

DeltaCare® USA

Delta 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

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
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**.

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.



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.

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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.	\$450 one pediatric enrollee \$900 two or more pediatric enrollees	

Sample of Covered Services²

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
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-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.

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	
Adult Dental Care		Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing
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	
Adult Dental 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	\$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

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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:

Bronx	New York	Richmond
Genesee	Orange	Rockland
Kings	Queens	Suffolk
Nassau	Rensselaer	Westchester

PENDING APPROVAL

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您能否读懂这份文件？如果不能，我们可为您提供免费的语言协助服务。同时也免费提供适当的辅助用具和服务，以提供无障碍格式的信息。敬请来电 888-857-0314 (TTY: 711)。 (Chinese)

Kaya mo bang basahin ang dokumentong ito? Kung hindi, may mga magagamit kang libreng serbisyo para sa tulong sa wika. Mayroon ding mga libreng naaangkop na auxiliary aid at serbisyo para magbigay ng impormasyon sa mga accessible na format. Mangyaring tumawag 888-857-0314 (TTY: 711). (Tagalog)

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 888-857-0314 (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. 888-857-0314 (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 888-857-0314 (TTY: 711): (Armenian)

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 (Persian Farsi) 888-857-0314 (TTY: 711).

هل تستطيع قراءة هذا المستند؟ إذا كنت لا تستطيع قراءته، فإنه تتوفر لك خدمات مساعدة لغوية مجانية. تتوفر مجاناً أيضاً خدمات ووسائل مساعدة مناسبة لتقديم المعلومات بتنسيقات ملائمة لذوي الاحتياجات الخاصة. يرجى الاتصال هاتفياً (Arabic) 888-857-0314 (TTY: 711).

Можете ли вы прочитать этот документ? Если нет, воспользуйтесь бесплатными услугами языковой поддержки. Кроме того, предусмотрены бесплатные вспомогательные средства и услуги по предоставлению информации в доступных форматах. Позвоните 888-857-0314 (телетайп: 711). (Russian)

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 888-857-0314 (TTY: 711)। (Hindi)

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ਕੀ ਤੁਸੀਂ ਇਹ ਦਸਤਾਵੇਜ਼ ਪੜ੍ਹ ਸਕਦੇ ਹੋ? ਜੇ ਨਹੀਂ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਸੁਵਿਧਾਜਨਕ ਫਾਰਮੈਟ ਵਿੱਚ ਜਾਣਕਾਰੀ ਦੇਣ ਲਈ ਉਚਿਤ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਵਿੱਚ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ ਕਾਲ ਕਰੋ 888-857-0314 (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 888-857-0314 (TTY: 711). (Hmong)

តើ អ្នកអាចអានឯកសារនេះបានទេ? ប្រសិនបើ មិនបានទេ សេវាជំនួយផ្នែកភាសាឥតគិតថ្លៃអាចរកបានសម្រាប់អ្នក។ ជំនួយ និងសេវាជំនួយដែលសមស្របដើម្បីផ្តល់ព័ត៌មានក្នុងទម្រង់ដែលអាចងាយប្រើបាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ សូមហៅទូរសព្ទទៅ 888-857-0314 (TTY: 711)។ (Cambodian)

คุณสามารถอ่านเอกสารนี้ได้หรือไม่ หากไม่สามารถอ่านได้ บริการช่วยเหลือด้านภาษาโดยไม่มีค่าใช้จ่ายพร้อมให้บริการ นอกจากนี้ ยังมีอุปกรณ์ช่วยเหลือและบริการเสริมที่เหมาะสมโดยไม่เสียค่าใช้จ่าย เพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้ กรุณาติดต่อ 888-857-0314 (TTY: 711) (Thai)

Èske ou ka li dokiman sa a? Si w pa kapab, gen sèvis asistans lengwistik gratis ki disponib pou ou. Gen èd ak sèvis oksilyè ki apwopriye pou bay enfòmasyon nan fòma aksesib ki disponib tou gratis. Tanpri rele 888-857-0314 (TTY: 711). (Haitian Creole)

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Können Sie dieses Dokument lesen? Falls nicht, stehen Ihnen kostenlose Sprachhilfe-Dienste zur Verfügung. Geeignete Hilfsmittel und Dienstleistungen zur Bereitstellung von Informationen in barrierefreien Formaten sind ebenfalls kostenlos verfügbar. Bitte rufen Sie an 888-857-0314 (Schreibtelefon: 711). (German)

צי קענט איר לייענען די דאקומענט? אויב נישט, זענען דא אומזיסטע שפראך הילף סערוויסעס פאר אייך צו באקומען. נאך הילפ מיטלען און סערוויסעס אייך צו גיבן אינפארמאציע אין א פארמאט וואס ארבעט פאר אייך ווערן אייך צוגעשטעלט. ביטע רופט (Yiddish) (TTY) 711 888-857-0314

Díí naaltsoos baa nitsáháskeesgo shíł yá'áhoot'é? Doo shíł lahgo át'é da, t'áá ánooldó' t'óó' baa áhání bik'i' diilyaago baa nitsáhákeesgo at'é. Ákót'éego bee áháyá t'áá áltso bá hólónígíí dóó yá'át'éehígíí bee náníká be'elya, dóó t'áá ánooldó' bila' ashlí. T'áá shá naaltsoos bikáá' ách'í' haasdzíí dooleeł 888-857-0314 (TTY: 711) (Navajo)