

## DELTA DENTAL INDIVIDUAL AND FAMILY™

### Popular Plans

#### 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>
- Composite/tooth-colored and amalgam 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

##### Special Health Care Needs Benefit

Additional diagnostic and/or preventive services for people with special health care needs.<sup>4</sup>

#### Delta Dental PPO™

	Mesquite Plan-762	Saguaro Plan-763	Agave Plan-764	Cholla Plan-765
Annual Maximum <sup>1</sup>	\$2000	\$1500	\$1000	Unlimited
Deductible <sup>1, 2</sup>	\$50	\$50	\$50	\$25
Covered Dental Services <sup>3, 4</sup>	You Pay	You Pay	You Pay	You Pay
Type 1: Preventive Services	0%	0%	10%	0% <sup>5</sup>
Type 2: Basic Services	20%	40%	60%	50% <sup>5</sup>
Type 3A: Major Services - 6-month waiting period <sup>6</sup>	50%	60%	70%	Not Covered
Type 3B: Major Services - 9-month waiting period <sup>6</sup>	50%	60%	70%	Not Covered
Special Health Care Needs Benefit	Covered	Covered	Covered	Covered

Great for seniors!

Great for families!

### Rates per person, per month<sup>7</sup>

#### Free Until Three™, 8

Age 3-54

Age 55+

	Mesquite Plan-762	Saguaro Plan-763	Agave Plan-764	Cholla Plan-765
Free Until Three™, 8	\$0	\$0	\$0	\$0
Age 3-54	\$45.50	\$27.19	\$19.81	\$18.94
Age 55+	\$65.40	\$43.11	\$29.35	\$18.94

## DELTA DENTAL INDIVIDUAL AND FAMILY™

### FAQs

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

If you have prior PPO/Indemnity or DHMO 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 \$18.94 per person/month.<sup>9</sup>

#### What is Free Until Three™?

Because good oral health starts at infancy, our plans encourage parents to get regular checkups for their kids with the Free Until Three™ feature. Simply put, there is no charge to cover dependents under the age of 3.<sup>8</sup>

#### What is the special health care needs benefit?

If you or an enrolled family member are diagnosed with special health care needs that significantly impair their ability to get routine covered dental services, they may be eligible for additional services, including exams, dental cleanings and treatment delivery modifications. For benefit specifics, call 800.894.2701 or refer to the sample benefit booklets at smilepoweraz.com.

#### 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 800.894.2701 or visit smilepoweraz.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 [deltadentalaz.com/find](http://deltadentalaz.com/find). 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 800.894.2701 or visit [smilepoweraz.com](http://smilepoweraz.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 800.894.2701 or visit [smilepoweraz.com](http://smilepoweraz.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 or DHMO 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>Coverage details and rates listed on this document are valid for effective dates of 1/1/2025 and later. They are subject to change and vary by plan. Confirm coverage details and rates for your desired start date at [smilepoweraz.com](http://smilepoweraz.com).

<sup>8</sup>Primary subscriber must be 18+ to enroll an eligible dependent via the Free Until Three™ feature. See plan booklet for more info.

<sup>9</sup>As of 1/1/2025, pricing for the Cholla Plan-765 is \$18.94 per member/month. Rates are subject to change and vary by plan.

**DELTA DENTAL INDIVIDUAL AND FAMILY™**

**Incentive Plans**

Delta Dental PPO™

**Coverage Options:**

- Annual Maximum<sup>10</sup>**  
Per person, per benefit year
- Deductible<sup>10, 11</sup>**  
Per person, per benefit year
- Covered Dental Services<sup>12, 13</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
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    - Periodontal maintenance - 2 per benefit year; interchangeable with routine cleaning
    - Simple extractions
    - Composite/tooth-colored and amalgam fillings
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    - 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
  - Special Health Care Needs Benefit**  
Additional diagnostic and/or preventive services for people with special health care needs.<sup>12</sup>

Copper Plan-766		
Year One	Year Two	Year Three
\$1500	\$1750	\$2000
\$50	\$50	\$50
You Pay		
0%	0%	0%
60%	40%	20%
70%	60%	50%
70%	60%	50%
Covered		

Turquoise Plan-767		
Year One	Year Two	Year Three
\$1000	\$1250	\$1500
\$50	\$50	\$50
You Pay		
20%	10%	0%
70%	60%	50%
70%	60%	50%
70%	60%	50%
Covered		

**NO WAITING PERIODS!**

*Great for seniors, young professionals and families!*

**Rates per person, per month<sup>14</sup>**

- Free Until Three™, 15**
- Age 3-54
- Age 55+

<b>\$0</b>
\$35.47
\$54.37

<b>\$0</b>
\$28.29
\$41.82

## DELTA DENTAL INDIVIDUAL AND FAMILY™

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#### 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.

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

It depends on the plan you choose. We have plans as low as \$18.94 per person/month.<sup>16</sup>

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