

# Individual & Family Plans - Delta Dental



Rates effective August 1, 2021 - July 31, 2022

## Benefit Comparison and Rates for Individuals and Families

		Delta Dental PPO™ Premium Plan for Families <sup>1,5</sup>	Delta Dental PPO™ Basic Plan for Families <sup>1,5</sup>
<b>Eligibility and Enrollment:</b>			
Individual adults, spouse, domestic partner and eligible dependent children up to age 26 who live and work in the Delta Dental Service Area <sup>3</sup>			
<b>Deductibles &amp; Maximums</b>			
Calendar Year Deductible	Per Individual	\$50	\$50
	Family	\$150	\$150
Annual Maximum per Calendar Year	Per Person	\$1,500	\$1,000
Orthodontic Annual Deductible	Per Enrollee	\$50	N/A
Orthodontic Lifetime Maximum	Per Enrollee	\$1,500	N/A

		Delta Dental PPO™ Premium Plan for Families <sup>1,5</sup>	Delta Dental PPO™ Basic Plan for Families <sup>1,5</sup>	
<b>Covered Services<sup>2</sup></b>				
	IN Network	OUT of Network	IN Network	OUT of Network
<b>Diagnostic &amp; Preventive (D&amp;P) Services</b> Exams, cleanings, x-rays and sealants	100%	100%	100%	100%
<b>Basic Services</b> Fillings, emergency treatment to relieve pain	80%	80%	50%	50%
<b>Cosmetic Services</b> Teeth whitening, mouth guards	80%	80%	Not a benefit	Not a benefit
<b>Endodontics</b> Root Canals	50%	50%	Not a benefit	Not a benefit
<b>Periodontics</b> Gum treatments	50%	50%	Not a benefit	Not a benefit
<b>Oral Surgery</b> Tooth extraction	50%	50%	Limited (refer to policy)	Not a benefit
<b>Prosthodontics</b> Bridges, dentures, implants	50%	50%	Not a benefit	Not a benefit
<b>Major Services</b> Crowns, inlays, onlays, cast restorations	50%	50%	Not a benefit	Not a benefit
<b>Orthodontics</b> Adults and dependent children	50%	50%	Not a benefit	Not a benefit
<b>Waiting Periods</b>	D&P: None Basic Services: 6 months Major Services: 6 months Orthodontics: 6 months	D&P: None Basic Services: 6 months Major Services: 6 months Orthodontics: 6 months	D&P: None Basic Services: 6 months Major Services: Not a benefit Orthodontics: Not a benefit	D&P: None Basic Services: 6 months Major Services: Not a benefit Orthodontics: Not a benefit

<sup>1</sup> Reimbursement is calculated based on maximum contract allowances. This benefit information is only a summary and is not intended or designed to replace or serve as the plan Policy. Limitations and/or waiting periods may apply for some benefits; some services may be excluded from the plan.

<sup>2</sup> Excluding applicable deductibles, amounts over plan maximums and non-covered services.

<sup>3</sup> DeltaCare USA is a closed network plan. Information is only a summary and not intended or designed to replace or serve as the plan 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](http://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.

<sup>4</sup> Copayments and procedure descriptions referenced above are intended to clarify the delivery of benefits under the Delta Dental plan and are not interpreted as CDT-2020 descriptors or nomenclature, which are under copyright by the American Dental Association.

<sup>5</sup> DeltaCare is underwritten by Delta Dental of California. Delta Dental PPO is underwritten by Delta Dental of California. Plans are administered by Delta Dental Insurance.

<sup>6</sup> Choose a primary care dentist facility and visit a dentist at this facility to receive benefits. Changes can be made via phone or website. Changes received by the 21st of the month will be effective the first day of the following month.

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

### Warner Pacific

			DeltaCare® USA CAA54 <sup>3,5</sup>
<b>Eligibility and Enrollment:</b>			
Individual adults, spouse, domestic partner and eligible dependent children up to age 26 who live and work in the Delta Dental Service Area <sup>3,6</sup>			
<b>Copayments for Common Procedures</b>			
Diagnostic and Preventive (D&P)	Procedure Code <sup>4</sup>	Copayment Amount	
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	\$5	
Prophylaxis (cleaning) - Child	D1120	\$5	
Sealant - per tooth	D1351	\$22	
Basic Services	Procedure Code <sup>4</sup>	Copayment Amount	
Amalgam (silver-colored) filling, 1 surface	D2140	\$15	
Resin (tooth-colored) filling, front tooth, 1 surface	D2330	\$35	
Resin (tooth-colored) filling, back tooth, 1 surface	D2391	\$35	
Crown - porcelain and precious metal	D2750	\$300	
Crown - precious metal	D2790	\$425	
Post and core in addition to crown	D2952	\$85	
Endodontics	Procedure Code <sup>4</sup>	Copayment Amount	
Root canal, front tooth	D3310	\$230	
Root canal, premolar tooth	D3320	\$300	
Root canal, molar tooth	D3330	\$340	
Periodontics	Procedure Code <sup>4</sup>	Copayment Amount	
Periodontal surgery, per quadrant	D4260	\$650	
Periodontal scaling and root planing - 4 or more teeth per quadrant	D4341	\$50	
Periodontal maintenance	D4910	\$40	
Prosthodontics	Procedure Code <sup>4</sup>	Copayment Amount	
Full upper denture	D5110	\$495	
Partial upper denture - cast metal framework with resin denture bases (with clasps, rests and teeth)	D5213	\$565	
Oral Surgery	Procedure Code <sup>4</sup>	Copayment Amount	
Extraction of a fully exposed tooth	D7140	\$40	
Extraction of a fully impacted tooth, completely bony	D7240	\$210	
Orthodontics	Procedure Code <sup>4</sup>	Copayment Amount	
Comprehensive orthodontic treatment, pediatric services	D8070	\$2,600	
Comprehensive orthodontic treatment, adult services	D8090	\$2,800	
Teeth Whitening	Procedure Code <sup>4</sup>	Copayment Amount	
External bleaching for home application, per arch; includes materials and fabrications of custom trays	D9975	\$125	

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## Benefit Comparison and Rates for Individuals and Families

Delta Dental PPO™ Premium Plan for Individuals and Families PPO plans can be paid monthly or annually *Child Rate = 17 and under	
\$10 one-time enrollment fee	
Individual (= 1 adult)	\$64.92
Individual + 1 (= 2 adults)	\$129.84
Individual + 2 (= 2 adults and 1 child*)	\$171.59

Delta Dental PPO™ Basic Plan for Individuals and Families PPO plans can be paid monthly or annually *Child Rate = 17 and under	
\$10 one-time enrollment fee	
Individual (= 1 adult)	\$29.08
Individual + 1 (= 2 adults)	\$58.16
Individual + 2 (= 2 adults and 1 child*)	\$82.41

DeltaCare® USA Plan for Individuals and Families This plan must be paid annually. Monthly rate below is provided for comparison only. *Child Rate = 17 and under	
\$10 one-time enrollment fee	
Individual (= 1 adult)	\$8.92
Individual + 1 (= 2 adults)	\$17.84
Individual + 2 (= 2 adults and 1 child*)	\$23.34

Rates are valid for effective dates that occur through July 31, at which time they are subject to change. For the most current rate information, visit [deltadentalins.com/shopping/delta/get-a-quote](http://deltadentalins.com/shopping/delta/get-a-quote) and enter some basic client information to see the rates/plans available. Rates are guaranteed for one year from the enrollee's effective date of coverage; limitations and exclusions may apply.

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 15th of the next month, the first of the month after next or the 15th of the month after next.  
 · E.g., 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.  
 · E.g., 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.  
 · E.g., 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.  
 · E.g., 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.  
 · E.g., a plan purchased on July 25 would not be effective until September 1.