



Get affordable dental coverage

How much does the plan cost per year?

Through DeltaCare® USA Individual/Family Dental Program Plan FLA44

Available in Florida only

Delta Dental Insurance Company provides Benefits as a Prepaid Limited Health Service Organization as described in Chapter 636 of the Florida Statutes.

Annual Premiums*	FLA44
Individual	\$120
Individual plus 1 dependent	\$220
Individual plus 2 or more dependents	\$280
One-time enrollment fee	\$15

Do not send money in response to this advertisement. These costs are not based on age or gender.

* Rates available in Florida only

Enrollment is easy!

- 1 • Review the plan information; refer to the complete disclosures and plan details.
- 2 • You must apply for coverage by completing an Enrollment and Payment Authorization Form included in the Disclosure Form/Contract
- 3 • Choose your dentist when you enroll online at: www.deltadentalins.com

Questions?

Call 800-422-4234, toll-free M-F 8:00 a.m. to 9:00 p.m. Eastern time

What's covered?

The plan offers comprehensive coverage with no waiting period, annual maximum or deductible. More than 230 dental procedures are covered including cleanings, x-rays, fillings and crowns. Copayments are clearly listed so you'll know what you have to pay up front.

How does the program work?

- Coverage is effective for 12 months and renewal is required to continue coverage.
- During enrollment, you choose the DeltaCare USA contract dentist from whom you will receive dental care.
- You must receive dental care from your assigned DeltaCare USA contract dentist after your plan effective date.
- You will pay an office visit fee and the listed copayments for the covered procedures you receive. When referable services are provided by a contract specialist, you pay 75 percent of that dentist's fee.

The DeltaCare USA Individual/Family Dental Program offered by Delta Dental Insurance Company provides comprehensive prepaid dental care through a convenient network of contract dentists in the State of Florida. Your dentist may refer you to a specialist. Specialist services are only available in areas where there is a DeltaCare USA contract specialist, and upon referral by the DeltaCare USA contract dentist. With the exception of dental emergencies and specialty care referrals, treatment provided by a dentist other than your DeltaCare USA contract dentist is not covered.

Plan details

Sample Listed Procedures (limitations and exclusions may apply)

Sample Listed Procedures (limitations and exclusions may apply)	You pay
Office Visit (D0999)	\$5
Exam (D0150, D0120)	No cost
Bitewing x-rays (D0270 - D0274)	No cost
Full Mouth x-rays (D0210, D0330)	No cost
Cleaning (D1110)	\$20
Crown (upgrade charges may apply) (D2751)	\$325
Tooth Extraction, non-surgical (D7140)	\$40
Periodontal Scaling (D4341)	\$60
Complete Denture (D5110, D5120)	\$395
Biopsy of oral tissues - soft, not including pathology laboratory procedures (D7286)	\$70

For complete plan details including full description of benefits, copayments, limitations and exclusions see the Disclosure Form/Contract which is available online at www.deltadentalins.com, or request printed copies by calling 800-422-4234 toll-free, M-F 8:00 a.m. to 9:00 p.m. Eastern time.

Broker #