



DELTA DENTAL OF ARIZONA

| Coverage Options: | Plan Green | Plan Blue | Plan Purple | Plan Orange | Plan Yellow |
|---|-------------------|------------------|--------------------|--------------------|--|
| Annual Maximum <i>(Per benefit year, per person)</i> | \$2,000 | \$1,500 | \$1,000 | \$1,000 | \$500 |
| Deductible <i>(Per benefit year, per person. Applies to all services)</i> | \$50 | \$50 | \$75 | \$100 | \$25 |
| Covered Dental Services | | | | | |
| Type 1 Preventive Services Exams <i>(limited to 2 per person in a benefit year)</i> Cleanings <i>(limited to 2 per person in a benefit year)</i> Fluoride Treatment <i>(limited to 1 per person in a benefit year, under age 16)</i> Space Maintainers <i>(under age 14)</i> Sealants <i>(under age 15)</i> | 100% | 100% | 90% | 70% | 100% <i>Fluoride to age 18, Sealants to age 19, Space Maintainers are not covered</i> |
| Type 2 Basic Services Bitewing X-rays <i>(limited to 1 set per person in a benefit year)</i> X-rays <i>(full mouth/panoramic – limited to 1 per person in 60 months)</i> Simple Extractions <i>(Not covered on Yellow Plan)</i> Fillings <i>(Not covered on Yellow Plan)</i> | 50% | 50% | 50% | 50% | 100% <i>Extractions and fillings are not covered on the Yellow Plan.</i> |
| Type 3A Major Services – 12 month waiting period* Gum Disease Treatment Root Canals Surgical Extractions General Anesthesia Denture Relines and Rebases, Adjustments Repairs to Crowns, Dentures and Bridges | 50% | 50% | 40% | 30% | Not Covered |
| Type 3B Major Services – 24 month waiting period* Special Restorative Crowns Complete and partial dentures Fixed Bridgework | 50% | 50% | 40% | 30% | Not Covered |
| Monthly Premium Rates: | | | | | |
| Individual Only | \$44.32 | \$41.72 | \$30.53 | \$25.20 | \$18.71 |
| Individual + One Dependent | \$81.99 | \$77.18 | \$56.48 | \$46.62 | \$34.61 |
| Individual + Two or More Dependents | \$125.43 | \$118.07 | \$86.40 | \$71.32 | \$60.81 |

Rates valid for effective dates beginning on January 1, 2011

NOTE: If you enroll by the 10th of the month, coverage will begin the 1st 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.*



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.
- 2. What are my payment options?**

Monthly payments from a checking account through EFT (Electronic Fund Transfer) OR Yearly payments by Credit Card or by eCheck.
- 3. When will the EFT payments be withdrawn from my checking account?**

Delta Dental of Arizona will withdraw funds beginning on the 1st month the policy is effective and every month thereafter. Transactions are processed no earlier than the 5th day of the month and they are not processed on weekends or holidays.
- 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 monthly.
- 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.

Individual Vision Plan Options -- Advantage Network, Fixed Fee

| Vision Care Services | Member Cost In-Network | Out-of-Network Allowance |
|--|---|--------------------------|
| Exam with Dilation as Necessary: | \$10 Copay | \$30 |
| Frames: Any frame available at provider location | \$0 Copay; \$120 allowance, 20% off balance over \$120 | \$60 |
| Standard Plastic Lenses: | | |
| Single Vision | \$10 Copay | \$25 |
| Bifocal | \$10 Copay | \$40 |
| Trifocal | \$10 Copay | \$55 |
| Standard Progressive* | \$70 Copay | \$40 |
| Premium Progressive* | \$70 Copay, 80 % of Charge, less \$110 Allowance | \$40 |
| Lens Options: | | |
| Standard Plastic Scratch Coating | \$0 | \$5 |
| Contact Lenses: (Discount applies to materials only) | | |
| Conventional | \$0 Copay; \$80 allowance, 15% off balance over \$80 | \$64 |
| Disposable | \$0 Copay; \$80 allowance, plus balance over \$80 | \$64 |
| Medically Necessary | \$0 Copay, Paid-in-Full | \$200 |
| Frequency: Examination, Frame, Lenses or Contact Lenses | Once every 12 months | |
| Monthly Premium Rates | | |
| Individual | \$4.73 | |
| Individual + One Dependent | \$9.46 | |
| Individual + Two or more Dependents | \$20.27 | |

Rates valid for effective dates beginning on January 1, 2011

* Standard/Premium Progressive lenses not covered - fund as a Bifocal Lens. Please see Benefit Summary for limitations.

| Additional Discounts: | In-Network Member Discount |
|--|----------------------------|
| Exam Options: | |
| Standard Contact Lens Fit and Follow-Up: | Up to: \$40 |
| Premium Contact Lens Fit and Follow-Up: | 10% off Retail |
| Lens Options: | |
| UV Treatment | \$12 |
| Tint (Solid and Gradient) | \$12 |
| Standard Polycarbonate | \$35 |
| Standard Anti-Reflective Coating | \$40 |
| Other Add-Ons and Services | 30% off Retail Price |

- Member receives a 30% discount on items not covered by the plan at network Providers, which cannot be combined with any other discounts or promotional offers. Discount does not apply to EyeMed provider's professional services, or contact lenses.
- Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.
- Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.

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

DeltaVision® is offered through Canyon Insurance Services, Inc., a wholly owned subsidiary of Delta Dental of Arizona, in partnership with EyeMed Vision Care, LLC.

