

DeltaCare[®] USA at a Glance

Under this HMO-type plan, you must choose a DeltaCare[®] USA dentist and visit this dentist to receive coverage¹. There are no maximums or deductibles², and you can count on paying no more than the set copayment for each covered procedure.

Your plan details	
Deductibles	None
Annual maximum	None
Lifetime orthodontic maximum	None

Your plan coverage

Here are some of the copayments you'd pay under this plan. Check your plan booklet for a full list of covered services and copayments.³

Procedure name	Procedure code ⁴	Your copayment
Diagnostic Periodic oral exam — established patient Complete series of x-rays	D0120 D0210	\$0 \$0
Preventive Cleaning (prophylaxis) — adult Cleaning (prophylaxis) — child Sealant — per tooth	D1110 D1120 D1351	\$0 \$0 \$10
Restorative Amalgam (silver-colored) filling, 1 surface Resin (tooth-colored) filling: front tooth, 1 surface back tooth, 1 surface Crown — porcelain and precious metal Crown — precious metal Post and core in addition to crown	D2140 D2330 D2391 D2750 D2790 D2952	\$0 \$0 \$45 \$355 \$355 \$95
Endodontics Root canal, front tooth Root canal, molar tooth	D3310 D3330	\$95 \$335
Periodontics (gum treatment) Periodontal surgery, per quadrant Periodontal scaling and root planing — four or more teeth per quadrant Periodontal maintenance	D4260 D4341 D4910	\$300 \$50 \$35
Prosthodontics Full upper denture Partial upper denture — cast metal framework with resin denture bases (w/ clasps, rests and teeth)	D5110 D5213	\$285 \$315
Oral and maxillofacial surgery Extraction (removal) of a fully exposed tooth Extraction (removal) of fully impacted tooth, completely bony	D7140 D7240	\$5 \$95
Orthodontics Comprehensive orthodontic treatment (braces) — Child Comprehensive orthodontic treatment (braces) — Adult	D8070 D8090	\$1,900 \$2,100

¹ In CT, NC and OK, you can maximize your savings when you visit a network dentist, although you may visit any licensed dentist and receive out-of-network coverage: Refer to your plan booklet for details about your out-of-network benefits.

² Refer to your plan booklet for more information about covered services, deductibles and maximums. In CT, when you visit an out-of-network dentist, you have an out-of-network calendar year maximum of \$500 per person and an orthodontic lifetime maximum of \$500 per person.

³ This benefit information is only a summary and not intended or designed to replace or serve as the plan contract. Please see your plan booklet for your plan's limitations and exclusions.

⁴ Copayments and procedure descriptions referenced above are intended to clarify the delivery of benefits under the Delta Dental plan and are not to be interpreted as CDT descriptors or nomenclature, which are under copyright by the American Dental Association.

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