DeltaCare® USA

Alpha Dental Individual & Family™

DeltaCare USA
Basic Plan for Families
Plan year 2027

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
Alpha Dental Programs, Inc.
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 **888-857-0337**.

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 Exchangesketplace) 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.

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.

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DeltaCare® USA | Basic Plan for Families

Plan Highlights

Deductibles and Maximums	Pediatric Benefits (to the end of calendar year in which age 19 is reached)	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.	$450 one pediatric enrollee $900 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	$20	$10
D0120	Periodic oral exam — established patient	$10	$10
D0150	Comprehensive oral evaluation — new or established patient	$10	$10
D0210	Complete series of x-rays	$25	$25
D0220	Periapical x-ray of tooth's root	$10	$10
D0230	Periapical x-ray of tooth's root, each additional image	$10	$10
D0272	Bitewing x-rays (2 images)	$10	$10
D0274	Bitewing x-rays (4 images)	$10	$10
D0330	Panoramic x-ray	$10	$10
D1110	Prophylaxis (cleaning) — adult	$10	$10
D1120	Prophylaxis (cleaning) — child	$10	Not a benefit
D1208	Fluoride treatment	$10	$10
D1351	Sealant — per tooth	$10	Not a benefit

[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	$40	$40
D2150	Amalgam (silver-colored) filling, 2 surfaces	$50	$50
D2160	Amalgam (silver-colored) filling, 3 surfaces	$65	$65
D2330	Resin (tooth-colored) filling, front tooth, 1 surface	$70	$70
D2331	Resin (tooth-colored) filling, front tooth, 2 surfaces	$85	$85
D2332	Resin (tooth-colored) filling, front tooth, 3 surfaces	$100	$100
D2391	Resin (tooth-colored) filling, back tooth, 1 surface	$80	$80
D2392	Resin (tooth-colored) filling, back tooth, 2 surfaces	$100	$100
D2393	Resin (tooth-colored) filling, back tooth, 3 surfaces	$125	$125
Endodontics			
D3310	Root canal, front tooth	$325	$325
D3320	Root canal, premolar tooth	$350	$350
D3330	Root canal, molar tooth	$350	$350
Periodontics			
D4260	Periodontal surgery, per quadrant	$350	$350
D4341	Periodontal scaling and root planing — four or more teeth per quadrant	$110	$110
D4910	Periodontal maintenance	$70	$70
Oral Surgery			
D7140	Extraction (removal) of a fully exposed tooth	$80	$80
D7210	Extraction of erupted (exposed) tooth	$120	$120
D7240	Extraction of fully impacted tooth, completely bony	$220	$220
Major Services			
D2750	Crown, porcelain and precious metal	$350	$350
D2790	Crown, precious metal	$350	$350
D5110	Full upper denture	$350	$350
D6240	Bridge pontic, porcelain and precious metal	Not a benefit	$523
D6750	Bridge crown, porcelain and precious metal	Not a benefit	$523
Orthodontics			
D8080	Pediatric services[4]	$350	$3,250
D8090	Adult services	$350	$3,250

[4] Orthodontic Services for Pediatric Enrollees must meet medical necessity as determined by a dentist.

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می‌توانید این سند را بخوانید؟ اگر نمی‌توانید، خدمات کمک زبانی به‌صورت رایگان در دسترس شما قرار دارد. امکانات و خدمات کمکی مناسب برای ارائه اطلاعات در قالب‌های دسترسی‌پذیر نیز به‌صورت رایگان در اختیارتان قرار دارد. لطفاً تماس بگیرید 888-282-8528 (TTY: 711). (Persian Farsi)

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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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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 (TTY᷾ 711)។ (Cambodian)

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