

DELTA DENTAL INDIVIDUAL AND FAMILY™

Delta Dental PPO™

Popular Plans

Annual Maximum¹

Per person, per benefit year

Orthodontic Maximum¹

Per person, per lifetime

Deductible^{1, 2}

Per person, per benefit year

Covered Dental Services^{3, 4}

Type 1: Preventive Services

Exams - 2 per benefit year
Cleanings - 2 per benefit year
Fluoride treatment
Space maintainers⁵
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 extractions⁵
Composite/tooth-colored and amalgam fillings⁵

Type 3A: Major Services - 6-month waiting period⁶

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 period⁶

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.

Orthodontic Services

Benefit for adults and children age 8 or older.⁷

Palo Verde	Mesquite	Saguaro	Agave	Cholla
\$2,000	\$2,000	\$1,500	\$1,000	Unlimited
\$1,500	Not Covered	Not Covered	Not Covered	Not Covered
\$50	\$50	\$50	\$50	\$25
You Pay	You Pay	You Pay	You Pay	You Pay
0%	0%	0%	10%	0% ⁵
15%	20%	40%	60%	50% ⁵
40%	50%	60%	70%	Not Covered
40%	50%	60%	70%	Not Covered
Covered	Covered	Covered	Covered	Covered
Year 1 No coverage Year 2+ 50%	Not Covered	Not Covered	Not Covered	Not Covered

Rates per person, per month⁸

Free Until Three™, 9

Age 3-54

Age 55+

\$0	\$0	\$0	\$0	\$0
\$59.72	\$45.50	\$27.19	\$19.81	\$18.94
\$76.12	\$65.40	\$43.11	\$29.35	\$18.94

→ Great for seniors! → Great for families!

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 Palo Verde, Mesquite, Saguaro, Agave and Cholla plans. This allows you full access to covered benefits from day one.⁶ *Note: Orthodontics are an incentive benefit on the Palo Verde plan and starts in Year 2, based on each enrolled member's anniversary date. As such, there are no waiting periods to waive for access to this benefit.*⁷

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.¹⁰

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 3.⁹

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. 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. 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.

WORKING WITH A BROKER? KEEP THEIR CONTACT INFO HANDY!

Broker Name: _____

Phone: _____

Email: _____

¹Deductible and annual maximum benefit amounts represent a combination of all networks and are not cumulative. The orthodontic lifetime maximum is separate from the annual maximum for other dental benefits.

²Deductible applies to all services, except orthodontics if covered on the selected plan.

³This 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.

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

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

⁶Waiting 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.

⁷Orthodontics become a benefit in Year 2 on each enrolled member's policy anniversary date. Benefits are payable in two payments: upon insertion of the appliance or initial banding and 12 months after, providing the member remains enrolled on the Palo Verde plan for at least a year after initial banding.

⁸Coverage details and rates listed on this document are valid for effective dates of 9/1/2025 and later. They are subject to change and vary by plan. Confirm coverage details and rates for your desired start date at smilepoweraz.com.

⁹Primary subscriber must be 18+ to enroll an eligible dependent via the Free Until Three™ feature. See plan booklet for more info.

¹⁰As of 4/1/2025, pricing for the Cholla Plan 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 Maximum¹¹

Per person, per benefit year

Deductible^{11, 12}

Per person, per benefit year

Covered Dental Services^{13, 14}

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
- Composite/tooth-colored and amalgam 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

Special Health Care Needs Benefit

Additional diagnostic and/or preventive services for people with special health care needs.¹³

Orthodontic Services

Benefit for adults and children age 8 or older.

Copper Plan

Year One	Year Two	Year Three
\$1,500	\$1,750	\$2,000
\$50	\$50	\$50

You Pay

0%	0%	0%
60%	40%	20%
70%	60%	50%
70%	60%	50%

Covered

Not Covered

Turquoise Plan

Year One	Year Two	Year Three
\$1,000	\$1,250	\$1,500
\$50	\$50	\$50

You Pay

20%	10%	0%
70%	60%	50%
70%	60%	50%
70%	60%	50%

Covered

Not Covered

NO WAITING PERIODS!

Great for seniors, young professionals and families!

Rates per person, per month¹⁵

Free Until Three™, 16

Age 3-54

Age 55+

\$0

\$35.47

\$54.37

\$0

\$28.29

\$41.82

DELTA DENTAL INDIVIDUAL AND FAMILY™

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.

How much do these dental plans cost?

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