis tau no, ces yuav muaj kev pab cuam txhais lus pab dawb rau koj. Cov khoom pab thiab cov kev pab cuam ntxiv uas tsim nyog los muab ntaub ntawv qhia paub ua hom ntaub ntawv uas siv tau kuj yuav muaj yam tsis tsub nqi dab tsi ntxiv. Thov hu rau 888-857-0337 (TTY: 711). (Hmong)

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