## **Get** affordable dental coverage

### How much does the plan cost per year?

**À DELTA DENTAL**°

### Through DeltaCare® USA Senior Dental Program Plan FLA45

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 Premium*	FLA45
Individual	\$149
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 copayment 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 Senior 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.

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 #