Find out if you qualify for continuous orthodontic coverage when you switch to DeltaCare® USA.

Welcome to the DeltaCare USA prepaid dental program, administered by Delta Dental of California.

If you or an eligible member of your family has started orthodontic treatment under a previous program sponsored by an employer or organization, you may be able to continue that coverage when you switch to DeltaCare USA.

How does continuous orthodontic coverage work?

Through a provision called orthodontic treatment in progress, Delta Dental of California allows you to continue treatment you started under your previous dental plan with your current employer/organization. You have the convenience of visiting the same orthodontist and enjoying the same coverage and copayments as under your previous program. You pay the same amount that you would have paid under your previous coverage, as long as you remain eligible for coverage under the DeltaCare USA plan.

How do I qualify for continuous orthodontic coverage?

If you started orthodontic treatment under your former dental carrier, and if banding has taken place, you are eligible for continuous coverage under the DeltaCare USA program and may continue to visit the same orthodontist.

If banding has not occurred, you are not eligible for continuous orthodontic coverage. In that case, orthodontic treatment must be provided by a Delta Dental of California network orthodontist in accordance with the copayments, limitations and exclusions defined in your DeltaCare USA program. Please review the enrollment materials that accompany this flyer for details.

What if I am about to begin orthodontic treatment?

To begin orthodontic treatment, you must select a Delta Dental of California network orthodontist to receive your DeltaCare USA orthodontic benefits. Your copayments, limitations and exclusions are determined by your DeltaCare USA program.

How do I sign up for continuous orthodontic coverage?

Please complete the form below and return it to Delta Dental of California within 30 days of your employer/organization's original effective date or within 30 days of your eligibility for benefits, if you are a new employee. Delta Dental of California will coordinate as necessary with your existing orthodontist. Upon enrollment under the DeltaCare USA plan, you will receive an Evidence of Coverage (EOC) booklet. Please retain this flyer and keep it with your EOC.

This coverage is available only in California, District of Columbia, Florida, Georgia, Maryland, Nevada, New York, Pennsylvania, Texas, Utah and West Virginia.

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; CO, MI, OR, RI, WA, WI — Dentegra Insurance Company; FL, GA, KS, TN, WV and Washington, D.C. — Delta Dental Insurance Company; KY, MD, MO, 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; PA — Delta Dental of Pennsylvania. Delta Dental Insurance Company acts as the DeltaCare USA administrator in all these states, except CA. These companies are financially responsible for their own products.

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CONTINUOUS ORTHODONTIC COVERAGE FORM

If your previous orthodontic coverage was through a dental program and you meet all of the above conditions, please provide the following information:*

Primary enrollee's name:_____

Primary enrollee's phone number:_____

Primary enrollee's social security #:_____

Name of employer/organization: _____

Patient's name:_____

Previous dental carrier:_____

Banding date of patient: _____

Orthodontist's name:

_____

Orthodontist's address:

_____

_____

_____

Orthodontist's phone number: _____

_____

Mail to:

Claims Department, M/S CL710
Delta Dental of California
12898 Towne Center Drive
Cerritos, CA 90703

* This form must be sent to Delta Dental of California within 30 days of your employer/organization's original effective date with Delta Dental of California or within 30 days of your eligibility for benefits, if you are a new employee.