DeltaCare® USA

Q+A: Continuous Orthodontic Coverage with your DeltaCare USA Plan

Welcome to your DeltaCare USA plan!
If you or an eligible member of your family has started orthodontic treatment under a previous plan sponsored by an employer/organization, you may be able to continue that coverage when you switch to a DeltaCare USA plan.

How does it work?
Through a provision called *orthodontic treatment in progress*, your DeltaCare USA plan allows you to continue treatment you started under your previous dental plan sponsored by an employer/organization. You'll be able to visit the same orthodontist and enjoy the same coverage and copayments as your previous plan. As long as you remain eligible for coverage under your DeltaCare USA plan, you pay the same amount that you would have paid under your previous coverage.

How do I qualify?
If you started orthodontic treatment under your previous dental plan, and if banding has been completed, you're eligible for continuous coverage under your DeltaCare USA plan and can continue to visit the same orthodontist.

If banding hasn't been completed, you're not eligible for continuous orthodontic coverage. In that case, orthodontic treatment must be provided by a DeltaCare USA network orthodontist in accordance with the copayments, limitations and exclusions defined in your DeltaCare USA plan.[1]

What if I'm about to begin orthodontic treatment?
To begin orthodontic treatment, you must select a DeltaCare USA network orthodontist to receive your DeltaCare USA orthodontic benefits. Your copayments, limitations and exclusions are determined by your DeltaCare USA plan.[1]

How do I sign up for continuous orthodontic coverage?
Please have your treating orthodontist complete and submit the form below along with a claim form within 30 days of your plan effective date. We'll coordinate benefits as necessary with your orthodontist.

[1] Upon enrollment in a DeltaCare USA plan, you'll receive an Evidence/Certificate of Coverage (EOC/COC) booklet. Please review your EOC/COC for details about your plan. Retain this flyer and keep it with your EOC/COC.

DeltaCare USA is underwritten in these states by these entities: AL — Alpha Dental of Alabama, Inc.; AZ — Alpha Dental of Arizona, Inc.; CA — Delta Dental of California; AR, CO, IA, MA, ME, MI, MN, NC, ND, NE, NH, OK, OR, RI, SC, SD, VA, VT, WA, WI, WY — Dentegra Insurance Company; AK, CT, DC, DE, FL, GA, KS, LA, MS, MT, TN, WV — Delta Dental Insurance Company; HI, ID, IL, IN, KY, MD, MO, NJ, OH, TX — Alpha Dental Programs, Inc.; NV — Alpha Dental of Nevada, Inc.; UT — Alpha Dental of Utah, Inc.; NM — Alpha Dental of New Mexico, Inc.; NY — Delta Dental of New York, Inc.; PA — Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states. These companies are financially responsible for their own products.

Continuous Orthodontic Coverage Form (To be completed by the treating orthodontist)

If your patient's previous orthodontic coverage was through an employer-sponsored dental plan and the patient meets all the conditions discussed above, please provide the following information:

Primary enrollee's name: _____ Previous dental plan end date: _____

Primary enrollee's ID #: _____ Banding date of patient: _____

Name of employer/organization: _____ Orthodontist's name: _____

Patient's name _____ Orthodontist's address: _____

Previous dental plan carrier: _____ Orthodontist's phone number: _____

Previous plan's total financial obligation: _____

In addition, please include the following required documents and information:

- Completed claim form, including the banding date.
- Explanation of Benefits showing how much the previous plan has paid to date and amount remaining.

Mail to: DeltaCare USA
Claims Department
P.O. Box 1810
Alpharetta, GA 30023

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