



## DELTA DENTAL OF ARIZONA

## Individual Plan Options

| Coverage Options:  | Plan Green | Plan Blue | Plan Purple | Plan Orange | Plan Yellow  |
|--|------------|-----------|-------------|-------------|--|
| <b>Annual Maximum</b><br><i>(benefit year, per person)</i>   | \$2,000    | \$1,500   | \$1,000     | \$1,000     | \$500  |
| <b>Deductible</b><br><i>(benefit year) (per person, applies to all services)</i>   | \$50       | \$50      | \$75        | \$100       | \$25   |
| <b>Covered Dental Services</b>   |            |           |             |             |  |
| <b>Type 1 Preventive Services</b><br>Exams <i>(limited to 2 per person in a benefit year)</i><br>Cleanings <i>(limited to 2 per person in a benefit year)</i><br>Fluoride Treatments <i>(limited to 1 per person in a benefit year, under age 16)</i><br>Space Maintainers <i>(under age 14)</i><br>Sealants <i>(under age 15)</i> | 100%       | 100%      | 90%         | 70%         | 100%<br><i>Fluoride to age 18, Sealants to age 19, Space Maintainers are not covered</i> |
| <b>Type 2 Basic Services</b><br>Bitewing X-rays <i>(limited to 1 set per person in a benefit year)</i><br>X-rays <i>(full mouth/panoramic – limited to 1 per person in 60 months)</i><br>Simple Extractions <i>(Not covered on Yellow Plan)</i><br>Fillings <i>(Not covered on Yellow Plan)</i>                                    | 50%        | 50%       | 50%         | 50%         | 100%<br><i>Extractions and fillings are not covered on the Yellow Plan.</i>              |
| <b>Type 3A Major Services – 12 month waiting period*</b><br>Gum Disease Treatment<br>Root Canals<br>Surgical Extractions<br>General Anesthesia<br>Denture Relines and Rebases, Adjustments<br>Repairs to Crowns, Dentures and Bridges  | 50%        | 50%       | 40%         | 30%         | Not Covered  |
| <b>Type 3B Major Services – 24 month waiting period*</b><br>Special Restorative<br>Crowns<br>Complete and partial dentures<br>Fixed Bridgework   | 50%        | 50%       | 40%         | 30%         | Not Covered  |
| <b>Monthly Premium Rates</b>   |            |           |             |             |  |
| Individual Only  | \$44.32    | \$41.72   | \$30.53     | \$25.20     | \$16.27  |
| Individual + Family  | \$100.04   | \$94.97   | \$71.38     | \$58.27     | \$41.15  |

*NOTE: If you enroll by the 10<sup>th</sup> of the month, coverage will begin the 1<sup>st</sup> day of the following month.*

*\* If within the past 60 days you have been covered under a Delta Dental plan, and had at least 12 months of continuous coverage under that plan, waiting periods may be waived. Dentists, employees and dependents of dental offices do not qualify for this plan. For additional benefit information and limitations, please refer to the benefit booklet which is available at: [www.deltadentalaz.com/individual](http://www.deltadentalaz.com/individual)*



## DELTA DENTAL OF AZ INDIVIDUAL PLAN – FREQUENTLY ASKED QUESTIONS

- 1. When will my coverage start?**

When valid enrollment documentation and payment information is received by DDAZ on the 1st through the 10th of the month, coverage will be effective the first of the month immediately following. When valid enrollment documentation and payment information is received by DDAZ on the 11th through the last day of the month, coverage will be effective the first of the second month.

*Example: If enrollment documentation/payment is received January 5, —your coverage effective date of February 1; If enrollment documentation/payment is received January 23 —coverage effective date is March 1.*

*NOTE: EFT withdrawals will occur during the first week of each month beginning with the fourth month of coverage.*
- 2. Can I make other arrangements for payment, like a credit card?**

Monthly payments can only be made using EFT. Yearly payments can be made by mailing in a check with your paper application or by c.
- 3. When will the EFT payments be withdrawn from my checking account?**

EFT withdrawals will occur during the first week of each month.
- 4. What is my benefit year?**

Your benefit year is the 12 month period beginning on your effective date for the calculation of benefits, coinsurance, and deductibles. For example, if your effective date is February 1st, your benefit year will be from February 1st through January 31st of each year.
- 5. What kinds of fillings are covered?**

Fillings consisting of silver amalgam and, in the case of front teeth, composite tooth color fillings are covered. Composite tooth colored fillings are not a benefit on posterior teeth, however an alternate benefit of an amalgam filling (silver) may be given. Fillings are a benefit once for each tooth surface in a twenty-four (24) month interval from the date this service was last performed on that specific tooth surface.
- 6. What kind of oral surgery procedures are covered?**

Non-surgical and surgical extractions are included.
- 7. What is special restorative?**

Special restorative includes the following services but does not provide for lost, misplaced or stolen appliances. Five (5) year waiting period for replacement last performed is applied to each. Cast Crowns – Restoration covering or the major part or the whole areas of exposed teeth.

*Onlays - An indirect restoration made outside the oral cavity that overlays a cusp or cusps of the tooth, which is then attached to the tooth.*

*Bridges – prosthetic replacement of one or more missing teeth cemented to the abutment teeth or implant abutments adjacent to the space.*

*Partial denture - prosthetic replacement of one or more missing teeth that can be removed by the patient.*

*Complete dentures – prosthetic device that replaces all teeth on a framework (upper or lower), that can be removed by the patient.*
- 8. Are there waiting periods? Yes.**

No waiting for Type 1 - (Cleanings, exams, etc)  
No waiting for Type 2 - (Fillings, simple extractions, etc)  
12 months for Type 3a\* - (Crown Repair, Root Canals, Surgical extractions, etc.)  
24 months for Type 3b\* - (Dentures, Fixed Bridgework, etc)  
If within the past 60 days you have been covered under a Delta Dental plan, and had at least 12 months of continuous coverage under that plan, waiting periods may be waived.
- 9. What is a waiting period?**

A waiting period is the amount of time that must elapse between effective date and the day that you may receive a benefit.
- 10. Is the benefit year maximum an individual or a family maximum?**

The maximum is for each person enrolled in the dental plan.
- 11. If I have coverage or am offered coverage through my employer can I purchase an individual plan?**

If you are a current Delta Dental of Arizona member or are offered Delta Dental of Arizona by your employer, you are not eligible to enroll on an individual plan. However, if you are enrolled in any other dental insurance plan, you are eligible to enroll in our individual plan.
- 12. Will I receive a bill?**

You will not receive a paper bill each month. Electronic Fund Transfers will occur in the beginning of the month your policy is effective.
- 13. If I was covered as a dependent on a previous Delta Dental plan for more than 12 consecutive months, and signed up for your Individual Plan within 60 days after the termination of my plan, would the waiting periods be waived?**

Yes, whether you were the primary subscriber or covered dependent, waiting periods may be waived as long as you apply within the 60 day required time frame, and have had 12 months of continuous Delta Dental coverage.