

Dental Plans

DENTAL SERVICES	Delta Dental PPO Plan	DeltaCare® USA HMO Plan
Service Area	Worldwide ¹	California only
Preventive Dentistry	No deductible	Copayments apply as noted
Cleaning of teeth — prophylaxis cleanings	You are covered at 100% (up to 2 times in a calendar year; additional cleanings by report)	100% up to 2 times in any 12-month period; additional cleanings when necessary: \$45 copayment for adults, \$35 copayment for children
Oral examinations	100% (limited to 2 per calendar year — routine, non-routine or a combination of both; additional routine exam is covered for members with identified risk factors)	100%
Emergency office visit for pain relief	100%	100%
Topical fluoride treatment	100% (includes cleaning; up to 2 times in a calendar year)	100% (up to 2 times in any 12-month period through age 18)
Space maintainers	100% (through age 12)	100%
X-rays (full mouth, bitewings, other films)	100% (full mouth x-rays limited to 1 set in 5 years unless necessary)	100% (full mouth x-rays limited to 1 set in any 12-month period)
Pit and fissure sealants (under age 16 only)	100% PPO/75% Premier for first permanent molars through age 9 and second permanent molars through age 15	100% for first permanent molars through age 9 and second permanent molars through age 15
Basic Dentistry	Deductible applies.	Copayments apply as noted.
Fillings	80% PPO/75% Premier	100% for standard benefit
Anesthesia ²	80% PPO/75% Premier (general anesthesia for covered oral surgery)	Local — 100%. General and intravenous sedation — 100%; limited to medically necessary extractions
Prosthetic appliance repair	80% PPO/75% Premier	100%
Extractions	80% PPO/75% Premier	100% if uncomplicated (not covered if done only for orthodontics)
Oral surgery	80% PPO/75% Premier	\$15 copayment for impactions; other covered services at 100%
Endodontics	80% PPO/75% Premier	\$20–\$60 copayment for each canal; other covered services at 100%
Periodontics	80% PPO/75% Premier	\$100 copayment per quadrant for surgery (mucogingival and osseous gingival); \$150 copayment for soft tissue graft procedures; periodontal maintenance: 100% for 1 in each 6-month period; additional maintenance when necessary: \$55 copayment
Denture Relining and Rebase	80% PPO/75% Premier	Relining — 100% (limited to 1 in any 12-month period). Rebase — \$20 copay
Major Dentistry	Deductible applies.	Copayments applied as noted.
Crowns	50%	\$50 per unit copayment (\$150 extra charge for precious metals)
Inlays/onlays	50%	100% for standard benefit
TMJ Disorder Benefits Temporomandibular joint (TMJ) dysfunction: occlusal devices/occlusal guards (night guards)	50% up to \$500 for all benefits in a lifetime (not applied to calendar year maximum). Deductible applies.	100%

After an annual deductible of \$50 per person³

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Prosthetic Dentistry	Deductible applies.	Copayments apply as noted.
Standard, full or partial dentures	50%	Upper — \$65 copayment per denture Lower — \$65 copayment per denture (extra charge for precious metals) Removable partial denture with flexible base — \$115
Bridges	50%	\$50 per unit copayment (extra charge for precious metals)
Implants	50%	Not covered
Total Benefit (Total benefit for preventive, basic and major dentistry, and prosthetic dentistry)	\$1,700 if a Delta Dental PPO dentist is used; otherwise \$1,500 per person per calendar year	No maximum
Orthodontics	No deductible	Copayments apply as noted below
Who is eligible for service	All covered family members	All covered family members
Benefit	50% copayment; maximum of \$1,500 for each eligible patient under age 26 and \$500 for each eligible patient age 26 and older	\$1,000 copayment (plan covers 36 months of usual and customary treatment — a monthly office visit fee of \$75 applies after the 36 months)
Special Provisions, Limitations, Exclusions		
Work in progress when you join	Only services that you receive on or after your effective date of coverage are covered.	Only services received from a DeltaCare® USA provider on or after your effective date of coverage are covered ⁴ .
Predetermination of benefits	If services are expected to be \$400 or more, your dentist files a treatment plan first; Delta reviews it and notifies you and your dentist of the benefits payable.	Before any work is done, ask your DeltaCare® USA dentist what the charges will be. If you have any questions about what will be covered, call DeltaCare® USA.
Alternate treatment provision	If more than one professionally acceptable and appropriate treatment can be used, Delta benefits will be based on the least expensive method.	If you select a treatment plan different from that customarily provided by DeltaCare® USA, you will pay the applicable copayment, plus the additional cost of the alternate treatment.
Replacement of crowns, dentures, partial dentures and bridges	Not covered if crown or prosthetic appliance is fewer than 7 years old	Not covered if crown or prosthetic appliance is less than 3 years old
Out-of-area emergencies	Coverage applies worldwide.	Plan pays up to \$100 in 12-month period for pain relief when you are more than 25 miles from your dentist's office.
Teeth bleaching	Not covered	\$125 copayment per arch. External bleaching is limited to one bleaching tray per arch per 36-month period; bleaching gel for two weeks of patient self treatment.
Tobacco counseling for prevention of oral disease	Not covered	100%

NOTE: Other limitations and exclusions may apply. See the Delta Dental or DeltaCare® USA booklet.

¹ Nationwide — Delta Dental PPO, Delta Dental Premier and non-Delta dentists (licensed); Worldwide — Coverage available only from non-Delta dentists (licensed).

² Disabled members may receive anesthesia for any covered dental service if needed to receive treatment. Preauthorization is required.

³ Combined for basic and major dentistry, TMJ disorder benefits and prosthetic dentistry.

⁴ Exception: DeltaCare® USA may cover orthodontia treatment in progress for new enrollees/family members if treatment meets specific DeltaCare® USA criteria.