

Your Smile, Your Choice

Delta Dental PPO™ & DeltaCare® USA



You can choose between two dental plans from Delta Dental. Either way, you'll get reliable dentist networks and affordable preventive care. Your options are:

Delta Dental PPO¹ **Group #02584**

This preferred provider plan offers the convenience and flexibility of visiting any licensed dentist, anywhere. Covered services are paid based on a percentage — for example, fillings are covered at 85%, and you pay the remaining 15%.¹ Get the most plan value by choosing a Delta Dental PPO dentist. PPO network dentists complete claim forms for you and can help advise you on questions regarding your share of the payment.

DeltaCare USA¹ **Group #75643**

Under this HMO-type plan, 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.² Covered services provided by your DeltaCare USA dentist have preset copayments (dollar amounts), such as \$115 for a crown made of porcelain and high noble metal. There are no maximums.

Turn the page for more details to help you choose the best plan for your needs.

¹ Refer to your plan booklet for more information about your plan coverage.

Compare Plan Features

	Delta Dental PPO	DeltaCare USA
Can I go to any dentist?	You can visit any licensed dentist to receive coverage, but you'll save the most at an in-network dentist.	You must select a DeltaCare USA primary care dentist and visit this dentist to receive benefits.
What procedures are covered?²	<ul style="list-style-type: none"> • Exams and cleaning: 2 per year, covered at 100% at a PPO dentist and 85% at a Delta Dental Premier or non-Delta Dental dentist • Fillings, extractions, sealants, root canals, gum treatment and oral surgery: Covered at 85% at any dentist • Crowns, bridges and dentures: Covered at 65% at a PPO dentist and 60% at a non-PPO dentist • Orthodontics: Covered at 60% at any dentist for adults and children, up to \$2,000 lifetime maximum per person 	<ul style="list-style-type: none"> • Exams, cleanings, sealants, fluoride treatment, root canals, extractions, gum treatment, oral surgery, dentures: No cost • Fillings: \$0–55 copayment, depending on materials, tooth and size of filling • Crowns and bridges: \$75–175 copayment, depending on materials • Orthodontics: \$1,000 copayment for comprehensive orthodontic treatment for adults and children • Teeth whitening: \$125 copayment • Nightguard: \$95 copayment.
Are there deductibles and maximums?	Your plan has no deductible. There is a \$2,100* annual maximum per person and a \$2,000 lifetime orthodontic maximum per person. *\$2,000 for non-network providers.	No, there are no annual deductibles or maximums.
Am I covered for treatment I began under a different employer-sponsored dental plan?	Coverage is provided only for treatment started and completed after your effective date. Orthodontic treatment may be an exception to this rule.	Coverage is provided only for treatment started and completed after your effective date. ⁵ Orthodontic treatment may be an exception to this rule.
What if I started orthodontic treatment under my previous dental plan?	Typically, Delta Dental pays the remaining benefit not paid by your prior dental plan.	You are responsible for the copayments and fees subject to the provisions of your prior dental plan.
What happens if I need to see a specialist?	You do not need a referral from your dentist.	Contact your DeltaCare USA primary care dentist to coordinate your referral.
What is my out-of-area coverage?	You can visit any licensed dentist.	You have a limited benefit of \$100 to go out of network for emergency care when you are over 35 miles from your primary care dentist. This benefit covers palliative care (pain treatment).
How do I change my dentist?	You can change your dentist at any time without contacting us.	You can change your selected or assigned primary care dentist online or by telephone.
Do I need to fill out claims?	If you visit a Delta Dental dentist, the dental office will file the claim for you. If you go to a non-Delta Dental dentist, you may have to submit the claim yourself.	There are generally no claim forms under your plan.
How do I contact Customer Service?	Just call 800-423-8154 to speak to a representative Monday through Friday between 5 am and 8 pm, Pacific time.	Just call 800-422-4234 to speak to a representative Monday through Friday between 5 am and 6 pm, Pacific time.

² This is not a comprehensive list. Please refer to your plan booklet for more details about your coverage, including limitations and exclusions.

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, 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; VA — Delta Dental of Virginia. 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 of California in CA.

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