

# Choosing Your Plan

Love your smile



## DeltaCare® USA and Delta Dental PPO™ City of Orlando 2022

Your company lets you choose between two dental plans from Delta Dental. Either way, you'll get reliable dentist networks, affordable preventive care and a healthy smile that you'll love to show. Your options are:

### DeltaCare USA Comprehensive Plan

Under this HMO-type plan from Delta Dental Insurance Company, you'll have your choice of skilled primary care dentists from the DeltaCare USA network. Select a primary care dentist, who will then coordinate any needed referrals to a specialist.<sup>1</sup> Covered services provided by your DeltaCare USA dentist have preset copayments (dollar amounts), which are listed in your plan booklet. There are no maximums or deductibles for covered services.<sup>2</sup>

### Delta Dental PPO

This preferred provider plan offers the convenience and flexibility of visiting any licensed dentist, anywhere. Covered services are paid based on a percentage — if, for example, fillings are covered at 80%, you pay the remaining 20%. Get the most plan value by choosing a Delta Dental PPO dentist.

<sup>1</sup> In WY, you do not need to select a primary care dentist, but you must visit a network dentist to receive benefits. In the following states, you can maximize your savings when you visit a network dentist, although you may visit any licensed dentist and receive out-of-network coverage: AK, CT, LA, ME, MS, MT, NC, ND, NH, OK, SD, VT. Refer to your plan booklet for details about your out-of-network benefits.

<sup>2</sup> Refer to your plan booklet for more information about covered services, deductibles and maximums.

**LEGAL NOTICES:** Access federal and state legal notices related to your plan: [deltadentalins.com/about/legal/index-enrollee.html](https://deltadentalins.com/about/legal/index-enrollee.html)



[deltadentalins.com/enrollees](https://deltadentalins.com/enrollees)

# Compare Plan Features

	<b>DeltaCare USA comprehensive (In-network only)</b>	<b>Delta Dental PPO (In-network and out-of-network)</b>
<b>Copayments/coinsurance</b>	<ul style="list-style-type: none"> <li>Covered procedures have predetermined dollar copayments for services provided by network dentists (this means out-of-pocket costs are predictable)</li> </ul>	<ul style="list-style-type: none"> <li>Covered services paid at applicable percentage — for example, fillings are covered at 80% of allowed amount — you pay the remaining 20%</li> </ul>
<b>Coverage</b>	<ul style="list-style-type: none"> <li>Plan covers nearly 300 procedures</li> <li>No copayments or low copayments for most diagnostic and preventive services</li> <li>No exclusions for pre-existing conditions or missing teeth</li> </ul>	<ul style="list-style-type: none"> <li>Wide range of covered services</li> <li>No exclusions for most pre-existing conditions</li> </ul>
<b>Dentist network</b>	<ul style="list-style-type: none"> <li>You must select a dentist from a list of network dental facilities and you must visit this dentist to receive benefits</li> <li>Easy referrals to a large specialty care network<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>Freedom to choose any licensed dentist</li> <li>No referral required for specialty care</li> <li>If you choose to use a PPO in-network dentist, you receive a higher level of reimbursement.</li> </ul>
<b>Changing your dentist</b>	<ul style="list-style-type: none"> <li>Ability to change selected or assigned network dentists via telephone or Internet</li> <li>Must select an in-network dentist. If you contact Delta Dental by the 21st of the month, the dentist will be changed the first day of the following month.</li> </ul>	<ul style="list-style-type: none"> <li>Change dentists any time without contacting Delta Dental</li> </ul>
<b>Transitions from previous plan</b>	<ul style="list-style-type: none"> <li>Coverage is provided only for treatment started and completed after your effective date of coverage under the Delta Dental plan</li> </ul>	<ul style="list-style-type: none"> <li>Coverage is provided only for treatment started and completed after your effective date of coverage under the Delta Dental plan</li> </ul>
<b>Orthodontic treatment in progress (when covered under prior plan)</b>	<ul style="list-style-type: none"> <li>Covers new enrollees who, on the effective date of their coverage, are in active treatment started under their previous employer-sponsored dental plan</li> <li>Enrollees are responsible for all copayments and fees subject to the provisions of their prior dental plan</li> </ul>	<ul style="list-style-type: none"> <li>Not covered</li> </ul>
<b>Authorization for specialty care treatment</b>	<ul style="list-style-type: none"> <li>Preauthorization is required for treatment provided by a specialist</li> <li>Your DeltaCare USA dentist will coordinate your specialty care treatment authorization</li> </ul>	<ul style="list-style-type: none"> <li>Preauthorization is not required</li> </ul>
<b>Out-of-area coverage</b>	<ul style="list-style-type: none"> <li>Limited to emergency care provision</li> </ul>	<ul style="list-style-type: none"> <li>Visit any licensed dentist</li> </ul>
<b>Deductibles and maximums</b>	<ul style="list-style-type: none"> <li>No annual deductible or annual dollar maximums</li> </ul>	<ul style="list-style-type: none"> <li>Deductibles and annual maximums apply</li> </ul>
<b>Claims</b>	<ul style="list-style-type: none"> <li>No claim forms required</li> <li>You only need to pay the specified copayment at the time of your visit</li> </ul>	<ul style="list-style-type: none"> <li>Delta Dental PPO dentists file claim forms and accept payment directly from Delta Dental</li> <li>Non-Delta Dental out-of-network dentists may require payment up front, and require you to file a claim for reimbursement</li> </ul>
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>Primary enrollee, spouse and dependent children as defined in the Evidence of Coverage</li> </ul>	<ul style="list-style-type: none"> <li>Primary enrollee, spouse and dependent children as defined in the Evidence of Coverage</li> </ul>

<sup>1</sup> Most services not performed by your primary care dentist must be authorized by Delta Dental. In some states, specialty care benefits are only available for services performed by an in-network specialist. Refer to your plan booklet for details.

# Delta Dental PPO™

## Maximize your savings

Visit a dentist in the PPO<sup>1</sup> network to maximize your savings.<sup>2</sup> These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.<sup>3</sup>

### Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at [deltadentalins.com](https://deltadentalins.com).

### Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your plan, they'll need your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

### Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim — we'll handle the rest.

### Understand transition of care

Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage.<sup>4</sup> Log in to your online account to find this date.

### Get LASIK and hearing aid discounts

With access to QualSight and Amplifon Hearing Health Care<sup>5</sup>, you can save as much as 50% on LASIK procedures and more than 60% on hearing aids.

## Save with a PPO dentist



<sup>1</sup> In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

<sup>2</sup> You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

<sup>3</sup> You are responsible for any applicable deductibles, coinsurance, amounts over plan maximums and charges for non-covered services.

<sup>4</sup> Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

<sup>5</sup> Vision corrective services and Amplifon's hearing health care services are not insured benefits. Delta Dental makes the vision corrective services program and hearing health care services program available to you to provide access to the preferred pricing for LASIK surgery and for hearing aids and other hearing health services.

# Elevate Your Smile

## 7 ways to make the most of your dental plan

1

### **Save with PPO.**

Visit a dentist from the PPO<sup>1</sup> network to maximize your savings.<sup>2</sup> These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.<sup>3</sup> Find a PPO dentist at **deltadentalins.com**.

2

### **Seek preventive care.**

Regular exams and cleanings are available at low or no cost. These services help catch problems before they require costly and extensive treatment.

3

### **Set up an online account.**

Get information about your plan anytime, anywhere by signing up for an online account. Available once your coverage kicks in, this useful service lets you find a network dentist, view or print your ID card and more. The one-time registration process takes only a minute.

4

### **Go paperless.**

Receive an email when a new claim statement is available. Save time, reduce clutter and preserve environmental resources. To enroll, log in to your account and update your settings.

<sup>1</sup> In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

<sup>2</sup> You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist.

<sup>3</sup> You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

5

**Coordinate benefits.**

Are you covered under a second dental plan? Ask your dentist to include information about both plans with your claim, and we'll handle the rest.<sup>4</sup>

7

**Stay informed.**

Get oral health tools and tips at **deltadentalins.com/wellness**. Don't forget to subscribe to *Grin!*, our free dental wellness e-magazine.

6

**Talk to your dentist.**

From pregnancy to diabetes, overall health can affect your dental health. Start each visit with a quick chat about any issues.

<sup>4</sup> Group- and state-specific exceptions may apply. Please review your plan booklet for details about coordination of benefits, including rules for determining primary and secondary coverage.

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## Contact us

**Online assistance:**

For quick and easy online assistance, go to **deltadentalins.com/contact**, and click on **Contact us**.

**Telephone assistance:**

**800-521-2651**

**Got a simple question?** Use our automated phone system, available 24/7. You can check your coverage levels, remaining maximum and more. Just call the Customer Service number listed above and follow the prompts.

**Plan Benefit Highlights for:** The City of Orlando  
**Group No:** 18461

**Effective Date:** 1/1/2022

**DELTA DENTAL PPO<sup>SM</sup>**

**BENEFIT HIGHLIGHTS**

<b>Eligibility</b>	Primary enrollee, spouse and dependent children as defined in the Evidence of Coverage			
<b>Deductibles</b>	<b>Delta Dental PPO dentists:</b> \$25 per person / \$75 per family each calendar year <b>Delta Dental Premier dentists:</b> \$50 per person / \$150 per family each calendar year <b>Non-Delta Dental dentists:</b> \$50 per person / \$150 per family each calendar year			
Deductibles waived for Diagnostic & Preventive (D & P)?	Yes			
<b>Maximums</b>	\$1,250 per person each calendar year			
D & P counts toward maximum?	Yes			
<b>Waiting Period(s)</b>	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics Not Covered

<b>Benefits and Covered Services*</b>	<b>Delta Dental PPO dentists**</b>	<b>Delta Dental Premier dentists***</b>	<b>Non-Delta Dental dentists***</b>
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, cleanings, x-rays and sealants	100 %	80 %	80 %
<b>Basic Benefits</b> Fillings	80 %	60 %	60 %
<b>Endodontics</b> (root canals) Covered Under Basic Services	80 %	60 %	60 %
<b>Periodontics</b> (gum treatment) Covered Under Basic Services	80 %	60 %	60 %
<b>Oral Surgery</b> Covered Under Basic Services	80 %	60 %	60 %
<b>Major Benefits</b> Crowns, inlays, onlays and cast restorations	50 %	40 %	40 %
<b>Prosthodontics</b> Bridges and dentures	50 %	40 %	40 %
<b>Orthodontic Benefits</b>	Not Covered	Not Covered	Not Covered

- \* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.
- \*\* Reimbursement is based on PPO contracted fees for PPO dentists, PPO contracted fees for Premier dentists and PPO contracted fees for non-Delta Dental PPO dentists.
- \*\*\* Non-Delta dentists may balance bill the difference between the contracted rate and their usual fee for services.

**Delta Dental Insurance Company**  
 1130 Sanctuary Parkway, Suite 600  
 Alpharetta, GA 30009

**Customer Service**  
 800-521-2651

**Claims Address**  
 P.O. Box 1809  
 Alpharetta, GA 30023-1809

**deltadentalins.com**

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

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### ***Standard Limitations – Delta Dental PPO and Delta Dental Premier plans***

- (1) Services that are more expensive than the form of treatment customarily provided under accepted dental practice standards are called “Optional Services”. Optional Services also include the use of specialized techniques instead of standard procedures.

Examples of Optional Services:

- (a) a composite restoration instead of an amalgam restoration on posterior teeth;
- (b) a crown where a filling would restore the tooth;
- (c) an inlay/onlay instead of an amalgam restoration;
- (d) porcelain, resin or similar materials for crowns placed on a maxillary second or third molar, or on any mandibular molar (an allowance will be made for a porcelain fused to high noble metal crown); or
- (e) an overdenture instead of denture.

If an Enrollee receives Optional Services, an alternate Benefit will be allowed, which means Delta Dental will base Benefits on the lower cost of the customary service or standard practice instead of on the higher cost of the Optional Service. The Enrollee will be responsible for the difference between the higher cost of the Optional Service and the lower cost of the customary service or standard procedure.

- (2) Exam and cleaning limitations

- a) Delta Dental will pay for oral examinations (except after-hours exams for observation) no more than twice in a Calendar Year.
- b) Delta Dental will pay for cleanings (including periodontal maintenance), including scaling in the presence of generalized moderate or severe gingival inflammation-full mouth no more than four (4) times any combination in a Calendar Year.
- c) A full mouth debridement is allowed once in a lifetime when the Enrollee has no history of prophylaxis, scaling and root planing, periodontal surgery or periodontal maintenance procedures within three (3) years. When allowed a full mouth debridement counts toward the maintenance frequency in the year provided.
- d) Note that periodontal maintenance, Procedure Codes that include periodontal maintenance and full mouth debridement are covered as a Basic Benefit and that routine cleanings (including scaling in the presence of generalized moderate or severe gingival inflammation-full mouth) are covered as a Diagnostic and Preventive Benefit. See note on additional Benefits during pregnancy.
- e) Caries risk assessments are allowed once in 36 months.

- (3) X-ray limitations:

- a) Delta Dental will limit the total reimbursable amount to the Provider’s Accepted Fee for a complete intraoral series when the fees for any combination of intraoral x-rays in a single treatment series meet or exceed the Accepted Fee for a complete intraoral series.
- b) When a panoramic film is submitted with supplemental film(s), Delta Dental will limit the total reimbursable amount to the Provider’s Accepted Fee for a complete intraoral series.
- c) If a panoramic film is taken in conjunction with an intraoral complete series, Delta Dental considers the panoramic film to be included in the complete series.
- d) A complete intraoral series and panoramic film are each limited to once every 60 months.
- e) Bitewing x-rays are limited to two (2) times in a Calendar Year when provided to Enrollees under age 18 and one (1) time each Calendar Year for Enrollees age 18 and over. Bitewings of any type are disallowed within 12 months of a full mouth series unless warranted by special circumstances.
- f) A panoramic film is limited to Enrollees age six (6) and older.

- (4) Topical application of fluoride solutions is limited to Enrollees to age 19 and no more than twice in a Calendar Year.

- (5) Space maintainer limitations:

- a) Space maintainers are limited to the initial appliance and are a Benefit for an Enrollee to age 14. However, a distal shoe space maintainer-fixed-unilateral is limited to children eight (8) and younger. A separate/additional space maintainer can be allowed after the removal of a unilateral distal shoe.
- b) Recementation of space maintainer is limited to once per lifetime.
- c) The removal of a fixed space maintainer is considered to be included in the fee for the space maintainer; however, an exception is made if the removal is performed by a different Provider/ Provider’s office.

- (6) Pulp vitality tests are allowed once per day when definitive treatment is not performed.

- (7) Cephalometric x-rays, oral/facial photographic images and diagnostic casts are covered once per lifetime in conjunction with Orthodontic Services only when Orthodontic Services are a covered benefit. If Orthodontic Services are covered, see Limitations as age limits may apply. However, 3D x-rays are not a covered benefit.
- (8) Sealants are limited as follows:
  - a) to permanent first molars through age eight (8) and to permanent second molars through age 15 if they are without caries (decay) or restorations on the occlusal surface.
  - b) repair or replacement of a Sealant on any tooth within 24 months of its application is included in the fee for the original placement.
- (9) Specialist Consultations, screenings of patients, and assessments of patients are limited to once per lifetime per Provider and count toward the oral exam frequency.
- (10) Delta Dental will not cover replacement of an amalgam or resin-based composite restorations (fillings) or prefabricated crowns within 24 months of treatment if the service is provided by the same Provider/Provider office. Replacement restorations within 24 months are included in the fee for the original restoration.
- (11) Protective restorations (sedative fillings) are allowed once per tooth per lifetime when definitive treatment is not performed on the same date of service.
- (12) Prefabricated crowns are allowed on baby (deciduous) teeth and permanent teeth up to age 16. Replacement restorations within 24 months are included in the fee for the original restoration.
- (13) Therapeutic pulpotomy is limited to once per lifetime for baby (deciduous) teeth only and is considered palliative treatment for permanent teeth.
- (14) Pulpal therapy (resorbable filling) is limited to once in a lifetime. Retreatment of root canal therapy by the same Provider/Provider office within 24 months is considered part of the original procedure.
- (15) Apexification is only benefited on permanent teeth with incomplete root canal development or for the repair of a perforation. Apexification visits have a lifetime limit per tooth of one (1) initial visit, four (4) interim visits and one (1) final visit to age 19.
- (16) Retreatment of apical surgery by the same Provider/Provider office within 24 months is considered part of the original procedure.
- (17) Palliative treatment is covered per visit, not per tooth, and the fee includes all treatment provided other than required x-rays or select Diagnostic procedures.
- (18) Periodontal limitations:
  - a) Benefits for periodontal scaling and root planing in the same quadrant are limited to once in every 24-month period. See note on additional Benefits during pregnancy.
  - b) Periodontal surgery in the same quadrant is limited to once in every 36-month period and includes any surgical re-entry or scaling and root planing performed within 36-months by the same Provider/Provider office.
  - c) Periodontal services, including bone replacement grafts, guided tissue regeneration, graft procedures and biological materials to aid in soft and osseous tissue regeneration are only covered for the treatment of natural teeth and are not covered when submitted in conjunction with extractions, periradicular surgery, ridge augmentation or implants.
  - d) Periodontal surgery is subject to a 30 day wait following periodontal scaling and root planing in the same quadrant.
  - e) Cleanings (regular and periodontal) and full mouth debridement are subject to a 30 day wait following periodontal scaling and root planing if performed by the same Provider office.
- (19) Oral Surgery services are covered once in a lifetime except removal of cysts and lesions and incision and drainage procedures, which are covered once in the same day.
- (20) The following Oral Surgery procedure is limited to age 19 or orthodontic limiting age: transseptal fiberotomy/supra crestal fiberotomy, by report.
- (21) The following Oral Surgery procedures are limited to age 19 (or orthodontic limiting age) provided Orthodontic Services are covered: surgical access of an unerupted tooth, placement of device to facilitate eruption of impacted tooth, and surgical repositioning of teeth.
- (22) Crowns and Inlays/Onlays are limited to Enrollees age 12 and older and are covered not more often than once in any 60 month period except when Delta Dental determines the existing Crown or Inlay/Onlay is not satisfactory and cannot be made satisfactory because the tooth involved has experienced extensive loss or changes to tooth structure or supporting tissues.
- (23) Core buildup, including any pins, are covered not more than once in any 60 month period.
- (24) Post and core services are covered not more than once in any 60 month period.
- (25) Crown repairs are covered not more than twice in any 60 month period. Crowns, inlays/onlays and fixed bridges include repairs for 24 months following installation.



- (26) Denture Repairs are covered not more than once in any six (6) month period except for fixed Denture Repairs which are covered not more than twice in any 60 month period.
- (27) Prosthodontic appliances, that were provided under any Delta Dental program will be replaced only after 60 months have passed, except when Delta Dental determines that there is such extensive loss of remaining teeth or change in supporting tissue that the existing fixed bridge or denture cannot be made satisfactory. Fixed prosthodontic appliances are limited to Enrollees age 16 and older. Replacement of a prosthodontic appliance not provided under a Delta Dental program will be made if Delta Dental determines it is unsatisfactory and cannot be made satisfactory.
- (28) When a posterior fixed bridge and a removable partial denture are placed in the same arch in the same treatment episode, only the partial denture will be a Benefit.
- (29) Recementation of Crowns, Inlays/Onlays or bridges is included in the fee for the Crown, Inlay/Onlay or bridge when performed by the same Provider/Provider office within six (6) months of the initial placement. After six (6) months, payment will be limited to one (1) recementation in a lifetime by the same Provider/Provider office.
- (30) Delta Dental limits payment for dentures to a standard partial or complete denture (Enrollee Coinsurances apply). A standard denture means a removable appliance to replace missing natural, permanent teeth that is made from acceptable materials by conventional means and includes routine post delivery care including any adjustments and relines for the first six (6) months after placement.
  - a) Denture rebase is limited to one (1) per arch in a 24-month period and includes any relining and adjustments for six (6) months following placement.
  - b) Dentures, removable partial dentures and relines include adjustments for six (6) months following installation. After the initial six (6) months of an adjustment or reline, adjustments are limited to two (2) per arch in a Calendar Year and relining is limited to one (1) per arch in a six (6) month period.
  - c) Tissue conditioning is limited to two (2) per arch in a 12-month period. However, tissue conditioning is not allowed as a separate Benefit when performed on the same day as a denture, reline or rebase service.
  - d) Recementation of fixed partial dentures is limited to once in a lifetime.
- (31) Delta Dental will not pay for implants (artificial teeth implanted into or on bone or gums), their removal or other associated procedures, but Delta Dental will credit the cost of a pontic or standard complete or partial denture toward the cost of the implant associated appliance, i.e., the implant supported crown or denture. The implant appliance is not covered.

### ***Standard Exclusions – Delta Dental PPO and Delta Dental Premier plans***

#### **Delta Dental does not pay Benefits for:**

- (1) treatment of injuries or illness covered by workers' compensation or employers' liability laws; services received without cost from any federal, state or local agency, unless this exclusion is prohibited by law.
- (2) cosmetic surgery or procedures for purely cosmetic reasons.
- (3) maxillofacial prosthetics.
- (4) provisional and/or temporary restorations (except an interim removable partial denture to replace extracted anterior permanent teeth during the healing period for children 16 years of age or under). Provisional and/or temporary restorations are not separately payable procedures and are included in the fee for completed service.
- (5) services for congenital (hereditary) or developmental (following birth) malformations, including but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth) and anodontia (congenitally missing teeth), except those services provided to newborn children for medically diagnosed congenital defects or birth abnormalities.
- (6) treatment to stabilize teeth, treatment to restore tooth structure lost from wear, erosion, or abrasion or treatment to rebuild or maintain chewing surfaces due to teeth out of alignment or occlusion. Examples include but are not limited to: equilibration, periodontal splinting, complete occlusal adjustments or Night Guards/Occlusal guards and abfraction.
- (7) any Single Procedure provided prior to the date the Enrollee became eligible for services under this plan.
- (8) prescribed drugs, medication, pain killers, antimicrobial agents, or experimental/investigational procedures.
- (9) charges for anesthesia, other than General Anesthesia and IV Sedation administered by a Provider in

connection with covered Oral Surgery or selected Endodontic and Periodontal surgical procedures. Local anesthesia and regional/or trigeminal bloc anesthesia are not separately payable procedures.

- (10) extraoral grafts (grafting of tissues from outside the mouth to oral tissues).
- (11) laboratory processed crowns for Enrollees under age 12.
- (12) fixed bridges and removable partials for Enrollees under age 16.
- (13) interim implants and endodontic endosseous implant.
- (14) indirectly fabricated resin-based Inlays/Onlays.
- (15) charges by any hospital or other surgical or treatment facility and any additional fees charged by the Provider for treatment in any such facility.
- (16) treatment by someone other than a Provider or a person who by law may work under a Provider's direct supervision.
- (17) charges incurred for oral hygiene instruction, a plaque control program, preventive control programs including home care times, dietary instruction, x-ray duplications, cancer screening or tobacco counseling.
- (18) dental practice administrative services including, but not limited to, preparation of claims, any non-treatment phase of dentistry such as provision of an antiseptic environment, sterilization of equipment or infection control, or any ancillary materials used during the routine course of providing treatment such as cotton swabs, gauze, bibs, masks or relaxation techniques such as music.
- (19) procedures having a questionable prognosis based on a dental consultant's professional review of the submitted documentation.
- (20) any tax imposed (or incurred) by a government, state or other entity, in connection with any fees charged for Benefits provided under the Contract, will be the responsibility of the Enrollee and not a covered Benefit.
- (21) Deductibles, amounts over plan maximums and/or any service not covered under the dental plan.
- (22) services covered under the dental plan but exceed Benefit limitations or are not in accordance with processing policies in effect at the time the claim is processed.
- (23) services for Orthodontic treatment (treatment of malocclusion of teeth and/or jaws) except as provided under the Orthodontic Services section, if applicable.
- (24) services for any disturbance of the Temporomandibular (jaw) Joints (TMJ) or associated musculature, nerves and other tissues) except as provided under the TMJ Benefit section, if applicable.
- (25) missed and/or cancelled appointments.

# DeltaCare<sup>®</sup> USA

## Comprehensive D70- provided by Delta Dental Insurance Company

When you enroll in the DeltaCare USA Comprehensive Plan, you'll choose a primary care dentist from our network of carefully screened, private practice dentists. You must visit your primary care dentist to receive benefits.

### Convenient services

We make it easy for you — there are no claim forms to complete, and no plan ID card is required to receive treatment.

- \* No restrictions on pre-existing conditions (except work in progress)
- \* Access to specialty care and out-of-area emergency care

### A partner in oral health

Your DeltaCare USA plan encourages regular dental care with an extensive list of covered services to help you stay healthy.

- Low or no copayments for services like cleanings and exams

### Budget-friendly costs

With your DeltaCare USA plan, there are no surprises. You know your copayments, and your out-of-pocket costs are clearly defined before treatment begins.

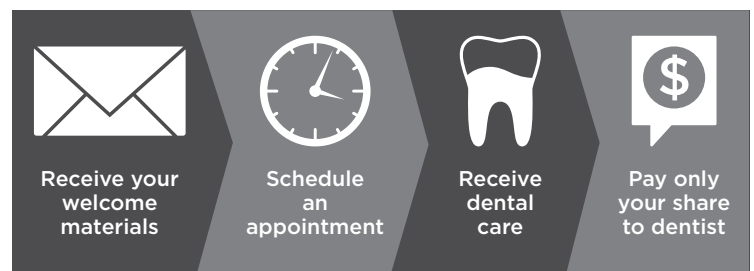
- No deductibles or maximums<sup>1</sup> for covered services
- Pay only your copayment (if any) at the time of treatment

### Set up an online account

Sign up for an online account at [deltadentalins.com](https://deltadentalins.com). Available once your coverage kicks in, this useful service lets you:

- Access plan information online
- Change your primary care dentist online — and more

## Simple steps to get started



<sup>1</sup> Plans with an accidental injury rider have a \$1,600 annual maximum for accidental injury. Consult your Evidence/Certificate of Coverage.

# Frequently Asked Questions

## What you need to know about your DeltaCare USA plan

### Getting started

#### 1. How do I enroll in a DeltaCare USA plan?

Simply complete the enrollment process as directed by your benefits administrator.

#### 2. How do I get started using my DeltaCare USA plan?

Once we process your enrollment, we'll mail you welcome materials that will include:

- **The name, address and phone number of your selected primary care dentist:** Simply call the dental facility to make an appointment.  
**Important note:** In order to receive benefits under your plan, you must visit your primary care network dentist for all services. If you require treatment from a specialist, your primary care dentist will coordinate a referral for you. You can change your primary care dentist by contacting us.
- **Your Evidence/Certificate of Coverage (plan booklet):** This useful document provides a thorough description of how to use your benefits, including covered services, copayments and any limitations and exclusions of your plan.
- **An ID card:** This card is for your records only — you do not need to present it in order to receive treatment.

#### 3. How long will it take to get an appointment with my primary care dentist?

Two to four weeks<sup>1</sup> is a reasonable amount of time to wait for a routine, non-urgent appointment. If you require a specific time, you may need to wait longer. Most DeltaCare USA dentists are in private group practices, which generally offer greater appointment availability and extended office hours.

#### 4. How much will my dental treatments cost? How do I pay?

With your DeltaCare USA plan, some services are covered at no cost, while others have a copayment (amount you pay) for certain services. To find out how much a treatment will cost, refer to the "Description of Benefits and Copayments" in this brochure for a list of covered services and copayments. It's a good idea to bring your Evidence/Certificate of Coverage to your appointment in case you need to discuss your copayment for a service with your dentist. If you have any questions about the charges for a service, please contact Customer Service. If you receive treatment that requires a copayment, simply pay the dental facility at the time of service.

### Choosing a dentist

#### 5. How do I select my primary care dentist?

When you enroll, a primary care dentist will be selected for you based on your ZIP code. You can change your dentist by contacting Customer Service at **800-422-4234**. To search for a dentist, use the "Find a Dentist" tool at [deltadentalins.com](https://deltadentalins.com) and select the DeltaCare USA network.

#### 6. Does everyone in my family have to choose the same primary care dentist?

No. Each family member can select his or her own primary care network dentist.<sup>2</sup>

#### 7. Can I change my primary care dentist?

Yes. You can request to change your primary care dentist at any time. Simply visit our website and log on to your online account or call or write to Customer Service. Change requests received by the 21<sup>st</sup> of the month will become effective the first day of the following month.

<sup>1</sup> In TX, three weeks is a reasonable amount of time to wait for a routine, non-urgent appointment. In TX, there is no limit on the number of miles or on the dollar amount per emergency.

<sup>2</sup> In MA, you cannot select more than three primary care dentist facilities per family.

**8. My dentist says she is a Delta Dental dentist, but she isn't listed in the DeltaCare USA directory. Can I still visit her for services?**

No. You must visit your selected primary care network dentist to receive benefits under this plan. Delta Dental has many networks, and participation may vary — not all Delta Dental dentists are DeltaCare USA dentists.

**9. What should I do if I need to see a specialist?**

If you require specialty dental care — such as oral surgery, endodontics, periodontics or pediatric dentistry — contact your primary care dentist to request a referral. Specialty dental services not performed by your selected primary care dentist must be authorized by us. You are responsible for any applicable copayments.

### General plan information

**10. If I'm traveling, is emergency treatment covered under my plan?**

You and your eligible dependents have out-of-area coverage for dental emergencies when you are more than 35 miles<sup>3</sup> from your primary care dentist. Your out-of-area emergency benefit (typically limited to \$100 per person<sup>4</sup>) is for services to relieve pain until you can return to your primary care network dentist. Standard plan limitations, exclusions and copayments may apply.

**11. Can I access my plan online?**

Yes. Visit [deltadentalins.com](https://deltadentalins.com) to create a free, secure online account. You can access your plan benefits and ID card, select (or change) your primary care dentist and more.

**12. Does my plan cover pre-existing conditions? What about treatments that are in progress?**

Treatment for pre-existing conditions (except work in progress<sup>3</sup>), including missing or extracted teeth, is covered under your plan. Treatment in progress includes services such as preparations for crowns or root canals, or impressions for dentures. If you started treatment before your plan's effective date, you and your prior dental carrier are responsible for any costs. Some DeltaCare USA plans may cover in-progress orthodontic treatment.

**13. Does my plan cover teeth whitening?**

Yes. External bleaching is a benefit under your DeltaCare USA plan. Review your plan booklet for more information and talk to your dentist about your options.

**14. Does my plan cover tooth-colored fillings and crowns?**

Yes. Porcelain and other tooth-colored materials are included in this plan.

**15. What if I have additional questions about my plan?**

Please contact us for additional support. Our Customer Service representatives can answer benefits questions as well as help you change your primary care dentist or arrange for urgent care referrals. See the back page of this brochure for our contact information.

<sup>3</sup> In TX, there is no limit on the number of miles or on the dollar amount per emergency.

<sup>4</sup> In TX, there is no exception for work in progress for covered DeltaCare USA benefits.

## We make it easy for you!



Select a  
DeltaCare USA  
dentist



Receive your  
welcome materials



Schedule an  
appointment



Receive  
dental care



Pay only your  
share to dentist

**SCHEDULE A**

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to Schedule B for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of Benefits under the DeltaCare USA Program and is not to be interpreted as CDT-2021 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association. The American Dental Association may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODE	DESCRIPTION	ENROLLEE PAYS
<b>D0100-D0999</b>	<b>I. DIAGNOSTIC</b>	
D0120	Periodic oral evaluation - established patient.....	No Cost
D0140	Limited oral evaluation - problem focused .....	No Cost
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver .....	No Cost
D0150	Comprehensive oral evaluation - new or established patient.....	No Cost
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit).....	No Cost
D0171	Re-evaluation - post-operative office visit .....	No Cost
D0180	Comprehensive periodontal evaluation - new or established patient.....	\$40.00
D0190	Screening of a patient .....	No Cost
D0191	Assessment of a patient .....	No Cost
D0210	Intraoral - complete series of radiographic images - <i>limited to 1 series every 24 months</i> .....	No Cost
D0220	Intraoral - periapical first radiographic image.....	No Cost
D0230	Intraoral - periapical each additional radiographic image .....	No Cost
D0240	Intraoral - occlusal radiographic image.....	No Cost
D0270	Bitewing - single radiographic image.....	No Cost
D0272	Bitewings - two radiographic images.....	No Cost
D0273	Bitewings three radiographic images.....	No Cost
D0274	Bitewings - four radiographic images - <i>limited to 1 series every 6 months</i> .....	No Cost
D0277	Vertical bitewings - 7 to 8 radiographic images .....	No Cost
D0330	Panoramic radiographic image .....	No Cost
D0419	Assessment of salivary flow by measurement - <i>1 every 12 months</i> .....	No Cost
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures.....	\$50.00
D0460	Pulp vitality tests .....	\$11.00
D0470	Diagnostic casts .....	No Cost
D0472	Accession of tissue, gross examination, preparation and transmission of written report.....	No Cost
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report.....	No Cost
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report .....	No Cost
D0601	Caries risk assessment and documentation, with a finding of low risk - <i>1 every 12 months</i> .....	No Cost
D0602	Caries risk assessment and documentation, with a finding of moderate risk - <i>1 every 12 months</i> .....	No Cost
D0603	Caries risk assessment and documentation, with a finding of high risk - <i>1 every 12 months</i> .....	No Cost
D0701	Panoramic radiographic image - image capture only.....	No Cost
D0702	2-D cephalometric radiographic image - image capture only.....	No Cost
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally - image capture only .....	No Cost
D0704	3-D photographic image - image capture only .....	No Cost
D0705	Extra-oral posterior dental radiographic image - image capture only.....	No Cost
D0706	Intraoral - occlusal radiographic image - image capture only.....	No Cost
D0707	Intraoral - periapical radiographic image - image capture only .....	No Cost
D0708	Intraoral - bitewing radiographic image - image capture only.....	No Cost
D0709	Intraoral - complete series of radiographic images - image capture only.....	No Cost
D0999	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit (in addition to other services)</i> .....	No Cost

**D1000-D1999****II. PREVENTIVE**

D1110	Prophylaxis cleaning- adult - <i>limited to 2 D1110, D1120 or D4346 per calendar year</i> .....	No Cost
D1110	<i>Additional prophylaxis cleaning - adult (within the 12 month period)</i> .....	\$45.00
D1120	Prophylaxis cleaning - child - <i>limited to 2 D1110, D1120 or D4346 per calendar year</i> .....	No Cost
D1120	<i>Additional prophylaxis cleaning - child (within the 12 month period)</i> .....	\$30.00
D1206	Topical application of fluoride varnish - <i>child to age 19; 2 D1206 or D1208 per calendar year</i> .....	No Cost
D1208	Topical application of fluoride - excluding varnish - <i>child to age 19; 2 D1206 or D1208 per calendar year</i> .....	No Cost
D1330	Oral hygiene instructions.....	No Cost
D1351	Sealant - per tooth - <i>limited to permanent molars through age 15</i> .....	\$15.00
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - <i>limited to permanent molars through age 15</i> .....	\$15.00
D1353	Sealant repair - per tooth - <i>limited to permanent molars through age 15</i> .....	\$15.00
D1354	Interim caries arresting medicament application - per tooth - <i>child to age 19; 2 per calendar year</i> .....	No Cost
D1510	Space maintainer - fixed - unilateral - per quadrant.....	\$95.00
D1516	Space maintainer - fixed - bilateral, maxillary .....	\$155.00
D1517	Space maintainer - fixed - bilateral, mandibular .....	\$155.00
D1556	Removal of fixed unilateral space maintainer - per quadrant.....	No Cost
D1557	Removal of fixed bilateral space maintainer - maxillary .....	No Cost
D1558	Removal of fixed bilateral space maintainer - mandibular.....	No Cost
D1575	Distal shoe space maintainer - fixed, unilateral - per quadrant - <i>child to age 9</i> .....	\$95.00

**D2000-D2999****III. RESTORATIVE**

- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.
- When there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$130.00 per crown, beyond the 6th unit.
- Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.

D2140	Amalgam - one surface, primary or permanent.....	\$16.00
D2150	Amalgam - two surfaces, primary or permanent.....	\$21.00
D2160	Amalgam - three surfaces, primary or permanent.....	\$26.00
D2161	Amalgam - four or more surfaces, primary or permanent.....	\$32.00
D2330	Resin-based composite - one surface, anterior.....	\$21.00
D2331	Resin-based composite - two surfaces, anterior.....	\$26.00
D2332	Resin-based composite - three surfaces, anterior.....	\$32.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior) .....	\$80.00
D2390	Resin-based composite crown, anterior .....	\$105.00
D2391	Resin-based composite - one surface, posterior .....	\$42.00
D2392	Resin-based composite - two surfaces, posterior .....	\$53.00
D2393	Resin-based composite - three surfaces, posterior .....	\$74.00
D2394	Resin-based composite - four or more surfaces, posterior .....	\$100.00
D2510	Inlay - metallic - one surface .....	\$410.00
D2520	Inlay - metallic - two surfaces.....	\$410.00
D2530	Inlay - metallic - three or more surfaces.....	\$410.00
D2542	Onlay - metallic - two surfaces .....	\$470.00
D2543	Onlay - metallic - three surfaces.....	\$470.00
D2544	Onlay - metallic - four or more surfaces.....	\$470.00
D2740	Crown - porcelain/ceramic .....	\$505.00
D2750	Crown - porcelain fused to high noble metal.....	\$460.00
D2751	Crown - porcelain fused to predominantly base metal.....	\$405.00
D2752	Crown - porcelain fused to noble metal .....	\$430.00
D2753	Crown - porcelain fused to titanium and titanium alloys.....	\$460.00
D2780	Crown - 3/4 cast high noble metal .....	\$460.00
D2781	Crown - 3/4 cast predominantly base metal .....	\$405.00
D2782	Crown - 3/4 cast noble metal .....	\$430.00
D2790	Crown - full cast high noble metal.....	\$460.00
D2791	Crown - full cast predominantly base metal.....	\$405.00
D2792	Crown - full cast noble metal.....	\$430.00
D2794	Crown - titanium and titanium alloys.....	\$460.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration .....	\$41.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core .....	\$41.00
D2920	Re-cement or re-bond crown .....	\$41.00



D2921	Reattachment of tooth fragment, incisal edge or cusp ( <i>anterior</i> ).....	\$80.00
D2928	Prefabricated porcelain/ceramic crown - permanent tooth.....	\$98.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth - <i>anterior</i> .....	\$98.00
D2930	Prefabricated stainless steel crown - primary tooth.....	\$98.00
D2931	Prefabricated stainless steel crown - permanent tooth .....	\$98.00
D2932	Prefabricated resin crown - <i>anterior primary tooth</i> .....	\$120.00
D2933	Prefabricated stainless steel crown with resin window - <i>anterior primary tooth</i> .....	\$145.00
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth.....	\$145.00
D2940	Protective restoration .....	\$13.00
D2941	Interim therapeutic restoration - primary dentition.....	\$13.00
D2949	Restorative foundation for an indirect restoration.....	\$98.00
D2950	Core buildup, including any pins when required.....	\$98.00
D2951	Pin retention - per tooth, in addition to restoration .....	\$21.00
D2952	Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i> .....	\$155.00
D2954	Prefabricated post and core in addition to crown - <i>base metal post; includes canal preparation</i> .....	\$130.00
D2960	Labial veneer (resin laminate) - direct .....	\$95.00
D2990	Resin infiltration of incipient smooth surface lesions - <i>limited to permanent molars through age 15</i> .....	\$15.00

**D3000-D3999****IV. ENDODONTICS**

D3110	Pulp cap - direct (excluding final restoration) .....	\$33.00
D3120	Pulp cap - indirect (excluding final restoration).....	\$33.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament.....	\$78.00
D3221	Pulpal debridement, primary and permanent teeth.....	\$78.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development.....	\$78.00
D3310	<i>Root canal</i> - endodontic therapy, anterior tooth (excluding final restoration).....	\$315.00
D3320	<i>Root canal</i> - endodontic therapy, premolar tooth (excluding final restoration).....	\$370.00
D3330	<i>Root canal</i> - endodontic therapy, molar tooth (excluding final restoration) .....	\$505.00
D3331	Treatment of root canal obstruction; non-surgical access.....	\$135.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth.....	\$135.00
D3333	Internal root repair of perforation defects .....	\$135.00
D3346	Retreatment of previous root canal therapy - anterior.....	\$420.00
D3347	Retreatment of previous root canal therapy - premolar.....	\$475.00
D3348	Retreatment of previous root canal therapy - molar.....	\$605.00
D3410	Apicoectomy - anterior.....	\$375.00
D3421	Apicoectomy - premolar (first root).....	\$405.00
D3425	Apicoectomy - molar (first root).....	\$430.00
D3426	Apicoectomy (each additional root) .....	\$145.00
D3430	Retrograde filling - per root .....	\$100.00
D3471	Surgical repair of root resorption - anterior .....	\$375.00
D3472	Surgical repair of root resorption - premolar.....	\$375.00
D3473	Surgical repair of root resorption - molar.....	\$375.00
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior.....	\$375.00
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar.....	\$375.00
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar.....	\$375.00

**D4000-D4999****V. PERIODONTICS**

- *Includes preoperative and postoperative evaluations and treatment under a local anesthetic.*

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant.....	\$240.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant.....	\$120.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth.....	\$120.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	\$295.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	\$155.00
D4245	Apically positioned flap .....	\$295.00
D4249	Clinical crown lengthening - hard tissue .....	\$325.00



D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant.....	\$595.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant.....	\$310.00
D4263	Bone replacement graft - retained natural tooth - first site in quadrant.....	\$290.00
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant .....	\$225.00
D4266	Guided tissue regeneration - resorbable barrier, per site.....	\$380.00
D4267	Guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal) .....	\$430.00
D4270	Pedicle soft tissue graft procedure .....	\$395.00
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft.....	\$395.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft.....	\$395.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site .....	\$198.00
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site .....	\$237.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i> .....	\$110.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i> .....	\$61.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - <i>limited to 2 D1110, D1120 or D4346 per calendar year</i> .....	No Cost
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit - <i>limited to 1 treatment in any 12 consecutive months</i> .....	\$83.00
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth .....	\$45.00
D4910	Periodontal maintenance - <i>limited to 2 per calendar year</i> .....	\$78.00
D4921	Gingival irrigation - per quadrant.....	No Cost

**D5000-D5899 VI. PROSTHODONTICS (removable)**

- For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.

- Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.

- Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.

D5110	Complete denture - maxillary .....	\$550.00
D5120	Complete denture - mandibular .....	\$550.00
D5130	Immediate denture - maxillary .....	\$550.00
D5140	Immediate denture - mandibular.....	\$550.00
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) .....	\$410.00
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) .....	\$410.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).....	\$640.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).....	\$640.00
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) .....	\$410.00
D5222	Immediate mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth).....	\$410.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).....	\$640.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including retentive/clasping materials, rests and teeth).....	\$640.00
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests, and teeth) .....	\$410.00
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests, and teeth) .....	\$410.00
D5410	Adjust complete denture - maxillary .....	\$33.00
D5411	Adjust complete denture - mandibular.....	\$33.00
D5421	Adjust partial denture - maxillary .....	\$33.00
D5422	Adjust partial denture - mandibular.....	\$33.00
D5511	Repair broken complete denture base, mandibular .....	\$65.00

D5512	Repair broken complete denture base, maxillary .....	\$65.00
D5520	Replace missing or broken teeth - complete denture (each tooth).....	\$65.00
D5611	Repair resin partial denture base, mandibular .....	\$65.00
D5612	Repair resin partial denture base, maxillary.....	\$65.00
D5630	Repair or replace broken retentive/clasping materials - per tooth .....	\$82.00
D5640	Replace broken teeth - per tooth.....	\$65.00
D5650	Add tooth to existing partial denture.....	\$65.00
D5660	Add clasp to existing partial denture - per tooth.....	\$82.00
D5710	Rebase complete maxillary denture .....	\$195.00
D5711	Rebase complete mandibular denture.....	\$195.00
D5720	Rebase maxillary partial denture.....	\$195.00
D5721	Rebase mandibular partial denture.....	\$195.00
D5730	Reline complete maxillary denture (chairside) .....	\$115.00
D5731	Reline complete mandibular denture (chairside) .....	\$115.00
D5740	Reline maxillary partial denture (chairside) .....	\$115.00
D5741	Reline mandibular partial denture (chairside).....	\$115.00
D5750	Reline complete maxillary denture (laboratory) .....	\$170.00
D5751	Reline complete mandibular denture (laboratory) .....	\$170.00
D5760	Reline maxillary partial denture (laboratory) .....	\$170.00
D5761	Reline mandibular partial denture (laboratory).....	\$170.00
D5810	Interim complete denture (maxillary) .....	\$295.00
D5811	Interim complete denture (mandibular).....	\$295.00
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary - <i>limited to 1 in any 12 consecutive months</i> .....	\$235.00
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular - <i>limited to 1 in any 12 consecutive months</i> .....	\$235.00

**D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered****D6000-D6199 VIII. IMPLANT SERVICES - Not Covered****D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])**

- *When a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional \$130.00 per unit, beyond the 6th unit.*

- *Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.*

D6210	Pontic - cast high noble metal .....	\$460.00
D6211	Pontic - cast predominantly base metal .....	\$405.00
D6212	Pontic - cast noble metal .....	\$430.00
D6214	Pontic - titanium and titanium alloys.....	\$460.00
D6240	Pontic - porcelain fused to high noble metal .....	\$460.00
D6241	Pontic - porcelain fused to predominantly base metal .....	\$405.00
D6242	Pontic - porcelain fused to noble metal .....	\$430.00
D6243	Pontic - porcelain fused to titanium and titanium alloys.....	\$430.00
D6245	Pontic - porcelain/ceramic.....	\$450.00
D6602	Retainer inlay - cast high noble metal, two surfaces.....	\$460.00
D6603	Retainer inlay - cast high noble metal, three or more surfaces.....	\$460.00
D6604	Retainer inlay - cast predominantly base metal, two surfaces.....	\$405.00
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces.....	\$405.00
D6606	Retainer inlay - cast noble metal, two surfaces.....	\$430.00
D6607	Retainer inlay - cast noble metal, three or more surfaces.....	\$430.00
D6610	Retainer onlay - cast high noble metal, two surfaces .....	\$460.00
D6611	Retainer onlay - cast high noble metal, three or more surfaces .....	\$460.00
D6612	Retainer onlay - cast predominantly base metal, two surfaces .....	\$405.00
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces .....	\$405.00
D6614	Retainer onlay - cast noble metal, two surfaces .....	\$430.00
D6615	Retainer onlay - cast noble metal, three or more surfaces .....	\$430.00
D6624	Retainer inlay - titanium.....	\$460.00
D6634	Retainer onlay - titanium.....	\$460.00
D6740	Retainer crown - porcelain/ceramic.....	\$505.00
D6750	Retainer crown - porcelain fused to high noble metal .....	\$460.00
D6751	Retainer crown - porcelain fused to predominantly base metal .....	\$405.00

D6752	Retainer crown - porcelain fused to noble metal .....	\$430.00
D6753	Retainer crown - porcelain fused to titanium and titanium alloys .....	\$460.00
D6780	Retainer crown - 3/4 cast high noble metal .....	\$460.00
D6781	Retainer crown - 3/4 cast predominantly base metal .....	\$405.00
D6782	Retainer crown - 3/4 cast noble metal .....	\$430.00
D6784	Retainer crown ¾ - titanium and titanium alloys .....	\$460.00
D6790	Retainer crown - full cast high noble metal .....	\$460.00
D6791	Retainer crown - full cast predominantly base metal .....	\$405.00
D6792	Retainer crown - full cast noble metal .....	\$430.00
D6794	Retainer crown - titanium and titanium alloys .....	\$460.00
D6930	Re-cement or re-bond fixed partial denture .....	\$62.00

**D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY**

- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.

D7111	Extraction, coronal remnants - primary tooth .....	\$50.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal) .....	\$50.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated .....	\$100.00
D7220	Removal of impacted tooth - soft tissue .....	\$110.00
D7230	Removal of impacted tooth - partially bony .....	\$145.00
D7240	Removal of impacted tooth - completely bony .....	\$220.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications .....	\$220.00
D7250	Removal of residual tooth roots (cutting procedure) .....	\$100.00
D7251	Coronectomy - intentional partial tooth removal .....	\$145.00
D7260	Oroantral fistula closure .....	\$315.00
D7261	Primary closure of sinus perforation .....	\$315.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth .....	\$155.00
D7280	Exposure of an unerupted tooth .....	\$185.00
D7283	Placement of device to facilitate eruption of impacted tooth .....	\$44.00
D7285	Incisional biopsy of oral tissue-hard (bone, tooth) .....	\$155.00
D7286	Incisional biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i> .....	\$120.00
D7287	Exfoliative cytological sample collection .....	\$67.00
D7288	Brush biopsy - transepithelial sample collection .....	\$67.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant .....	\$100.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant .....	\$50.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant .....	\$135.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant .....	\$66.00
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm .....	\$170.00
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm .....	\$170.00
D7471	Removal of lateral exostosis (maxilla or mandible) .....	\$190.00
D7472	Removal of torus palatinus .....	\$190.00
D7473	Removal of torus mandibularis .....	\$190.00
D7485	Reduction of osseous tuberosity .....	\$135.00
D7510	Incision and drainage of abscess - intraoral soft tissue .....	\$66.00
D7511	Incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) .....	\$100.00
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site .....	No Cost
D7961	Buccal/labial frenectomy (frenulectomy) .....	No Cost
D7962	Lingual frenectomy (frenulectomy) .....	No Cost
D7963	Frenuloplasty .....	\$17.00

**D8000-D8999 XI. ORTHODONTICS**

- The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed \$125.00, may apply.

- The Retention Copayment includes adjustments and/or office visits up to 24 months.

**Pre and post orthodontic records include:**

The benefit for pre-treatment records and diagnostic services includes:..... No Cost

D0210	Intraoral - complete series of radiographic images	
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D0322	Tomographic survey	
D0330	Panoramic radiographic image	
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	
D0350	2D oral/facial photographic images obtained intraorally or extraorally	
D0351	3D photographic image	
D0470	Diagnostic casts	
	<i>The benefit for post-treatment records includes:</i> .....	\$70.00
D0210	Intraoral - complete series of radiographic images	
D0470	Diagnostic casts	
D8050	Interceptive orthodontic treatment of the primary dentition.....	\$1,148.00
D8060	Interceptive orthodontic treatment of the transitional dentition.....	\$1,401.00
D8070	Comprehensive orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i> .....	\$2,774.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i> .....	\$2,774.00
D8090	Comprehensive orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i> .....	\$3,590.00
D8660	Pre-orthodontic treatment examination to monitor growth and development .....	\$61.00
D8670	Periodic orthodontic treatment visit .....	No Cost
D8680	Orthodontic retention (removal of appliances, construction and placement of removable retainers) .....	\$345.00
D8681	Removable orthodontic retainer adjustment .....	No Cost
D8999	Unspecified orthodontic procedure, by report - <i>includes treatment planning session and records</i> .....	\$175.00
<b>D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES</b>		
D9110	Palliative (emergency) treatment of dental pain - minor procedure .....	\$45.00
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia.....	No Cost
D9222	Deep sedation/general anesthesia - first 15 minutes.....	\$73.00
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment .....	\$73.00
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes.....	\$73.00
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment.....	\$73.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician.....	No Cost
D9311	Consultation with a medical health care professional .....	No Cost
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed.....	No Cost
D9440	Office visit - after regularly scheduled hours.....	\$70.00
D9450	Case presentation, detailed and extensive treatment planning.....	No Cost
D9932	Cleaning and inspection of removable complete denture, maxillary.....	No Cost
D9933	Cleaning and inspection of removable complete denture, mandibular .....	No Cost
D9934	Cleaning and inspection of removable partial denture, maxillary.....	No Cost
D9935	Cleaning and inspection of removable partial denture, mandibular .....	No Cost
D9943	Occlusal guard adjustment.....	\$10.00
D9944	Occlusal guard - hard appliance, full arch - <i>limited to 1 D9944, D9945 or D9946 in 24 months</i> .....	\$255.00
D9945	Occlusal guard - soft appliance, full arch - <i>limited to 1 D9944, D9945 or D9946 in 24 months</i> .....	\$255.00
D9946	Occlusal guard - hard appliance, partial arch - <i>limited to 1 D9944, D9945 or D9946 in 24 months</i> .....	\$255.00
D9951	Occlusal adjustment, limited.....	\$50.00
D9952	Occlusal adjustment, complete.....	\$260.00
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays - <i>limited to one bleaching tray and gel for two weeks of self-treatment</i> .....	\$165.00
D9990	Certified translation or sign-language services - per visit .....	No Cost
D9991	Dental case management - addressing appointment compliance barriers .....	No Cost
D9992	Dental case management - care coordination.....	No Cost
D9995	Teledentistry - synchronous; real-time encounter .....	No Cost
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review.....	No Cost
D9997	Dental case management - Patients with special Health Care Needs.....	No Cost

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide specialized services, and are referred by the assigned Contract Dentist, must be authorized by the Plan. The Enrollee pays the Copayment specified for such services.

## SCHEDULE B

### Limitations of Benefits

1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments*.
2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional \$130.00 above the listed Copayment for each of these services after the sixth unit has been provided.
3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241).
4. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by Us, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
5. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.
6. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. We are financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

### Exclusions of Benefits

1. Any procedure that is not specifically listed under *Schedule A, Description of Benefits and Copayments*.
2. Any procedure that in the professional opinion of the Contract Dentist:
  - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**
  - b. is inconsistent with generally accepted standards for dentistry.
3. Services solely for cosmetic purposes, with the exception of procedure D9975 (External bleaching for home application, per arch), or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers and crowns and fixed partial dentures (bridges).
6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
9. Consultations for non-covered benefits.
10. Dental services received from any dental facility other than the assigned Contract Dentist, an authorized dental specialist, or a Contract Orthodontist except for *Emergency Services* as described in the Contract and/or Evidence of Coverage.



## Limitations and Exclusions of Benefits

11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
12. Prescription drugs.
13. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with the DeltaCare USA Program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.
14. Lost, stolen or broken orthodontic appliances.
15. Changes in orthodontic treatment necessitated by accident of any kind.
16. Myofunctional and parafunctional appliances and/or therapies.
17. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
18. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.
19. Orthodontic treatment must be provided by a licensed Dentist. Self-administered orthodontics are not covered.
20. The removal of fixed orthodontic appliances for reasons other than completion of treatment is not a covered benefit.

# Elevate Your Smile

## 8 ways to make the most of your dental plan

### 1 Visit your DeltaCare USA dentist.

You must visit your selected DeltaCare USA primary care dentist to receive benefits under your plan.<sup>1</sup> Find or change your dentist<sup>2</sup> at **deltadentalins.com** or by calling Customer Service.

- You don't need a dental plan ID card when you visit the dentist. Simply provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your plan, they will need to provide your information.
- There are no claims forms to complete—just pay your copayment, if any, at the time of treatment.<sup>3</sup>
- If you require treatment from a specialist, your primary care dentist will coordinate a referral for you.<sup>4</sup>

### 2 Seek preventive care.

Regular exams and cleanings are available at low or no cost. These services help catch problems before they require costly and extensive treatment.

### 3 Set up an online account.

Get information about your plan anytime, anywhere by signing up for an online account. This useful service lets you find a network dentist, view or print your ID card and more. The one-time registration process takes only a minute.

<sup>1</sup> In WY, you do not need to select a primary care dentist, but you must visit a DeltaCare USA dentist to receive benefits. In the following states, you can maximize your savings when you visit a DeltaCare USA dentist, although you may visit any licensed dentist and receive out-of-network coverage: AK, CT, LA, ME, MS, MT, NC, ND, NH, OK, SD, VT. Refer to your plan booklet for details about your out-of-network benefits.

<sup>2</sup> Changes received by the 21st of the month will be effective the first day of the following month. Verify that the dentist is your selected DeltaCare USA primary care dentist before each appointment. In the following states, you can change your dentist any time without contacting Delta Dental: AK, CT, LA, ME, MS, MT, NC, ND, NH, OK, SD, VT, WY.

<sup>3</sup> You may have to complete a claim form if you visit an out-of-network dentist, such as for limited emergency treatment or in the following states: AK, CT, LA, ME, MS, MT, NC, ND, NH, OK, SD, VT.

<sup>4</sup> Most services not performed by your primary care dentist must be authorized by Delta Dental. In some states, specialty care benefits are only available for services performed by a DeltaCare USA specialist. Refer to your plan booklet for more information.

4

**Get to know your plan.**

Many DeltaCare USA plans have no exclusions for pre-existing conditions, including missing teeth.<sup>5</sup>

Read your plan booklet for a complete list of covered procedures, copayments, plan limitations and exclusions.

5

**Coordinate benefits.**

Are you covered under a second dental plan? Ask your dentist to include information about both plans with your claim, and we'll handle the rest.<sup>5</sup>

6

**Complete in-progress orthodontic care.**

If you began orthodontic treatment under a previous employer-sponsored plan, you may be covered for continuing treatment with your current orthodontist. The copayments and fees of your previous plan would apply.<sup>5</sup>

7

**Talk to your dentist.**

From pregnancy to diabetes, overall health can affect your dental health. Start each visit with a quick chat about any issues.

8

**Stay informed.**

Get oral health tools and tips at [deltadentalins.com/wellness](https://deltadentalins.com/wellness). Don't forget to subscribe to *Grin!*, our free dental wellness e-magazine.

<sup>5</sup> This provision may not apply to all plans. Please refer to your plan booklet for specific coverage details.

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## Contact us

**Online assistance:**

For quick and easy online assistance, go to [deltadentalins.com/contact](https://deltadentalins.com/contact), and click on **Contact Us**.

**Telephone assistance:**

DeltaCare USA: **800-422-4234 (toll-free)**

- Use our automated phone system, available 24/7.
- Speak to a Customer Service representative: Monday to Friday, 8 am – 9 pm Eastern time.



# Stay Connected



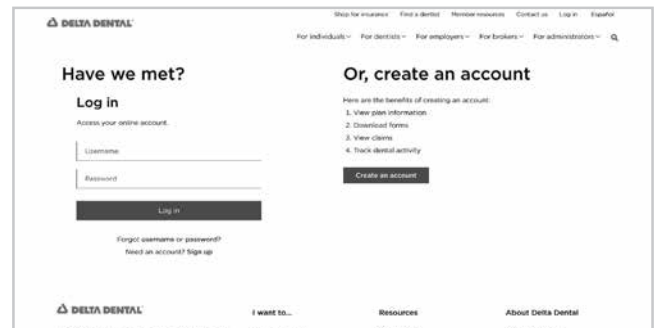
On our website, all the information you need is at your fingertips. You can check your plan details, find an in-network dentist and more.

## Create an account

1. Go to **deltadentalins.com**.
2. Click **Log In** at the top of the home page.
3. Click **Create an account**.

With an online account, you can:

- View plan information
- Download documents
- View claims



## Find a dentist

1. Go to **deltadentalins.com**.
2. Click **Find a Dentist** at the top of the home page, enter your ZIP code and select your network from the drop-down menu.
3. Click **Find a Dentist**.

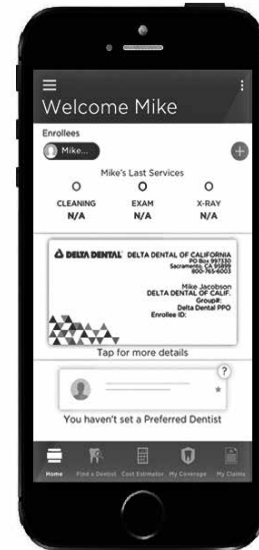
Browse Yelp reviews, check office hours and see the address on a map.



## Download the app

1. Open the **App Store** or **Google Play**.
2. Search for “**Delta Dental**.”
3. Download the free app titled **Delta Dental** by Delta Dental Plans Association.

Review your plan details and pull up your ID card.



## Get answers

Got a question? We've got answers.

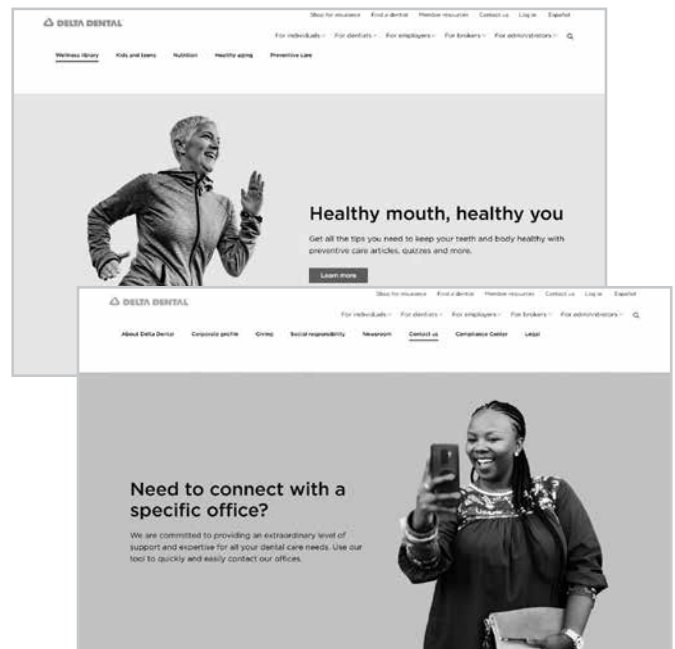
### Improve your dental health:

Go to [deltadentalins.com/wellness](https://deltadentalins.com/wellness).

You'll find valuable resources, including the latest recipes, articles and videos.

### Contact Customer Service:

Go to [deltadentalins.com/contact](https://deltadentalins.com/contact) to submit a question online.



Website available on  
desktop, mobile and tablet



Our Delta Dental enterprise includes these companies in these states: Delta Dental of California — CA, Delta Dental of the District of Columbia — DC, Delta Dental of Pennsylvania — PA & MD, Delta Dental of West Virginia, Inc. — WV, Delta Dental of Delaware, Inc. — DE, Delta Dental of New York, Inc. — NY, Delta Dental Insurance Company — AL, DC, FL, GA, LA, MS, MT, NV, TX and UT. These enterprise companies are members, or affiliates of members, of the Delta Dental Plans Association, a network of 39 Delta Dental companies that together provide dental coverage to 80 million people in the U.S. The website [deltadentalins.com](https://deltadentalins.com) is the home of the Delta Dental companies listed above. For other Delta Dental companies, visit the Delta Dental Plans Association website at [deltadental.com](https://deltadental.com).



## Useful information once you're enrolled

### Boost your wellness IQ

Find oral health resources, including articles, quizzes, videos and a subscription to *Grin!*, our free dental wellness e-magazine at [deltadentalins.com/wellness](http://deltadentalins.com/wellness).

### Find a network dentist near you

Use our convenient “Find a Dentist” tool and select your network.

- Find a dentist near your home or office
- Narrow your search by location, specialty, languages spoken — and more

### Sign up for an online account

Use your mobile device or desktop to sign up for a secure online account.

- Review your plan benefits
- Access your ID card

### Go paperless

Save paper by viewing all your documents online instead of receiving them in the mail. Once you've registered for an online account, visit your **My Profile** page to select **Online** for your document delivery preference.

**NOTE: THIS IS ONLY A BRIEF SUMMARY OF YOUR PLAN.** This brochure provides highlights about both dental plans to help you choose the best option for your needs. This brochure is not intended to replace your legally required plan booklet. Your Group Dental Service Contract or Evidence/Certificate of Coverage determines the exact terms and conditions of your coverage. Please refer to your plan booklet for a complete list of covered procedures, copayments, plan limitations and exclusions. Your Evidence/Certificate of Coverage will be mailed to you upon enrollment. If you wish to review an Evidence/Certificate of Coverage prior to enrollment, you may request a copy by calling the Customer Service number for each plan listed on the back page of this brochure.

#### PRODUCT ADMINISTRATION

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.

Delta Dental PPO is underwritten by Delta Dental Insurance Company in FL.

Delta Dental is a registered mark of Delta Dental Plans Association.

## Need help? Let us know.

### Online:

Visit [deltadentalins.com/contact](http://deltadentalins.com/contact) and select **Delta Dental Insurance Company**.

### Call toll free:

Customer Service agents are available Monday through Friday, during business hours. Or, use our interactive automated phone system, available 24/7.

**Delta Dental PPO:** 800-521-2651

**DeltaCare USA:** 800-422-4234

### Write to:

**Delta Dental PPO:**

P.O. Box 1809

Alpharetta, GA 30023

**DeltaCare USA:**

P.O. Box 1803

Alpharetta, GA 30023