

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
deltadentalins.com

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.



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.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.

Delta Dental Individual & Family™

DeltaCare® USA | Basic Plan for Families

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. | \$425 one pediatric enrollee \$850 two or more pediatric enrollees | |

Sample of Covered Services²

| Procedure Code | Description ³ | Copayment Amount ¹ | |
|--|--|---|---|
| | | Participating Provider Member Responsibility for Cost-Sharing | Non-Participating Provider Member Responsibility for Cost-Sharing |
| Pediatric Dental Care Essential Health Benefit and Care | | | |
| 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-2024 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 | |
|---|--|---|---|
| | | Participating Provider Member Responsibility for Cost-Sharing | Non-Participating Provider Member Responsibility for Cost-Sharing |
| Adult Dental Care | | | |
| 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 | |
|--------------------------|--|---|---|
| | | Participating Provider Member Responsibility for Cost-Sharing | Non-Participating Provider Member Responsibility for Cost-Sharing |
| Adult Dental Care | | | |
| 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 |

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-2022 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.

Services Areas

Coverage is available in the following counties in New York:

Cayuga

Nassau

Rensselaer

Westchester

Cortland

New York

Rockland

Genesee

Oswego

Suffolk

Kings

Queens

Tompkins

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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)

Nababasa mo ba ang dokumentong ito? Kung hindi, may tao kaming makakatulong sa iyong basahin ito. Maaari mo ring makuha ang dokumentong ito nang nakasulat sa iyong wika. Para sa libreng tulong, pakitawagan ang 888-857-0337 (TTY: 711). (Tagalog)

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هل تستطيع قراءة هذا المستند؟ إذا كنت لا تستطيع، يمكننا أن نوفر لك من يساعدك في قراءتها. ربما يمكنك أيضاً الحصول على هذا المستند مكتوباً بلغتك للمساعدة المجانية اتصل بـ 888-857-0337 (TTY: 711). (Arabic)

Èske w ka li dokiman sa a? Si w pa kapab, nou ka fè yon moun ede w li l. Ou ka gen posiblite pou jwenn dokiman sa a tou ki ekri nan lang ou. Pou jwenn èd gratis, tanpri rele 888-857-0337 (TTY: 711). (Haitian Creole)

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Możesz przeczytać ten dokument? Jeśli nie, możemy Ci w tym pomóc. Możesz także otrzymać ten dokument w swoim języku ojczystym. Po bezpłatną pomoc zadzwoń pod numer 888-857-0337 (TTY: 711). (Polish)

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צי קענט איר ליענען דעם דאזיקן דאקומענט? אויב ניט, עמעצער דא קען אייך העלפן אים צו ליענען. 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)

Díísh yíníłta'go bííníghah? Doo bííníghahgóó éí nich'í' yídóółtahígíí nihee hółq. Díí naaltsoos t'áá Diné bizaad k'éhjí ályaago ałdó' nich'í' ádoolnítłgo bííghah. T'áá jíík'e shíká i'doolwoł nínízingo kojí' béésh holdíílnih 888-857-0337 (TTY: 711) (Navajo)