

DeltaCare USA Family Plan

In an age of rising health care costs, DeltaCare USA offers an alternative way to provide for you and your family's dental care needs economically and conveniently.

With DeltaCare, you select one conveniently located network dentist to provide dental care for you and your family. You pay a small copayment or, for some services, no copayment. There are no deductibles or maximums and virtually no claim forms to worry about.

Delta Dental offers a dental HMO program, DeltaCare, to take care of the dental care needs for you and your family. The DeltaCare program focuses on preventing dental problems and assuring the delivery of quality dental care.

Delta Care has contracted with a network of dental offices. Please go to www.deltadental.com. Make sure you select ONLY the DeltaCare USA Network for your search. As an enrollee in the DeltaCare program, you select one office for your entire family's needs. DeltaCare's network of dental offices is composed of established dental practices.

Who Can Join

As a California resident, you are eligible to join the Small Business Benefit Plan Trust, Wolfpack Insurance Services DeltaCare program.

Your eligible dependents include your lawful spouse and unmarried children under 26 years old, including stepchildren and children placed with you for adoption or foster care. An unmarried child 26 years of age or older may continue to be eligible as a dependent if incapable of self-support because of physical handicap or mental retardation that commenced prior to age 26, provided that the person is legally residing with and dependent upon the eligible member, and DeltaCare received notice of the disability.

No Claim Forms

The dental location you choose provides all primary dental services. There are no claim forms to complete or percentage of usual charges for you to pay.

No Deductibles

With the DeltaCare program, there are no required deductibles so pay, so your benefits begin immediately.

No Dollar Limit of Dental Benefits

No annual maximum

No Pre-Existing Condition Restrictions

Pre-existing conditions are not excluded in the DeltaCare program. Exception: work in progress.

Prepaid Program Saves on Dental Costs

Your out-of-pocket savings could be substantial. You know the exact cost prior to treatment, allowing you to predict future dental expenses.

When you enroll in this program, you are enrolling for a period of one year.

Emergency Services

Out-of-area dental emergencies are covered up to a maximum of \$100.00.

Quality Review of Dental Providers

On-site audits of participating dental locations ensure that established standards of quality are maintained.

Specialty Services

canal therapy) and oral surgery procedures. If an enrollee is assigned to a dental school clinic for specialist services, those services may be provided by a dentist, a dental instructor or a clinician or a dental student under the supervision of a dentist.

The DeltaCare program provides all reasonable and customary dental care (subject to the provisions, limitations and exclusions and governing administrative policies shown in the Combined Evidence of Coverage and Disclosure Form) if care is provided by your assigned DeltaCare network dentist.

When you enroll in DeltaCare, you select a DeltaCare Provider to take care of the dental needs for you and your family. After you have enrolled, you will receive a Combined Evidence of Coverage and Disclosure Form that fully describes the benefits of your dental program, and a DeltaCare membership card. This card will have the address and telephone number of your participating network dentist. To receive all necessary dental care covered by the program, simply call your selected dental office to make an appointment.

Remember to always contact your network dentist. Dental services which are not performed by this dentist or are not authorized in advance by DeltaCare will not be covered under the DeltaCare program.

The following pages show a listing of all dental procedures and what you would pay for services.

DeltaCare Program		
CODE	Procedure	Enrollee Pays
Diagnostic		
120, 140, 145, 150, 160, 170, 180	Periodic oral evaluation, Limited oral evaluation, Comprehensive oral evaluation, Detailed and extensive oral evaluation, Re-evaluation - limited, Comprehensive periodontal evaluation	No Cost
210, 220, 230, 240	Intraoral radiographs - complete series (including bitewings limited to 1 series every 24 months), Intraoral periapical film, Intraoral occlusal film	No Cost

250, 260	Extraoral - first film, each additional film	No Cost
270, 272, 273 274, 277	Bitewing radiograph, single file, two films, four films - limited to 1 series every 6 months, vertical bitewings - 7 to 8 films	No Cost
330	Panoramic film	No Cost
415, 425	Collection of microorganisms for culture and sensitivity, Caries susceptibility tests	No Cost
460	Pulp vitality tests	No Cost
470	Diagnostic casts	No Cost
472, 473, 474	Accession of tissue, gross examination (microscopic and including assessment of surgical margins for presence of disease), preparation and transmission of written report	No Cost
999	Unspecified diagnostic procedure, by report	\$5
Preventive		
1110	Prophylaxis adult, 1 per 6 month period, additional cleaning will be charged a \$45.00 copayment	No Cost
1120	Prophylaxis child, 1 per 6 month period, additional cleaning will be charged a \$35.00 copayment	No Cost
1203, 1206	Topical application of fluoride including/excluding prophylaxis to age 19, one per 6 month period, additional application will be charged a \$35.00 copayment	No Cost
1310, 1330	Oral hygiene instructions, Nutritional counseling for control of dental disease	No Cost
1351, 1352	Sealant, per tooth - limited to permanent molars through age 15	\$10.00
1510, 1515, 1520, 1525	Space maintainers - removable and fixed, unilateral and bilateral	\$25.00
1550, 1555	Re-Cementation or Removal of space maintainer	No Cost
Restorative Dentistry,		
when there is more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100.00 per crown, beyond the 6th unit.		
2140, 2150, 2160, 2161	Amalgam - 1 to 4 anterior surfaces, primary or permanent	No Cost
2330, 2331 2332, 2335	Resin-based composite - 1 to 4 anterior surfaces (four or more surfaces or involving incisal angle(anterior)	No Cost
2390	Resin-based composite crown, anterior	\$35.00
2391	Resin-based composite - one surface, posterior	\$55.00
2392	Resin-based composite - two surfaces, posterior	\$65.00
2393	Resin-based composite - three surfaces, posterior	\$75.00
2394	Resin-based composite - four or more surfaces, posterior	\$85.00
2510, 2520, 2530, 2542, 2543, 2544	Inlay & Onlay, metallic, 1 to 4 or more surfaces	No Cost
2610	Inlay-porcelain/ceramic - 1 surface	\$165.00
2620	Inlay-porcelain/ceramic - 2 surfaces	\$190.00
2630	Inlay-porcelain/ceramic - 3 surfaces	\$200.00
2642	Onlay-porcelain/ceramic - 2 surfaces	\$185.00
2643	Onlay-porcelain/ceramic - 3 surfaces	\$205.00
2644	Onlay-porcelain/ceramic - 4 or more surfaces	\$220.00
2650	Inlay - resin-based composite - 1 surface	\$105.00
2651	Inlay - resin-based composite - 2 surfaces	\$120.00
2652	Inlay - resin-based composite - 3 surfaces	\$145.00
2662	Onlay - resin-based composite - 2 surfaces	\$140.00
2663	Onlay - resin-based composite - 3 surfaces	\$155.00
2664	Onlay - resin-based composite - 4 or more surfaces	\$185.00
2710	Crown - resin based composite	\$50.00
2712	Crown - 3/4 resin-based composite	\$50.00
2720	Crown - resin with high noble metal	\$195.00
2721	Crown - resin with predominantly base metal	\$95.00
2722	Crown - resin with noble metal	\$135.00
2740	Crown - porcelain/ceramic substrate	\$240.00
2750	Crown - porcelain fused to high noble metal	\$240.00
2751	Crown - porcelain fused to predominantly base metal	\$140.00
2752	Crown - porcelain fused to noble metal	\$180.00
2780	Crown - 3/4 cast high noble metal	\$210.00
2781	Crown - 3/4 cast predominantly base metal	\$110.00
2782	Crown - 3/4 cast noble metal	\$150.00
2783	Crown - 3/4 porcelain/ceramic	\$240.00
2790	Crown - full cast high noble metal	\$210.00

2791	Crown - full cast predominantly base metal	\$110.00
2792	Crown - full cast noble metal	\$150.00
2794	Crown - titanium	\$240.00
2910, 2915, 2920	Recement inlay, onlay or partial coverage restoration. Recement Cast or prefabricated post and core. Recement Crown	No Cost
2930, 2931	Prefabricated stainless steel crown - primary or permanent tooth	\$15.00
2932	Prefabricated resin crown - anterior primary tooth	\$25.00
2933	Prefabricated stainless steel crown with resin window - anterior primary tooth	\$20.00
2940	Sedative filling	\$5.00
2950	Core buildup, including any pins	\$15.00
2951	Pin retention - per tooth in addition to restoration	\$10.00
2952	Cast post and core in addition to crown - includes canal preparation	\$35.00
2953	Each additional cast post - same tooth- includes canal preparation	\$25.00
2954	Prefabricated post and core in addition to crown - base metal post; includes canal preparation	\$20.00
2957	Each additional prefabricated post - same tooth - base metal post includes; canal preparation	\$15.00
2970	Temporary Crown (fractured tooth) - palliative treatment only	\$5.00
2971	Additional procedures to construct new crown under existing partial denture framework	\$28.00
2980	Crown repair, by report	\$15.00
Endodontics		
3110, 3120	Pulp capping (indirect or direct)	No Cost
3220	Therapeutic Pulpotomy (excluding final restoraton) - removal of pulp coronal to the dentinocemental junction and application	No Cost
3221	Pulpal debridement, primary and permanent teeth	\$10.00
3222	Partial pulpotomy for apexogenesis	No Cost
3230, 3240	Pupal therapy (resorbabla filling) - anterior or posterior, primary tooth (excluding final restoration	\$20.00
3310	Root canal - anterior (excluding final restoration)	\$55.00
3320	Root canal - bicuspid (excluding final restoration)	\$120.00
3330	Root Canal - molar (excluding final restoration)	\$250.00
3331	Treatment of root canal obstruction; non-surgical access	\$55.00
3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$55.00
3333	Internal root repair of perforation defects	\$55.00
3346	Retreatment of previous root canal therapy - anterior	\$85.00
3347	Retreatment of previous root canal therapy - bicuspid	\$150.00
3348	Retreatment of previous root canal therapy - molar	\$280.00
3351	Apexification/recalcification - initial visit	\$75.00
3352	Apexification/recalcification - interim medication replacement	\$50.00
3353	Apexification/recalcification - final visit	\$50.00
3410	Apicoectomy/periradicular surgery - anterior	\$60.00
3421	Apicoectomy/periradicular surgery - bicuspid	\$70.00
3425	Apicoectomy/periradicular surgery - molar	\$80.00
3426	Apicoectomy/periradicular surgery - each additional root	\$50.00
3430	Retrograde filling - per root	\$60.00
3450	Root amputation, per root	No Cost
3920	Hemisection not including root canal therapy	\$30.00
Periodontics		
4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quadrant	\$130.00
4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or bounded teeth spaces per quadrant	\$80.00
4240	Gingival flap procedure, including root planing - four or more contiguous teeth or bounded teeth spaces per quadrant	\$130.00
4241	Gingival flap procedure, including root planing - one to three contiguous teeth or bounded teeth spaces per quadrant	\$80.00
4245	Apically positioned flap	\$125.00
4249	Clinical crown lengthening - hard tissue	\$125.00
4560	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	\$280.00

4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or bounded teeth spaces per quadrant	\$225.00
4263	Bone replacement graft - first site in quadrant	\$205.00
4264	Bone replacement graft - each additional site in quadrant	\$70.00
4270	Pedicle soft tissue graft procedure	\$205.00
4271	Free soft tissue graft procedure (including donor site surgery)	\$205.00
4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$45.00
4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$25.00
4342	Periodontal scaling and root planing - one to three teeth per quadrant	\$20.00
4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$25.00
4910	Periodontal maintenance - limited to 1 treatment each 6 month period	\$15.00
4910	Additional periodontal maintenance (within 6 month period)	\$55.00
Prosthodontics (removable)		
5110, 5120	Complete denture - maxillary & mandibular	\$145.00
5130, 5140	Immediate denture - maxillary & mandibular	\$165.00
5211, 5212	Maxillary or Mandibular partial denture - resin base	\$120.00
5213, 5214	Maxillary or Mandibular partial denture - cast metal framework with resin denture bases	\$160.00
5225, 5226	Maxillary or Mandibular partial denture - flexible base	\$210.00
5410, 5411, 5421, 5422	Adjust complete or partial denture	\$10.00
5510	Repair broken complete denture base	\$20.00
5520	Replace missing or broken teeth (each tooth)	\$10.00
5610, 5620, 5630	Repair resin denture base or cast framework	\$20.00
5640, 5650, 5660	Add tooth or clasp to existing structure	\$10.00
5670, 5671	Replace all teeth and acrylic on cast metal framework	\$135.00
5710, 5711, 5720, 5721	Rebase complete or partial denture	\$55.00
5730, 5731, 5740, 5741	Reline complete or partial denture (chairside)	\$20.00
5750, 5751, 5760, 5761	Reline complete or partial denture (laboratory)	\$60.00
5820, 5821	Interim partial denture - limited to 1 in any 12 consecutive months	\$75.00
5850, 5851	Tissue conditioning	No Cost
Prosthodontics,		
Fixed each retainer and each pontic constitutes a unit in a fixed partial denture (bridge) When a crown and /or pontic exceed six units, an enroll may be charged an additional \$100.00 per unit, beyond the 6th unit.		
6210	Pontic - cast high noble metal	\$210.00
6211	Pontic - cast predominantly base metal	\$110.00
6212	Pontic - cast noble metal	\$150.00
6240	Pontic - porcelain fused to high noble metal	\$240.00
6241	Pontic - porcelain fused to predominantly base metal	\$140.00
6242	Pontic - porcelain fused to noble metal	\$180.00
6245	Pontic - porcelain/ceramic	\$240.00
6250	Pontic - resin with high noble metal	\$195.00
6251	Pontic - resin with predominantly base metal	\$95.00
6252	Pontic - resin with noble metal	\$135.00
6600	Inlay - porcelain/ceramic, two surfaces	\$190.00
6601	Inlay - porcelain/ceramic, three or more surfaces	\$200.00
6602, 6603	Inlay - Cast high noble metal	\$100.00
6604, 6605	Inlay - cast predominantly base metal	No Cost
6606, 6607	Inlay cast noble metal	\$40.00
6608	Onlay - porcelain/ceramic, two surfaces	\$185.00
6609	Onlay - porcelain/ceramic, three or more surfaces	\$205.00
6610, 6611	Onlay - Cast high noble metal	\$100.00
6612, 6613	Onlay - cast predominantly base metal	No Cost
6614, 6615	Onlay cast noble metal	\$40.00
6720	Crown - resin with high noble metal	\$195.00
6721	Crown - resin with predominantly base metal	\$95.00
6722	Crown - resin with noble metal	\$135.00
6740	Crown - porcelain/ceramic	\$240.00

6750	Crown - Porcelain fused to high noble metal	\$240.00
6751	Crown - porcelain fused to predominantly base metal	\$140.00
6752	Crown - porcelain fused to noble metal	\$180.00
6780	Crown - 3/4 cast high noble metal	\$210.00
6781	Crown - 3/4 cast predominantly base metal	\$110.00
6782	Crown - 3/4 cast noble metal	\$150.00
6783	Crown 3/4 porcelain/ceramic	\$240.00
6790	Crown - full cast high noble metal	\$210.00
6791	Crown - full cast predominantly base metal	\$110.00
6792	Crown - full cast noble metal	\$150.00
6930	Recement fixed partial denture	No Cost
6940	Stress Breaker	No Cost
6970	Cast post and core in addition to fixed partial denture retainer	\$35.00
6972	Prefabricated post and core in addition to fixed partial denture retainer	\$20.00
6973	Core buildup for retainer, including any pins	\$15.00
6976	Each additional cast post - same tooth	\$25.00
6977	Each additional prefabricated post - same tooth - base metal post	\$15.00
6980	Fixed partial denture repair, by report	\$15.00
Oral and Maxillofacial Surgery		
7111	Extraction, coronal remnants - deciduous tooth	No Cost
7140	Extraction, erupted tooth or exposed root	\$5.00
7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$25.00
7220	Removal of impacted tooth - soft tissue	\$50.00
7230	Removal of impacted tooth - partially bony	\$70.00
7240	Removal of impacted tooth - completely bony	\$90.00
7241	Removal of impacted tooth - completely bony with unusual surgical complications	\$110.00
7250	Surgical removal of residual tooth roots (cutting procedure)	No cost
7251	Coronectomy - Intentional partial tooth removal	\$110.00
7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	\$85.00
7280	Surgical access of an unerupted tooth	\$90.00
7282	Mobilization of erupted or malpositioned tooth to aid eruption	\$90.00
7283	Placement of device to facilitate eruption of impacted tooth	No Cost
7286	Biopsy of oral tissue - soft	No Cost
7310, 7311	Alveoloplasty in conjunction with extractions	\$50.00
7320, 7321	Alveoloplasty not in conjunction with extractions	\$70.00
7450, 7451	Removal of benign odontogenic cyst or tumor	No Cost
7471	Removal of lateral exostosis	No Cost
7472, 7473	Removal of torus	No Cost
7510	Incision and drainage of abscess	No Cost
7960	Frenulectomy - separate procedure	No Cost
7970	Excision hyperplastic tissue - per arch	\$55.00
7971	Excision of pericoronal gingiva	\$55.00
Orthodontics		
Includes: 210, 322, 330, 340, 350, 470	The benefit for pre-treatment records and diagnostic services includes: Intraoral - complete series (including bitewings), Tomographic survey, Panoramic film, Celhalometric film, Oral/facial photographic images. diagnostic casts	\$200.00
Includes: 210, 470	The benefit for post-treatment records includes: Intraoral - complete series, diagnostic casts	\$70.00
8010	Limited orthodontic treatment of the primary dentition	\$950.00
8020, 8030	Limited orthodontic treatment of the transitional or adolescent (to age 19) dentition	\$950.00
8040	Limited orthodontic treatment of the adult dentition	\$1,150.00
8050, 8060	Interceptive orthodontic treatment of the primary or transitional dentition	\$950.00
8070, 8080	Comprehensive orthodontic treatment of the transitional or adolescent (to age 19) dentition	\$1,700.00
8090	Comprehensive orthodontic treatment of the adult dentition	\$1,900.00
8660	Pre-orthodontic treatment visit	\$25.00
8680	Orthodontic retention (removal of appliances, construction and placement of removable retainers)	\$275.00
8999	Unspecified orthodontic procedure, by report - includes treatment planning session	\$100.00
Adjunctive General Services		

9110	Palliative (emergency) treatment of dental pain	\$5.00
9211	Regional block anesthesia	No Cost
9212	Trigeminal division block anesthesia	No Cost
9215	Local anesthesia	No Cost
9220	Deep sedation/general anesthesia - first 30 minutes	\$165.00
9221	Deep sedation/general anesthesia - each additional 15 minutes	\$80.00
9241	Intravenous conscious sedation analgesia - first 30 minutes	\$165.00
9242	Intravenous conscious sedation analgesia - each additional 15 minutes	\$80.00
9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	\$10.00
9430	Office visit for observation	\$5.00
9440	Office visit - after regularly scheduled hours	\$25.00
9450	Case Presentation, detailed and extensive treatment planning	No Cost
9940	Occlusal guard by report - limited to 1 in 3 years	\$100.00
9951	Occlusal adjustment, limited	\$35.00
9952	Occlusal adjustment, complete	\$55.00
9972	External bleaching - per arch - limited to one bleaching tray and gel for two weeks of self treatment	\$125.00
9999	Unspecified adjunctive procedure, by report - includes failed appointments without 24 hour notice - pre 15 minutes of appointment time - up to an overall maximum of \$40.00	\$10.00
The above procedures are performed as needed and deemed necessary by your attending network dentist subject to the limitations, exclusions and governing administrative policies of the program		

This brochure constitutes only a summary of the plan and is not a full list of the Limitations and Exclusions. The plan contract must be consulted to determine the exact terms and conditions of coverage. The full evidence of coverage may be reviewed and downloaded on our website: www.DVIns.com/family.htm

We offer three methods for premium payment.

Rates shown are valid through December 31, 2022, and will renew 01-01-2023.

1. Individual Enrollment with Monthly payment via automatic deduction.

Monthly Rates; One person: \$34.20, Two persons: \$60.70, Three persons or more: \$89.10.

A one time enrollment fee of \$5.00 is charged to with all new applications.

Enroll on line and make the initial premium payment via credit card or check. Starting with your second month, the dues will be deducted from the account specified on the 15th of each month prior to the coverage month (e.g., April dues will be deducted on March 15th).

2. Individual Enrollment with Calendar Year Quarterly payment via check.

Quarterly Rate; One person: \$102.60, Two persons: \$182.10, Three persons or more: \$267.30.

Quarterly clients are also charged a \$3.00 administration fee with each invoice.

A one time enrollment fee of \$5.00 is charged to with all new applications.

Enroll on line and make the initial premium payment via credit card or check.

Once enrolled, you will be billed on a calendar year quarterly basis. Dues must be paid in full by the 15th of the month prior to the coverage month or your coverage will be automatically terminated.

3. Enroll as a member of a Voluntary List Bill.

We will send out a monthly invoice to an employer group with two or more voluntary enrollees. Premium payment must come on one check from the employer. Premiums are due on the 15th of the month prior to the coverage month.

Monthly Rates; One person: \$34.20, Two persons: \$60.70, Three persons or more: \$89.10.

A one time enrollment fee of \$5.00 is charged to with all new applications.

Voluntary List Bill Groups are invoiced monthly and are charged a \$5.00 administration fee with each monthly invoice.

1. Submit the first payment with your enrollment form. Once enrolled, the employer group will be billed on a monthly basis.

To Print a List Bill Enrollment Form: Wolfpack DeltaCare Program go to www.DVIns.com/family.htm

2. Return the enrollment form and the first monthly payment along with the enrollment fee and administration fee to:

Fax: 650-591-4022 of mail to: Wolfpack Insurance Services, Inc. PO Box 156 Belmont CA 94002

Enroll at www.DVIns.com/family.htm