



## DELTA DENTAL OF ARIZONA

## Individual Plan Options

Coverage Options:	Plan Green	Plan Blue	Plan Purple	Plan Orange	Plan Yellow
<b>Annual Maximum</b> <i>(benefit year)</i>	\$2,000	\$1,500	\$1,000	\$1,000	\$500
<b>Deductible</b> <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> 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 Treatments <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>
<b>Type 2 Basic Services</b> 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>
<b>Type 3A Major Services – 12 month waiting period*</b> 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
<b>Type 3B Major Services – 24 month waiting period*</b> Special Restorative Crowns Complete and partial dentures Fixed Bridgework	50%	50%	40%	30%	Not Covered
<b>Monthly Premium Rates</b>					
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

**Enroll online or call: 602-588-3624.**

*Rates valid for effective dates beginning on January 1, 2011*

*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 group 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)*

