

## DELTA DENTAL INDIVIDUAL AND FAMILY<sup>SM</sup>

### Popular Plans

Delta Dental PPO<sup>SM</sup>

#### Coverage Options:

**Annual Maximum<sup>1</sup>**  
Per person, per benefit year

**Deductible<sup>1, 2</sup>**  
Per person, per benefit year

#### Covered Dental Services<sup>3, 4</sup>

##### Type 1: Preventive Services

- Exams - 2 per benefit year
- Cleanings - 2 per benefit year
- Fluoride treatment
- Space maintainers<sup>5</sup>
- Sealants

##### Type 2: Basic Services

- Bitewing X-rays - 1 per benefit year
- Full-mouth/panoramic X-rays - 1 per 60 months
- Periodontal maintenance - 2 per benefit year; interchangeable with routine cleaning
- Simple extractions<sup>5</sup>
- Fillings<sup>5</sup>

##### Type 3A: Major Services - 6-month waiting period<sup>6</sup>

- Gum disease treatment
- Root canals
- Surgical extractions
- General anesthesia
- Denture relines, rebases and adjustments
- Repairs to crowns, dentures and bridges

##### Type 3B: Major Services - 9-month waiting period<sup>6</sup>

- Implants - 1 per 60 months
- Crowns - 1 per 60 months
- Complete and partial dentures
- Bridges

#### Mesquite Plan-762

\$2000

\$50

#### You Pay

0%

20%

50%

50%

#### Saguaro Plan-763

\$1500

\$50

#### You Pay

0%

40%

60%

60%

#### Agave Plan-764

\$1000

\$50

#### You Pay

10%

60%

70%

70%

#### Cholla Plan-765

Unlimited

\$25

#### You Pay

0%<sup>5</sup>

50%<sup>5</sup>

Not Covered

Not Covered

Great for seniors!

Great for families!

### Rates per person, per month

#### Free Until Three<sup>TM, 7</sup>

Age 3-19

Age 20-54

Age 55+

\$0

\$36.32

\$39.74

\$57.94

\$0

\$27.45

\$28.95

\$45.38

\$0

\$21.83

\$22.66

\$33.22

\$0

\$19.94

\$19.94

\$19.94

## DELTA DENTAL INDIVIDUAL AND FAMILY<sup>SM</sup>

### FAQs

#### Why are the popular plans good for those with prior coverage?

If you have prior PPO/Indemnity coverage, waiting periods may be waived on the Mesquite, Saguaro, Agave and Cholla plans. This allows you full access to covered benefits from day one.<sup>6</sup>

#### How much do these dental plans cost?

It depends on the plan you choose. We have plans as low as \$19.94 per person/month.<sup>8</sup>

#### What is Free Until Three<sup>TM</sup>?

Because good oral health starts at infancy, our plans encourage parents to get regular checkups for their kids with the Free Until Three<sup>TM</sup> feature. Simply put, there is no charge to cover dependents under the age of 3.<sup>7</sup>

#### What services are not covered?

Covered services will vary depending on the specific plan you choose. For a complete list of benefits, terms, limitations and exclusions for each Delta Dental Individual and Family plan, call 888.899.3736 or visit [DeltaDentalCoversMe.com](http://DeltaDentalCoversMe.com).

#### Can I see any licensed dentist?

Delta Dental Individual and Family plans leverage the Delta Dental PPO network. While you can see any licensed dentist, you'll have the lowest out-of-pocket costs when you see an in-network Delta Dental PPO dentist.

#### How do I know if my dentist is in the Delta Dental network?

To check if your dentist is in network or to find a dentist near you, visit [DeltaDentalCoversMe.com/dentistsearch](http://DeltaDentalCoversMe.com/dentistsearch). Remember, you can see any licensed dentist but you'll save the most money visiting an in-network Delta Dental PPO dentist.

#### How do I enroll?

Call us at 888.899.3736 or visit [DeltaDentalCoversMe.com](http://DeltaDentalCoversMe.com). Our enrollment specialists are happy to help and can even send a paper application upon request.

#### Where do I get more information?

To learn more about plan specifics or for any other questions about our individual dental plans, call 888.899.3736 or visit [DeltaDentalCoversMe.com](http://DeltaDentalCoversMe.com).

### WORKING WITH A BROKER? KEEP THEIR CONTACT INFO HANDY!

Broker Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

<sup>1</sup>Deductible and annual maximum benefit amounts represent a combination of all networks and are not cumulative.

<sup>2</sup>Deductible applies to all services.

<sup>3</sup>This dental plan reimburses all procedures based on the Delta Dental PPO fee. Premier and out-of-network dentists may bill you for charges above the allowed Delta Dental PPO fee. As a result, you may incur higher out-of-pocket costs when seeing a Premier or out-of-network dentist.

<sup>4</sup>For full coverage specifics, including frequencies and limitations, refer to the appropriate plan booklet.

<sup>5</sup>Space maintainers, simple extractions and fillings are not covered services on the Cholla Plan.

<sup>6</sup>Waiting period may be waived if covered under a prior PPO/Indemnity plan with no more than a 63-day gap in coverage. The granting of a waiver is in the sole discretion of DDAZ.

<sup>7</sup>Primary subscriber must be 18+ to enroll an eligible dependent via the Free Until Three<sup>TM</sup> feature. See plan booklet for more info.

<sup>8</sup>As of 6/15/2018, pricing for the Cholla Plan-765 is \$19.94 per member/month. Rates are subject to change and vary by plan.

# DELTA DENTAL INDIVIDUAL AND FAMILY<sup>SM</sup>

## Incentive Plans

Delta Dental PPO<sup>SM</sup>

### Coverage Options:

**Annual Maximum<sup>9</sup>**  
Per person, per benefit year

**Deductible<sup>9, 10</sup>**  
Per person, per benefit year

### Covered Dental Services<sup>11, 12</sup>

#### Type 1: Preventive Services

- Exams - 2 per benefit year
- Cleanings - 2 per benefit year
- Fluoride treatment
- Space maintainers
- Sealants

#### Type 2: Basic Services

- Bitewing X-rays - 1 per benefit year
- Full-mouth/panoramic X-rays - 1 per 60 months
- Periodontal maintenance - 2 per benefit year; interchangeable with routine cleaning
- Simple extractions
- Fillings

#### Type 3A: Major Services

- Gum disease treatment
- Root canals
- Surgical extractions
- General anesthesia
- Denture relines, rebases and adjustments
- Repairs to crowns, dentures and bridges

#### Type 3B: Major Services

- Implants
- Crowns - 1 per 60 months
- Complete and partial dentures
- Bridges

### Copper Plan-766

Year One	Year Two	Year Three
\$1500	\$1750	\$2000
\$50	\$50	\$50

### Turquoise Plan-767

Year One	Year Two	Year Three
\$1000	\$1250	\$1500
\$50	\$50	\$50

### You Pay

Year One	Year Two	Year Three
0%	0%	0%
60%	40%	20%
70%	60%	50%
70%	60%	50%

### You Pay

Year One	Year Two	Year Three
20%	10%	0%
70%	60%	50%
70%	60%	50%
70%	60%	50%

**NO WAITING PERIODS!**

*Great for seniors, young professionals and families!*

## Rates per person, per month

### Free Until Three<sup>TM, 13</sup>

Age 3-19

Age 20-54

Age 55+

**\$0**

\$28.82

\$30.40

\$47.65

**\$0**

\$24.01

\$24.93

\$36.54

## DELTA DENTAL INDIVIDUAL AND FAMILY<sup>SM</sup>

### FAQs

#### What is unique about the incentive plans?

The Copper and Turquoise plans reward members for maintaining dental coverage. The amount you pay for covered services decreases for the first three years you are enrolled in the plan. If you remain on the plan for more than three years, benefits will be covered at the Year Three level.

#### What is Free Until Three<sup>TM</sup>?

Because good oral health starts at infancy, our plans encourage parents to get regular checkups for their kids with the Free Until Three<sup>TM</sup> feature. Simply put, there is no charge to cover dependents under the age of 3.<sup>13</sup>

#### How much do these dental plans cost?

It depends on the plan you choose. We have plans as low as \$19.94 per person/month.<sup>14</sup>

#### What services are not covered?

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