



DELTA DENTAL OF ARIZONA – PPO PLUS PREMIER NETWORK

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 21st 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®

DENTAL 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 21st 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 22nd 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 20, —your coverage effective date of February 1; If enrollment documentation/payment is received January 28 —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?** You will not receive a paper bill each month. EFT withdrawals will occur on the first month the policy is effective no earlier than the 5th day of the month.
- 4. Do I need to choose a participating Delta Dental PPO Plus Premier dentist?** You may visit any dentist, but you will have less out of pocket expenses if you see one of Delta Dental's PPO-Plus-Premier Participating Dentists.
- 5. If I was covered as a dependent on a previous Delta Dental group 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?** As long as you are an Arizona resident 18 years or older and are not eligible for Delta Dental of Arizona group coverage through your current employer, you can enroll in the Delta Dental of Arizona Individual Plan. Whether you were the primary subscriber or a dependent your 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.
- 6. What is an oral exam and is an exam separate from a cleaning?** The oral exam is an examination or evaluation of the oral cavity, also called the mouth, whose boundaries are the lips and teeth in the front and the soft palate in the rear. Delta Dental of Arizona utilizes the American Dental Association (ADA) Current Dental Terminology code set to administer claims. The ADA separates these two different procedures into two different codes.
- 7. Are periodontal maintenance cleanings covered?** Yes, periodontal maintenance is interchangeable with the routine cleaning and is counted toward the benefit year limitation.
- 8. What is a deductible?** Deductible is the amount of covered dental expenses that you pay before the dental benefits are payable. Only fees charged for covered dental services will be used toward the deductible. Please refer to the Summary of benefits for the dental services for which the deductible is applied.
- 9. Is the benefit year maximum an individual or a family maximum?** The maximum is for each person enrolled in the dental plan.
- 10. 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.
- 11. Are implants covered?** No. Neither the implant body, abutment (post), nor the implant crown is a covered benefit.
- 12. 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.
- 13. Is there a pre-existing clause for missing teeth?** Your claim will not be denied solely because the tooth was missing prior to the effective date of coverage. However, waiting periods may apply and clinical criteria must be met.
- 14. 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. If you are enrolled in any other dental plan you would be eligible to enroll, however, your benefits under this dental coverage policy would be coordinated as secondary.
- 15. If my child needs nitrous (laughing gas) will it be covered?** General anesthesia and/or intravenous sedation/analgesia will not be covered for anxiety, behavioral or management problems. Benefits for general anesthesia and intravenous sedation/analgesia will be provided only if the following conditions are met:
 - A. Performed by a Dentist licensed to perform general anesthesia;
 - B. Administered in a dental office;
 - C. If performed in conjunction with surgical extractions.
 - D Necessary due to medically concurrent conditions, (i.e., neurological motor control problems) and documented by a medical physician.

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 21st 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.

