

Delta Dental Individual & FamilySM



DeltaCare[®] USA

FAMILY DENTAL HMO

THE RIGHT CHOICE

When it comes to dental benefits, making the right choice can be simple. The DeltaCare USA plan is easy to use, affordable and can help keep your smile healthy. Learn more and enroll today!

With the DeltaCare USA plan, there are no surprises. You'll receive a list of covered dental services with your share of the cost (called a copayment). Some services are available at no cost.² Your out-of-pocket costs will be clearly defined before treatment begins.



BUDGET-FRIENDLY PRICING

The DeltaCare USA plan offers the dental coverage you need at an affordable cost.

- No deductibles or maximums for covered services
- Low or no copayments for services like cleanings and exams



CONVENIENT ONLINE SERVICES

Wherever you are — work, home or on the go — you can manage your online account through your smartphone or PC.

- Access your plan information.
- View or change your primary care dentist (use our Find a Dentist tool to find a conveniently located network dentist).
- View or print your ID card — and more.

(continued on back)



DENTAL BENEFITS MADE EASY!

When you enroll, you'll choose a DeltaCare USA dentist from our nationwide network of dentists. You must visit your selected primary care dentist to receive benefits.¹ We carefully screen facilities for quality of care and best practices. And our low network turnover allows you to have a long-term relationship with your dentist.

Underwritten by

Delta Dental of California
100 First Street
San Francisco, CA 94105

Administered by

Delta Dental Insurance Company
P.O. Box 1803
Alpharetta, GA 30023

Customer Service

800-471-7583

deltadentalins.com

Why choose this plan?

- No restrictions on pre-existing conditions (except for work in progress)²
- No claim forms to fill out
- No ID card needed to receive services
- Easy access to specialty care (coordinated by your primary care dentist)
- Out-of-area dental emergency coverage

Dental is important...

Skipping preventive care can lead to serious dental problems. And expensive treatments can quickly add up to more than a full year's premium. The DeltaCare USA plan is designed to encourage regular dental care by covering an extensive list of services.

This benefit information is only a summary and is not intended to replace or serve as the plan Policy. Please consult the plan Policy for a description of plan benefits, limitations and exclusions. In the event of any inconsistency between this document and the plan Policy, the terms of the Policy will prevail. For a complete copay schedule, limitations and exclusions, [click here](#) or call 800-471-7583.

¹ Change your selected network dentist at any time online, by phone or in writing. Changes made by the 21st of the month are effective the first day of the following month.

² Read your plan Policy for a complete list of covered services, copayments, plan limitations and exclusions.

Delta Dental Individual & FamilySM

DeltaCare[®] USA

Family Dental HMO

Plan Highlights

Deductibles & Maximums		Pediatric Benefits (up to age 19)	Adult Benefits (age 19 and older)
Deductible	Enrollee	None	None
	Family	None	None
Out-of-Pocket Maximum After this amount is reached, the plan pays 100% of the remaining covered services per Calendar Year.		\$350 one pediatric enrollee \$700 two or more pediatric enrollees	None

DeltaCare USA provides great dental benefits and predictable costs. The plan provides a full list of copayments¹ so the cost for covered services is never a surprise. Copayments for some of the most common services are listed below.

Sample of Covered Services²

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

Category	Procedure Code and Description ³	Copayment Amount	
		Pediatric Benefits	Adult Benefits
Basic Services	D2140 — Amalgam (silver-colored) filling, 1 surface	\$25	\$25
	D2150 — Amalgam (silver-colored) filling, 2 surfaces	\$30	\$30
	D2160 — Amalgam (silver-colored) filling, 3 surfaces	\$40	\$40
	D2330 — Resin (tooth-colored) filling, front tooth, 1 surface	\$30	\$30
	D2331 — Resin (tooth-colored) filling, front tooth, 2 surfaces	\$45	\$45
	D2332 — Resin (tooth-colored) filling, front tooth, 3 surfaces	\$55	\$55
	D2391 — Resin (tooth-colored) filling, back tooth, 1 surface	\$30	\$30
	D2392 — Resin (tooth-colored) filling, back tooth, 2 surfaces	\$40	\$40
	D2393 — Resin (tooth-colored) filling, back tooth, 3 surfaces	\$50	\$50
Endodontics	D3310 — Root canal, front tooth	\$195	\$200
	D3320 — Root canal, bicuspid tooth	\$235	\$235
	D3330 — Root canal, molar tooth	\$300	\$300
Periodontics	D4260 — Periodontal surgery, per quadrant	\$265	\$265
	D4341 — Periodontal scaling and root planing — four or more teeth per quadrant	\$55	\$55
	D4910 — Periodontal maintenance	\$30	\$30
Oral Surgery	D7140 — Extraction (removal) of a fully exposed tooth	\$65	\$65
	D7210 — Extraction of erupted (exposed) tooth	\$120	\$115
	D7240 — Extraction (removal) of fully impacted tooth, completely bony	\$160	\$160
Major Services	D2750 — Crown, porcelain and precious metal	Not a benefit	\$300
	D2790 — Crown, precious metal	Not a benefit	\$300
	D5110 — Full upper denture	\$300	\$400
	D6240 — Bridge pontic, porcelain and precious metal	Not a benefit	\$300
Orthodontics	D8080 — Pediatric services — Medically necessary only	\$350	Not a benefit

¹ A copayment is the amount the enrollee pays for covered services at the time of treatment.

² Benefits featured above represent the most frequently used services covered under your plan; other services are also covered. After enrollment, the DeltaCare USA plan will make available a complete list of covered services and copayments, along with any limitations and exclusions that apply. Coverage may not be available in all areas. Service area coverage and/or restrictions are listed in the limitations and exclusions.

³ Copayments and procedure descriptions referenced above are intended to clarify the delivery of benefits under the DeltaCare USA plan and are not to be interpreted as CDT-2017 descriptors or nomenclature, which are under copyright by the American Dental Association.

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