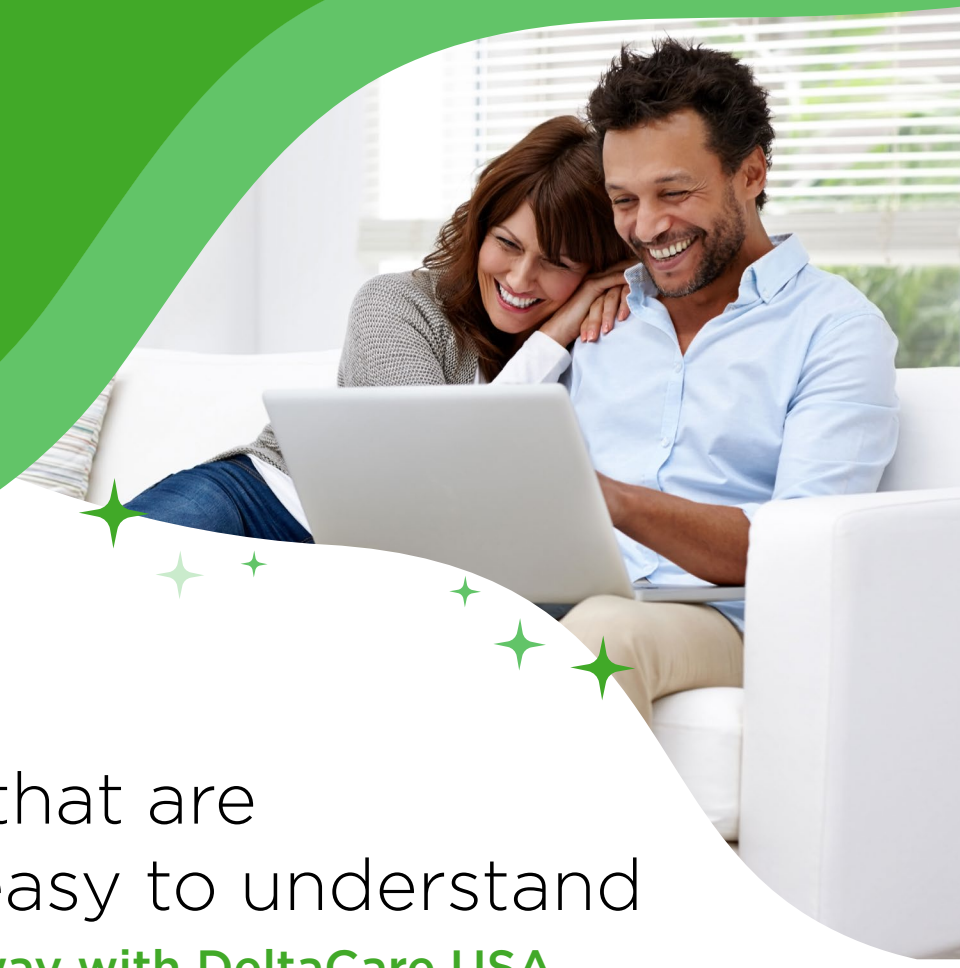
DeltaCare® USA

Delta Dental Individual & Family™

DeltaCare USA
Family dental HMO

Plan year 2027



COVERED CALIFORNIA™

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.

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.

#1028750.04 (08/26)

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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 Services[1]

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-2026 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.

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Quý vị có đọc được tài liệu này không? Nếu không, quý vị có thể sử dụng dịch vụ hỗ trợ ngôn ngữ miễn phí. Các dịch vụ và hỗ trợ bổ sung thích hợp để cung cấp thông tin ở các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi điện 888-282-8528 (TTY: 711). (Vietnamese)

이 문서를 읽을 수 있습니까? 그렇지 않은 경우, 무료 언어 지원 서비스를 이용할 수 있습니다. 정보를 이해할 수 있는 형식으로 제공하기 위한 적절한 보조 도구 및 서비스도 무료로 제공됩니다. 888-282-8528 (TTY: 711) 번으로 전화해 주십시오. (Korean)

Կարո՞ղ եք կարդալ այս փաստաթուղթը: Եթե ոչ, ապա Ձեզ հասանելի են անվճար լեզվական օգնության ծառայություններ: Մատչելի ձևաչափերով տեղեկատվություն տրամադրելու համար համապատասխան օժանդակ միջոցներն ու ծառայությունները նույնպես հասանելի են անվճար: Խնդրում եմ զանգահարել 888-282-8528 (TTY՝ 711): (Armenian)

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क्या आप यह दस्तावेज़ पढ़ सकते हैं? यदि नहीं तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। सुलभ प्रारूपों में जानकारी उपलब्ध कराने के लिए उपयुक्त सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं। कृपया कॉल करें 888-282-8528 (TTY: 711)। (Hindi)

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ਕੀ ਤੁਸੀਂ ਇਹ ਦਸਤਾਵੇਜ਼ ਪੜ੍ਹ ਸਕਦੇ ਹੋ? ਜੇ ਨਹੀਂ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਸੁਵਿਧਾਜਨਕ ਫਾਰਮੈਟ ਵਿੱਚ ਜਾਣਕਾਰੀ ਦੇਣ ਲਈ ਉਚਿਤ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫ਼ਤ ਵਿੱਚ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ ਕਾਲ ਕਰੋ 888-282-8528 (TTY: 711)। (Punjabi)

Koj nyeem puas tau daim ntaub ntawv no? Yog tias tsis tau no, ces yuav muaj kev pab cuam txhais lus pab dawb rau koj. Cov khoom pab thiab cov kev pab cuam ntxiv uas tsim nyog los muab ntaub ntawv qhia paub ua hom ntaub ntawv uas siv tau kuj yuav muaj yam tsis tsub nqi dab tsi ntxiv. Thov hu rau 888-282-8528 (TTY: 711). (Hmong)

តើ អ្នកអាចអានឯកសារនេះបានទេ? ប្រសិ នបើ មិ នបានទេ សេវាជំនួយផ្នែកភាសាឥតគិ តថ្លៃអាចរកបានសម្រាប់អ្នក។ ជំនួយ និ ងសេវា ជំនួយដែលសមស្របដើ ម្បី ផ្តល់ព័ ត៌ មានក្នុងទម្រង់ដែលអាចងាយប្រើ បាន ក៏ អាចរកបានដោយឥតគិ តថ្លៃផងដែរ។ សូមហៅទូរសព្ទទៅ 888-282-8528 (TTY` 711)។ (Cambodian)

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