

# DeltaCare<sup>®</sup> USA

## Delta 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

Delta Dental Insurance Company  
1130 Sanctuary Parkway  
Alpharetta, GA 30009

#### 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.



Delta Dental Insurance Company provides benefits as a Prepaid Limited Health Services Organization as described in Chapter 636 of the Florida Statutes.

### 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.

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.

<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.

# Delta Dental Individual & Family™

## DeltaCare® USA | Basic Plan for Families

### Plan Highlights

| Deductibles and Maximums                                                                                                              | Pediatric Benefits<br>(up to age 19)                                  | Adult Benefits<br>(age 19 and older) |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------|
| <b>Deductible</b><br>Enrollee<br>Family                                                                                               | None<br>None                                                          | None<br>None                         |
| <b>Out-of-Pocket Maximum</b><br>After this amount is reached, the plan pays 100% of the remaining covered services per Calendar Year. | \$400 one pediatric enrollee<br>\$800 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                                               | \$20                          | \$10           |
| D0120                                     | Periodic oral exam — established patient                   | No cost                       | No cost        |
| D0150                                     | Comprehensive oral evaluation — new or established patient | No cost                       | No cost        |
| D0210                                     | Complete series of x-rays                                  | \$25                          | \$10           |
| D0220                                     | Periapical x-ray of tooth's root                           | No cost                       | No cost        |
| D0230                                     | Periapical x-ray of tooth's root, each additional image    | No cost                       | No cost        |
| D0272                                     | Bitewing x-rays (2 images)                                 | No cost                       | No cost        |
| D0274                                     | Bitewing x-rays (4 images)                                 | No cost                       | No cost        |
| D0330                                     | Panoramic x-ray                                            | \$25                          | \$25           |
| D1110                                     | Prophylaxis (cleaning) — adult                             | \$15                          | \$15           |
| D1120                                     | Prophylaxis (cleaning) — child                             | \$15                          | Not a benefit  |
| D1208                                     | Fluoride treatment                                         | \$10                          | \$5            |
| D1351                                     | Sealant — per tooth                                        | \$20                          | 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-2022 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                            | \$45                          | \$40           |
| D2150                 | Amalgam (silver-colored) filling, 2 surfaces                           | \$50                          | \$50           |
| D2160                 | Amalgam (silver-colored) filling, 3 surfaces                           | \$70                          | \$65           |
| D2330                 | Resin (tooth-colored) filling, front tooth, 1 surface                  | \$75                          | \$70           |
| D2331                 | Resin (tooth-colored) filling, front tooth, 2 surfaces                 | \$90                          | \$85           |
| D2332                 | Resin (tooth-colored) filling, front tooth, 3 surfaces                 | \$100                         | \$95           |
| 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                 | \$90           |
| D2393                 | Resin (tooth-colored) filling, back tooth, 3 surfaces                  | Not a benefit                 | \$105          |
| <b>Endodontics</b>    |                                                                        |                               |                |
| D3310                 | Root canal, front tooth                                                | \$270                         | \$270          |
| D3320                 | Root canal, premolar tooth                                             | \$320                         | \$320          |
| D3330                 | Root canal, molar tooth                                                | \$390                         | \$390          |
| <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                          | \$85                          | \$85           |
| D7210                 | Extraction of erupted (exposed) tooth                                  | \$140                         | \$140          |
| D7240                 | Extraction of fully impacted tooth, completely bony                    | \$265                         | \$245          |
| <b>Major Services</b> |                                                                        |                               |                |
| D2750                 | Crown, porcelain and precious metal                                    | \$350                         | \$350          |
| D2790                 | Crown, precious metal                                                  | \$350                         | \$350          |
| D5110                 | Full upper denture                                                     | \$350                         | \$350          |
| D6240                 | Bridge pontic, porcelain and precious metal                            | \$350                         | \$350          |
| D6750                 | Bridge crown, porcelain and precious metal                             | \$350                         | \$350          |
| <b>Orthodontics</b>   |                                                                        |                               |                |
| D8080                 | Pediatric services <sup>4</sup>                                        | \$350 <sup>4</sup>            | \$3,250        |
| 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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