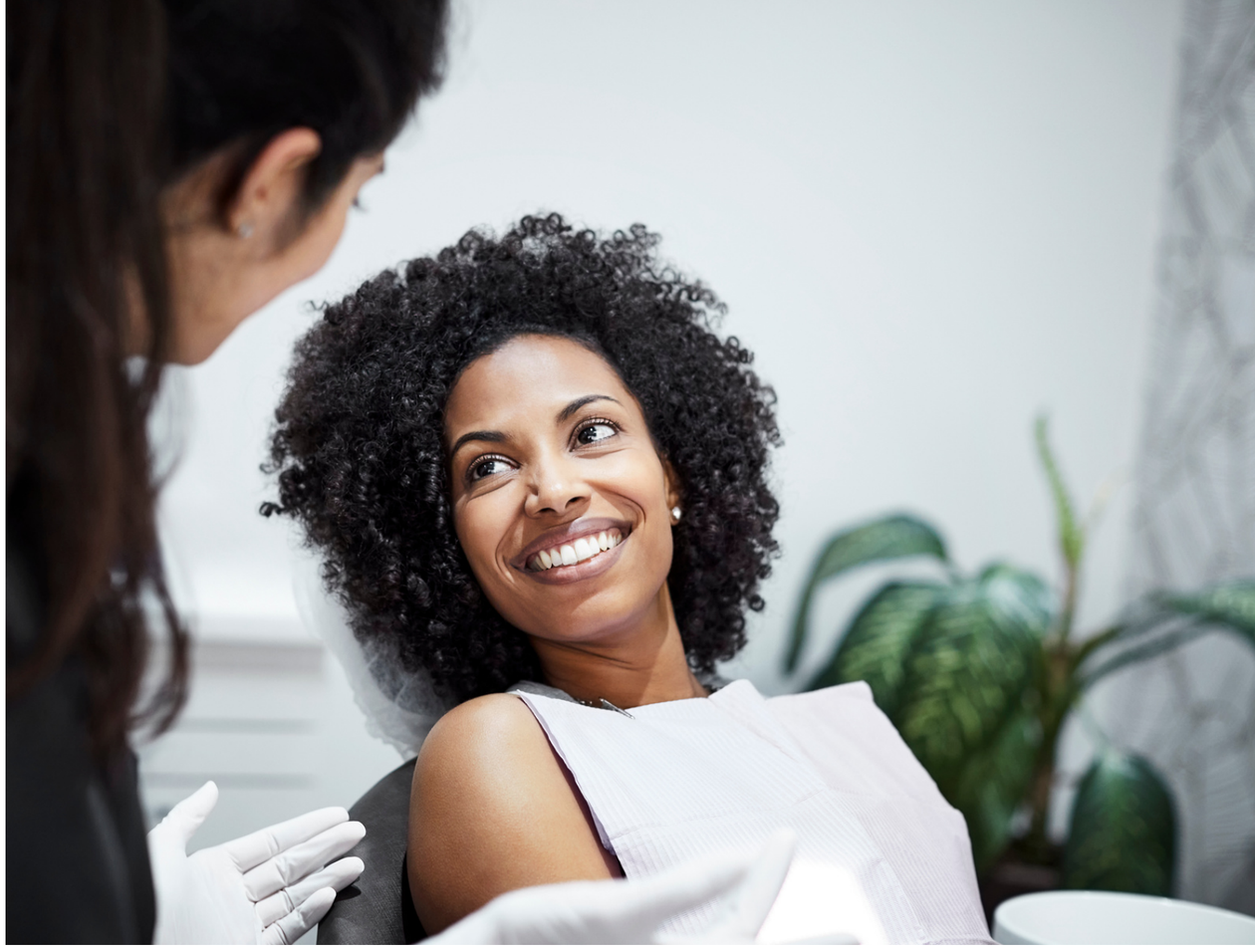
DELTA DENTAL

Dental Coverage that works for your budget



Delta Dental PPO - Two Plans

Basic plan - From $19.08/Mpnth

Cleanings, exams and x-rays are covered at 100% right away. Yearly $50 deductible and a $1,000 yearly maximum benefit.

Premium plan - From $38.42/Month

Our Premium plan has a $50 deductible and the most comprehensive coverage we offer with $2,000 yearly maximum benefit. It covers more procedures, has lower out-of-pocket costs and covers root canals, crowns, dentures and tooth implants after 1 year.

Delta Care USA Plan - From $17.32/Month

Predictable costs, low copays for preventive care such as cleanings, exams and x-rays. Get additional benefits, including teeth whitening, with this plan. No deductible or yearly maximum.

If you have any questions please call:
Local Broker: Annette Enos

Phone: 484 664 9462

Email: Youragent2023@yahoo.com

Delta Dental Broker Number: 222404

Enroll with QR Code

https://www.deltadentalins.com/shopping/delta/get-a-quote?issuerCode=DELTA&brokerId=222404

DELTA DENTAL

2023 Plan Pricing

There is a one-time, non-refundable application fee of $10 for each plan[1]. There is no additional application fee for qualifying dependents. For example, a primary enrollee with five dependents pays $10 at time of enrollment, not $60.

	Monthly rates				Annual rates			
	Delta Dental PPO – Basic plan		Delta Dental PPO – Premium plan		Delta Dental PPO – Basic plan		Delta Dental PPO – Premium plan	
	Child	Adult	Child	Adult	Child	Adult	Child	Adult
Washington D.C.	$24.14	$28.63	$35.26	$52.38	$289.68	$343.56	$423.12	$628.56
Delaware	$23.02	$27.49	$32.38	$44.35	$276.24	$329.88	$388.56	$532.20
Maryland	$15.63	$17.89	$24.90	$34.96	$187.56	$214.80	$298.80	$419.52
New York	$20.60	$24.24	$33.36	$48.48	$247.20	$290.88	$400.23	$581.76
Pennsylvania	$16.92	$19.08	$27.83	$38.42	$203.00	$229.00	$334.00	$461.00
West Virginia	$13.58	$15.25	$22.92	$28.17	$163.00	$183.00	$275.00	$338.00

	DeltaCare USA – Individual/Family Dental Program annual plan rates	
	Child	Adult
Washington D.C.[2]	$187.99	$288.99
Maryland[3]	$164.00	$244.00
New York[4]	$161.00	$247.00
Pennsylvania[5]	$139.13	$207.88

[1] Application fee not required in New York.
[2] In DC, this plan is known as DeltaCare USA DCA60 Individual/Family Dental Program.
[3] In MD, this plan is known as DeltaCare USA MDA60 Individual/Family Dental Program.
[4] In NY, this plan is known as DeltaCare USA NYA60 Individual/Family Dental Program.
[5] In PA, this plan is known as DeltaCare USA PAA60 Individual/Family Dental Program.

Effective dates by plan type

Rates on our website are updated according to available effective dates.

Delta Dental PPO enrollees can pay monthly or annually and have flexible enrollment options.

Plans purchased from the first through the 14th of the month have effective date options of the 15th of the current month, the first of the next month, the 15th of the next month or the first of the month after next.

- For example, a plan purchased on July 3 can be effective July 15, August 1, August 15 or September 1.

Plans purchased on or after the 15th of the month have effective date options of: the first of the next month, the 15th of the next month, the first of the month after next or the 15th of the month after next.

- For example, a plan purchased on July 15 can be effective August 1, August 15, September 1 or September 15.

The deductible and maximum reset at the beginning of the calendar year, regardless of an enrollee's effective date of coverage.

- For example, the deductible and maximum of a plan with effective date of June 12 will reset on January 1.

DeltaCare USA enrollees must pay annually; monthly rate breakdown is an estimate for illustrative purposes only.

Plans purchased by the 21st of the month will become effective on the first date of the following month.

- For example, a plan purchased on June 17 would become effective on July 1.

Plans purchased after the 21st will not be effective until the month after the next.

- For example, a plan purchased on July 25 would not be effective until September 1.

Delta Dental PPO plans[1]

Eligibility: Primary enrollee, spouse, eligible dependent children up to age 26		
Plan types	Delta Dental PPO — Basic plan	Delta Dental PPO — Premium plan
Calendar year deductible Per enrollee	$50	$50
Family	$150	$150
Annual maximum, per enrollee per year	$1,000	$2,000
Orthodontic deductible per enrollee	Not a benefit	$50
Orthodontic lifetime maximum	Not a benefit	$1,500/enrollee
Waiting periods Diagnostic and preventive services (D&P)	None	None
Basic services	6 months[2]	6 months[2]
Major services	Not a benefit	12 months
Orthodontics	Not a benefit	12 months
Benefits and covered services	Delta Dental covers	Delta Dental covers
Diagnostic and preventive services (D&P) Exams, cleaning, x-rays, sealants	100% (no deductible required)	100% (no deductible required)
Basic services Fillings, simple extractions	50% after deductible is met	80% after deductible is met
Major services Crowns, inlays, onlays, cast restorations	Not a benefit	50% after deductible is met
Endodontics Root canals	Limited services covered under basic services	Covered under major services
Periodontics Gum treatments	Not a benefit	Covered under major services
Oral surgery	Limited services covered under basic services	Covered under major services
Prosthodontics Bridges, dentures, implants	Not a benefit	Covered under major services
Orthodontics Adults and dependent children	Not a benefit	50%
Cosmetic services Teeth whitening, mouthguards	Not a benefit	Covered under major services

[1] Dentist reimbursement is calculated based on maximum contract allowances. This benefit information is only a summary and not intended or designed to replace or serve as the plan policy. Limitations and/or waiting periods may apply for som benefits; some services may be excluded from the plan.
[2] In PA, basic services are limited to enrollees who have been covered under the plan for 30 consecutive days.

DeltaCare USA — Delta Dental Individual & Family[1]

Eligibility: Primary enrollee, spouse, eligible dependent children up to age 26		
Procedure name	Procedure code	All states copayment amounts
Diagnostic and preventive services (D&P)		
Periodic oral exam — established patient	D0120	$0
Comprehensive oral evaluation — new or established patient	D0150	$0
Periapical x-ray of tooth's root	D0220	$0
Periapical x-ray of tooth's root, each additional image	D0230	$0
Bitewing x-rays (4 images)	D0274	$0
Prophylaxis (cleaning) — adult	D1110	$20
Prophylaxis (cleaning) — child	D1120	$20
Sealant — per tooth	D1351	$22
Basic services		
Amalgam (silver-colored) filling — 1 surface	D2140	$25
Resin (tooth-colored) filling, front tooth — 1 surface	D2330	$65
Resin (tooth-colored) filling, back tooth — 1 surface	D2391	$70
Crown — porcelain and precious metal	D2750	$425
Crown — precious metal	D2790	$425
Post and core in addition to crown	D2952	$85

[1] This benefit information is only a summary and not intended or designed to replace or serve as the Policy. The sample copayments provided herein do not constitute a full description of the benefits. Limitations and/or waiting periods may apply for some benefits; some services may be excluded from the plan. Consult the Policy for complete plan information, including full limitations and exclusions. You can access the plan Policy by visiting deltadentalins.com/shopping/delta/get-a-quote, entering some basic information and then selecting the desired plan. Click the "Disclosure Form/Contract" button at the bottom of the page to view the Policy.

DeltaCare USA — Delta Dental Individual & Family (continued)

Procedure name	Procedure code	All states copayment amounts
Endodontics		
Root canal — front tooth	D3310	$240
Root canal — premolar tooth	D3320	$350
Root canal — molar tooth	D3330	$400
Periodontics		
Periodontal surgery — per quadrant	D4260	$650
Periodontal scaling and root planing — 4 or more teeth per quadrant	D4341	$80
Periodontal maintenance	D4910	$65
Prosthodontics		
Full upper denture	D5110	$495
Partial upper denture — cast metal framework with resin denture bases (with clasps, rests and teeth)	D5213	$565
Oral surgery		
Removal of a fully exposed tooth	D7140	$40
Removal of impacted tooth — completely bony	D7240	$210
Orthodontics		
Comprehensive orthodontic treatment — pediatric services	D8070	$2,600
Comprehensive orthodontic treatment — adult services	D8090	$2,800
Teeth whitening		
External bleaching for home application, per arch; includes materials and fabrication of custom trays	D9975	$125

Limitations & exclusions

Delta Dental PPO limitations[1]

Delta Dental will base payment for optional services on the contract allowance for the covered procedure. Optional services are those elected by the enrollee in lieu of lower-cost conventional services, such as composite instead of amalgam.

1. Exams and cleanings are limited to twice each calendar year.
2. Bitewing x-rays are limited to once each calendar year (twice for enrollees under age 18).
3. Full mouth x-rays are limited to once every five years.
4. Topical fluoride is limited to enrollees under age 19 and no more than twice each calendar year.
5. Space maintainers are limited to the initial appliance and to children to age 14.
6. Sealants are limited to permanent first molars through age 8 and to permanent second molars through age 15; repair or replacement within 2 years of application is included in fee for original placement.

The following limitations apply to the Premium PPO plan only:

7. Periodontal scaling and root planing in the same quadrant are limited to once every two years.
8. Crowns, inlays/onlays (limited to enrollees age 12 and older) and prosthodontic appliances (bridges, dentures and implants) are limited to every five years. Permanent prosthodontic appliances are limited to enrollees age 16 and older; implants are limited to enrollees age 19 and older.
9. The orthodontic maximum amount is a lifetime maximum. Benefits are not paid to repair or replace any orthodontic appliance received under a Delta Dental plan.

Delta Dental PPO exclusions[1]

1. Treatment of injuries or illness covered by workers' compensation.
2. Cosmetic surgery or procedures for purely cosmetic reasons.
3. Maxillofacial prosthetics.
4. Provisional and/or temporary restorations (except under special circumstances for children 16 years of age or younger).
5. Services for congenital (hereditary) or developmental (following birth) malformations except for newborns.
6. Treatments or devices that increase the vertical dimension of an occlusion, restore an occlusion to normal, replace tooth structure lost by abrasion or erosion, or otherwise.

[1] The limitations and exclusions listed in this booklet are only a summary and not intended or designed to replace or serve as the plan policy. Additional limitations and/or waiting periods may apply for some benefits; some additional services may be excluded from the plan. Purchasers should consult the policy for complete plan information, including full limitations and exclusions. You can access plan policies by visiting the quoting tool using your unique broker link or by visiting **deltadentalins.com** and clicking **Get a quote**. To view the policy, enter generic client information and select your desired plan. On the next page, select "Disclosure Form/Contract" at the bottom of the page to view the policy.

Limitations & exclusions (continued)

7. Services provided, supplies furnished or devices started prior to an enrollee's effective eligibility date.
8. Prescription drugs, pre-medication and relative analgesias.
9. Charges for anesthesia, other than general anesthesia or IV sedation, administered by a provider in connection with covered oral surgery or selected endodontic and periodontal surgery.
10. Extraoral grafts.
11. Lab-processed crowns for children under age 12.
12. Fixed bridges and removable partials for children under age 16.
13. Indirectly fabricated resin-based inlays/onlays.
14. Missed and/or canceled appointments

The following limitations apply to the Premium PPO plan:

15. Services for any disturbance of the temporomandibular (jaw) joints (TMJ) or associated musculature, nerves and tissue except as provided under the TMJ benefit section, if applicable. TMJ is not excluded in NY. In DE, MD, PA, WV and DC, TMJ services are excluded in both the basic and premium plans.

DeltaCare USA limitations[1]

1. The frequency of certain benefits is limited. All frequency limitations are listed in the Description of Benefits and Copayments found in the plan policy.
2. Coverage for treatment provided by a pediatric dentist is limited to children through age 7 following a treatment attempt by the enrollee's selected DeltaCare USA contract dentist and requires prior authorization.
3. Orthodontic treatment costs for enrollees whose coverage has been terminated or canceled will be based on the contract orthodontist's usual fee for treatment. The contract orthodontist will prorate the amount for the number of months remaining to complete treatment. The enrollee pay the contract orthodontist as arranged.

DeltaCare USA exclusions[1]

1. Any procedure not listed under the plan's Description of Benefits and Copayments found in the plan Policy.
2. Any procedure that, in the professional opinion of the contract dentist, has poor prognosis for a successful result and reasonable longevity (or is inconsistent with generally accepted standards for dentistry).
3. Cosmetic surgery or procedures for purely cosmetic reasons (except external bleaching for home application).
4. Services for congenital (hereditary) or developmental (following birth) malformations except for treatment of newborn children.

Limitations & exclusions (continued)

5. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures for children under age 16.
6. Lost or stolen appliances.
7. Procedures, appliances or restoration to diagnose or treat temporomandibular joint (TMJ) conditions except in New York.
8. Implant-supported dental appliances.
9. Consultations for non-covered benefits.
10. Dental services received from any dental facility other than the assigned Contract Dentist or a preauthorized dental specialist, except for emergency services as described in the plan policy.
11. All related fees for admission, use or stays in a hospital, outpatient surgery center, extended care facility or other similar care facility.
12. Prescription drugs.
13. Changes in orthodontic treatment necessitated by any kind of accident.