

## DELTA DENTAL INDIVIDUAL AND FAMILY™ (LEGACY PLANS)

### Delta Dental PPO Plus Premier™

Coverage Options:	Plan Green #8003	Plan Blue #8000	Plan Purple #8001	Plan Orange #8002	Plan Yellow #8004
<b>Annual Maximum</b> <i>(Per benefit year, per person)</i>	\$2,000	\$1,500	\$1,000	\$1,000	\$500
<b>Deductible</b> <i>(Per 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 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>
<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	\$50.68	\$43.85	\$32.15	\$22.76	\$25.19
Individual + One Dependent	\$93.77	\$81.12	\$59.47	\$42.10	\$46.59
Individual + Two or More Dependents	\$143.45	\$124.09	\$90.99	\$64.40	\$81.86

\*Effective/renewal dates of October 1, 2017 or after, will have a 6-month waiting period for Type 3A services and a 12-month waiting period for Type 3B services. Rates valid for effective dates beginning on October 1, 2017.

**Questions? Call 602.588.3624**

*NOTE: If you purchased your Individual and Family Plan prior to August 22, 2013, your dental benefits are likely covered through one of our legacy plans (see above chart). If you fail to renew your legacy Individual and Family Plan, coverage will not be reinstated and you will be subject to the prices, terms and conditions of the available plans at [www.deltadentalcoversme.com](http://www.deltadentalcoversme.com).*

## DELTA DENTAL INDIVIDUAL AND FAMILY (LEGACY PLANS) Frequently Asked Questions

- 1. Who is eligible to renew an individual plan?** You are eligible to renew your individual and family dental and vision insurance coverage if you are an Arizona resident and age 18 or older. Eligible dependents include your lawful spouse; unmarried children under age 19 or 23 (if a full-time student) or children of your lawful spouse, including newborn children, stepchildren, disabled children, persons under legal guardianship substantiated by a court order, and legally adopted children and children placed for adoption with you in accordance with applicable state or federal law. *Note: Verification of dependent status or full-time student status for children over age 19 may be required.*
- 2. If I have coverage or am offered coverage through my employer can I purchase/renew an individual plan?** Yes, you can have an active Delta Dental individual plan and an active Delta Dental group plan at the same time, if you choose. If you have two active plans, coordination of benefits will apply, and the group plan will always be considered the primary plan. If you are enrolled in another carrier's dental plan you are also eligible to renew; however, your benefits under this individual dental coverage policy will be coordinated as secondary.
- 3. Will my dependents need an ID card with their own name?** No. It is common practice to show only the subscriber's name on the identification card. Dental offices are familiar with this practice and will be able to confirm dependent benefits with the subscriber's information.
- 4. Do I need to choose a participating Delta Dental dentist?** You may visit any licensed dentist, but you will have less out-of-pocket expenses if you see a Delta Dental network dentist.
- 5. What is my benefit year?** Your benefit year is the 12-month period beginning on your effective date for the calculation of benefits, coinsurance and deductibles. For example, if your effective date is February 1, your benefit year will be from February 1 through January 31 of each year.
- 6. Is the benefit year maximum an individual or a family maximum?** The maximum is for each person enrolled in the dental plan.
- 7. 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. 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.
- 8. How do I know if items like sealants, space maintainers, oral surgery, braces, dentures, cosmetic procedures etc. are covered benefits?** For information on whether a specific service is covered by your plan, please refer to the appropriate benefit booklet or contact our customer service team.
- 9. How do I change my address, add/remove dependents, update my EFT account, etc.?** Please complete the Family Status Change Form available at [www.deltadentalaz.com/forms](http://www.deltadentalaz.com/forms).
- 10. What are the terms and conditions for cancellation of the individual plan?** Enrollments are for consecutive 12-month period(s) and the monthly/annual premium payment is subject to change on the anniversary date. Non-compliance with these terms voids any benefits during that enrollment period. Should a member decide to cancel the plan, a 30-day written notice is required. Once notice is received, the policy will be cancelled at the end of the month and billing will not be prorated.