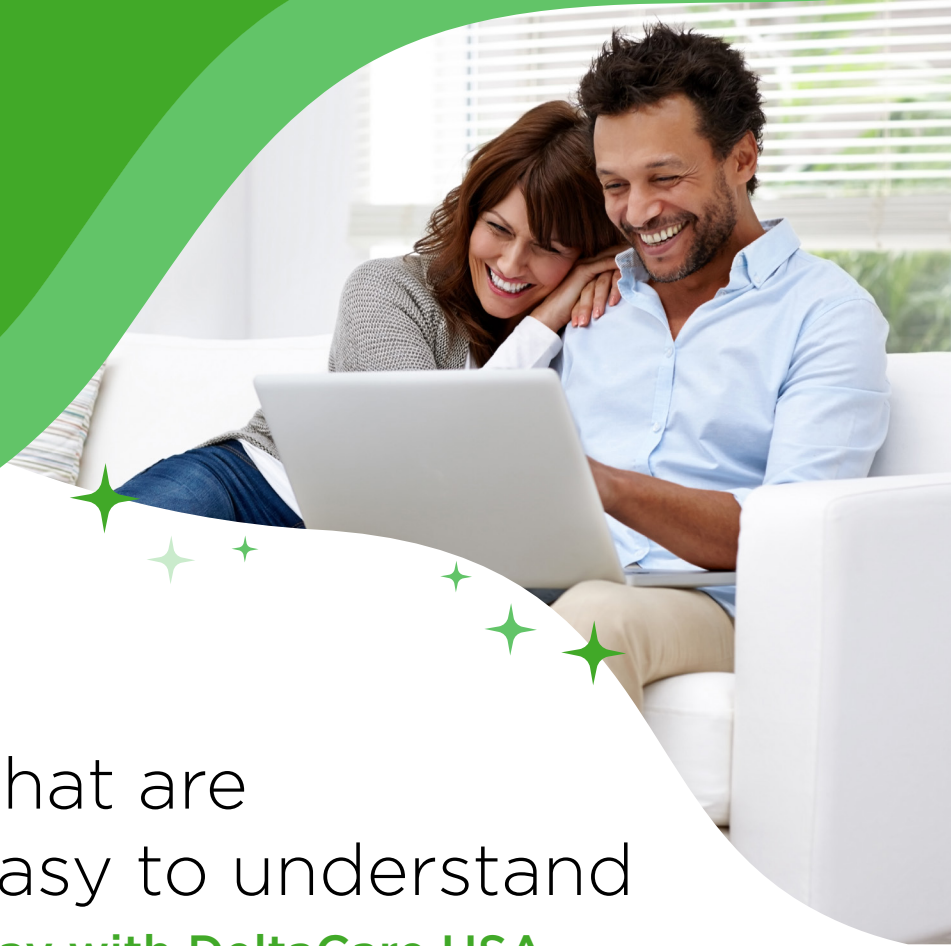


DeltaCare[®] USA

Delta Dental Individual & Family[™]

DeltaCare USA
Family dental HMO



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 California
P.O. Box 660138
Dallas, TX 75266

Claims and Correspondence

P.O. Box 1803
Alpharetta, GA 30023

Customer Service

888-282-8528

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 **888-282-8528**.

Delta Dental Insurance Company acts as the DeltaCare USA administrator in all states.

Delta Dental and DeltaCare USA are registered trademarks of Delta Dental Plans Association.

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.

Delta Dental Individual & Family™

DeltaCare® USA | Family Dental HMO

Plan Highlights

Deductibles and Maximums	Pediatric Benefits (up to age 19)	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.	\$350 one pediatric enrollee \$700 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 charge	No charge
D0120	Periodic oral exam — established patient	No charge	No charge
D0150	Comprehensive oral evaluation — new or established patient	No charge	No charge
D0210	Intraoral — comprehensive series of x-rays	No charge	No charge
D0220	Periapical x-ray of tooth's root	No charge	No charge
D0230	Periapical x-ray of tooth's root, each additional image	No charge	No charge
D0272	Bitewing x-rays (2 images)	No charge	No charge
D0274	Bitewing x-rays (4 images)	No charge	No charge
D0330	Panoramic x-ray	No charge	No charge
D1110	Prophylaxis (cleaning) — adult	No charge	No charge
D1120	Prophylaxis (cleaning) — child	No charge	Not covered
D1208	Fluoride treatment	No charge	No charge
D1351	Sealant — per tooth	No charge	Not covered

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-2025 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	\$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, premolar 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 of fully impacted tooth, completely bony	\$160	\$160
Major Services			
D2750	Crown, porcelain and precious metal	Not covered	\$300
D2790	Crown, precious metal	Not covered	\$300
D5110	Full upper denture	\$300	\$400
D6240	Bridge pontic, porcelain and precious metal	Not covered	\$300
Orthodontics			
D8080	Pediatric services ⁴	\$350	Not covered

⁴ Orthodontic Services for Pediatric Enrollees must meet medical necessity as determined by a Contract Dentist.

Can you read this document? If not, we can have somebody help you read it. You may also be able to get this document written in your language. For free help, please call 888-282-8528 (TTY: 711).

¿Puede leer este documento? Si no, podemos encontrar a alguien que lo ayude a leerlo. También puede obtener este documento escrito en su idioma. Para obtener ayuda gratuita, llame al 888-282-8528 (servicio de retransmisión TTY deben llamar al 711). (Spanish)

您能自行閱讀本文件嗎？如果不能，我們可請人幫助您閱讀。您還可以請人以您的語言撰寫本文件。如需免費幫助，請致電 888-282-8528 (TTY: 711)。 (Chinese)

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 888-282-8528 (TTY: 711). (Tagalog)

Bạn có đọc được tài liệu này không? Nếu không, chúng tôi sẽ cử một ai đó giúp bạn đọc. Bạn cũng có thể nhận được tài liệu này viết bằng ngôn ngữ của bạn. Để nhận được trợ giúp miễn phí, vui lòng gọi 888-282-8528 (TTY: 711). (Vietnamese)

이 문서를 읽으실 수 있습니까? 읽으실 수 없으면 다른 사람이 대신 읽어드릴 수 있습니다. 한국어로 번역된 문서를 받으실 수도 있습니다. 무료로 도움을 받기를 원하시면 888-282-8528 (TTY: 711)번으로 연락하십시오. (Korean)

Դուք կարող եք կարդալ այս փաստաթուղթը: Եթե ոչ, մենք որևէ մեկին կգտնենք, ով կօգնի ձեզ կարդալ: Դուք կարող եք նաև այս փաստաթուղթը ստանալ գրված ձեր լեզվով: Անվճար օգնության համար խնդրում ենք զանգահարել 888-282-8528 (TTY: 711): (Armenian)

آیا می توانید این متن را بخوانید؟ در صورتی که نمی توانید، ما قادریم از شخصی بخواهیم تا در خواندن این متن به شما کمک کند. همچنین ممکن است بتوانید این متن را به زبان خود دریافت کنید. برای کمک رایگان با این شماره تماس بگیرید: (Persian Farsi) 888-282-8528 (TTY: 711).

هل تستطيع قراءة هذا المستند؟ إذا كنت لا تستطيع، يمكننا أن نوفر لك من يساعدك في قراءتها. ربما يمكنك أيضًا الحصول على هذا المستند مكتوبًا بلغتك للمساعدة المجانية اتصل بـ 888-282-8528 (TTY: 711). (Arabic)

Вы можете прочитать этот документ? Если нет, мы можем предоставить вам кого-нибудь, кто поможет вам прочитать его. Вы также можете получить этот документ на своем языке. Для получения бесплатной помощи, просьба звонить по номеру 888-282-8528 (телетайп: 711). (Russian)

क्या आप इस दस्तावेज़ को पढ़ सकते हैं? यदि नहीं, तो हम इसे पढ़ने में आपकी सहायता करने हेतु किसी की व्यवस्था कर सकते हैं। आप इस दस्तावेज़ को अपनी भाषा में लिखा हुआ भी प्राप्त कर सकते हैं। निशुल्क सहायता के लिए, कृपया यहाँ कॉल करें 888-282-8528 (TTY: 711)। (Hindi)

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ਕੀ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਨੂੰ ਪੜ੍ਹ ਸਕਦੇ ਹੋ? ਜੇਕਰ ਨਹੀਂ, ਤਾਂ ਅਸੀਂ ਇਸ ਨੂੰ ਪੜ੍ਹਨ ਵਿੱਚ ਤੁਹਾਡੀ ਮਦਦ ਕਰਨ ਲਈ ਕਿਸੇ ਵਿਅਕਤੀ ਨੂੰ ਲਿਆ ਸਕਦੇ ਹਾਂ। ਤੁਹਾਨੂੰ ਇਹ ਦਸਤਾਵੇਜ਼ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਲਿਖਿਆ ਹੋਇਆ ਵੀ ਪ੍ਰਾਪਤ ਹੋ ਸਕਦਾ ਹੈ। ਮੁਫਤ ਵਿੱਚ ਮਦਦ ਲਈ, ਕਿਰਪਾ ਕਰਕੇ 888-282-8528 (TTY: 711) ਨੂੰ ਕਾਲ ਕਰੋ। (Punjabi)

Koj nyeem puas tau daim ntawv no? Yog koj nyeem tsis tau, peb muaj neeg pab nyeem rau koj. Tsis tas li ntawd xwb, tej zaum kuj muab daim ntawv no sau ua koj hom lus tau thiab. Yog yuav thov kev pab dawb, thov hu rau 888-282-8528 (TTY: 711). (Hmong)

តើលោកអ្នកអាចអានឯកសារនេះបានទេ? បើសិនមិនអាចទេ យើងអាចឱ្យនរណាម្នាក់ជួយអានឱ្យលោកអ្នក។ លោកអ្នកក៏អាចទទួលបានឯកសារនេះជាលាយលក្ខណ៍អក្សរជាភាសាបស់លោកអ្នកផងដែរ។ សម្រាប់ជំនួយឥតគិតថ្លៃ សូមទូរស័ព្ទទៅ 888-282-8528 (TTY: 711)។ (Cambodian)

คุณสามารถอ่านเอกสารนี้ได้หรือไม่? หากไม่ได้ เราสามารถหาคนมาช่วยคุณอ่านได้ นอกจากนี้ คุณยังสามารถรับเอกสารนี้ที่เขียนในภาษาของคุณได้อีกด้วย รับความช่วยเหลือฟรีได้โดยโทรไปที่ 888-282-8528 (TTY: 711) (Thai)