



Get affordable dental coverage

DeltaCare® USA Individual Dental Plan
CAE01

Available in California only

How much does the plan cost per year?

Annual Premium	CAE01
Individual	\$123.12
Individual plus 1 dependent	\$198.72
Individual plus 2 or more dependents	\$291.12
One-time enrollment fee	\$10.00

What's covered?

Plan CAE01 offers comprehensive coverage with no waiting period, annual maximum or deductible. 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 does the plan work?

- Coverage is effective for 12 months and renewal is required to continue coverage.
- 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.

The DeltaCare USA Individual Dental Program offered by Delta Dental of California provides comprehensive HMO 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.

Plan details

Sample of Covered Procedures for plan CAE01	You pay
Office Visit (D0999)	\$10
Exam (D0150, D0120)	No cost
Bitewing x-rays (D0270 - D0274)	No cost
Full Mouth x-rays (D0210, D0330)	No cost
Cleaning (once every 6 months) (D1110, D1120)	No cost
Crown (upgrade charges may apply) (D2751)	\$325
Tooth Extraction, non-surgical (D7140)	\$40
Teeth Whitening (per arch) (D9972)	\$125
Periodontal Scaling, limited to four quadrants during any 12 consecutive months (D4341)	\$80
Child Orthodontics (D8070, D8080)	\$2,600
Adult Orthodontics (D8090)	\$2,800

For the full plan detail, list of covered procedures, copayments, limitations and exclusions see the *Disclosure Form/Contract*.