

How much do the plans cost per year?

Annual Premiums	CAA54	CAA55
Individual	\$91.80	\$80.76
Individual plus 1 dependent	\$148.53	\$130.68
Individual plus 2 or more dependents	\$217.56	\$191.16
One-time non refundable enrollment fee	\$10.00	\$10.00

Enrollment is easy!

- 1 • Review the plan information; refer to the complete disclosures and plan details.
- 2 • Choose your plan and your dentist when you enroll online at:

www.deltadentalins.com

Questions?

Call 800-422-4234, toll-free M-F 5:00 a.m. to 6:00 p.m. Pacific time

The DeltaCare USA Individual/Family Dental HMO Program offered by Delta Dental of California provides comprehensive dental care through a convenient network of Contract Dentists in the State of California. Your dentist may refer you to a specialist, which may require preauthorization. With the exception of dental emergencies and preauthorized specialty care, treatment provided by a dentist other than your DeltaCare USA contract dentist is not covered.

 DELTA DENTAL



Get affordable dental coverage

Through Individual and Family DeltaCare® USA plans CAA54 and CAA55

Available in California only

Delta Dental of California
12898 Towne Center Drive
Cerritos, CA 90703

 DELTA DENTAL

What's covered?

Both plans offer comprehensive coverage with no waiting periods, annual maximums or deductibles. More than 260 dental procedures are covered including cleanings, X-rays, fillings, crowns and even orthodontic treatment for adults and children. Copayments are clearly listed so you'll know what you have to pay up front.

How do the plans 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.

Broker #

2875

Plan comparison

With two plan options available, you can choose the coverage that best meets your individual and family needs.

	Plan CAA54	Plan CAA55
What is the difference between the plans?	You pay more up front with a higher annual premium You pay lower copayments on certain procedures	You pay less up front with a lower annual premium You pay higher copayments on certain procedures
Sample of Covered Procedures	You pay	You pay
Office Visit (D0999)	\$10.00	\$15.00
Exam (D0150, D0120)	No cost	No cost
Bitewing X-rays (D0270 - D0274)	No cost	No cost
Full Mouth X-rays (D0210, D0330)	No cost	\$25.00
Cleaning (once every 6 months) (D1110, D1120)	\$20.00	\$25.00
Crown (upgrade charges may apply) (D2751)	\$325.00	\$325.00
Tooth Extraction, non-surgical (D7140)	\$40.00	\$45.00
Teeth Whitening (per arch) (D9972)	\$125.00	\$125.00
Periodontal Scaling, limited to four quadrants during any 12 consecutive months (D4341)	\$80.00	\$85.00
Child Orthodontics (D8070, D8080)	\$2,600.00	\$2,700.00
Adult Orthodontics (D8090)	\$2,800.00	\$2,900.00

For the full plan detail, list of covered procedures, copayments, limitations and exclusions see the *Disclosure Form/Contract* of each plan to determine which plan is right for you. The *Disclosure Form/Contract* is available online at www.deltadentalins.com, or by requesting printed copies when you call 800-422-4234 toll-free, M-F 5:00 a.m. to 6:00 p.m. Pacific time.