# Here's everything you need to get the dental coverage you want... from the nation's preferred dental benefits provider!

You made a wise decision when you requested this information about Delta Dental's Individual and Family<sup>™</sup> plans. Since good oral health has been linked to overall health, keeping your teeth and gums clean and healthy will benefit how you look and feel... helping you maintain an active lifestyle.

Enrolling in your choice of dental and vision plans is as easy as 1-2-3!

In this enrollment package, you'll find everything you need to enroll in the Delta Dental Individual and Family plan of your choice.

**Step 1:** Review this letter and the enclosed brochure and compare your options.

**Step 2:** Decide on the dental and optional vision plans that best fit your needs and budget, and determine who you want to cover.

**Step 3:** Visit smilepoweraz.com to enroll online. You'll be on your way to having the valuable dental and vision protection you need in no time!

Monthly premium rates for each of our plans are listed on the back of this letter.

If you have questions or need help with your application, call us at 800.894.2701 or visit smilepoweraz.com.

You have a choice of Delta Dental plans, so it's easy to find a plan to fit your budget and oral health needs. Highlights include:

- Free Until Three<sup>™</sup> Because good oral health starts at infancy, our plans encourage parents/guardians to get regular checkups for their kids with the Free Until Three<sup>™</sup> feature. Simply put, there is no charge to cover eligible dependents under the age of 3.
- **Plans with no waiting periods** Our Copper and Turquoise dental plans have no waiting periods, giving you full access to covered benefits from day one.
- Affordable monthly premium rates Depending on the plan you choose, rates are as low as \$19.94 per person, per month.

Because both oral health and eye health are essential to overall health, most of our dental plans have an optional vision plan add-on.

Thank you for your interest in Delta Dental. We look forward to serving you now and for years to come!

Sincerely,

Craig Livesay Chief Operating Officer Delta Dental of Arizona

Monthly **dental premium rates** are by age band and charged per person, per month:

Rates (per person, per month)	Mesquite Plan-762	Saguaro Plan-763	Agave Plan-764	Cholla Plan-765	Copper Plan-766	Turquoise Plan-767
Free Until Three™	\$0	\$0	\$O	\$O	\$O	\$0
Age 3-19	\$39.23	\$27.45	\$21.83	\$19.94	\$31.13	\$24.01
Age 20-54	\$42.92	\$28.95	\$22.66	\$19.94	\$32.83	\$24.93
Age 55+	\$60.84	\$45.38	\$33.22	\$19.94	\$49.88	\$36.54

Monthly vision premium rates (if adding on vision) are by age band and charged per person, per month:

Rates (per person, per month)	Vision Plan-100		
Free Until Three™	\$0		
Age 3-19	\$9.77		
Age 20-54	\$9.77		
Age 55+	\$9.77		

Please Note:

Enclosed brochure shows certain plans offered on smilepoweraz.com.

Please visit smilepoweraz.com or call 800.894.2701 for the latest plan information and rates.

Monthly premiums may be different based on plan choice, age, location, number of people insured, their age and relationship to you. Plan designs and rates are subject to change. Limitations and exclusions may apply. See benefit booklets for full plan details.

Vision coverage is an optional add-on to your dental policy for the Mesquite, Saguaro, Agave, Cholla, Copper or Turquoise plans and cannot be purchased separately.

> Questions? Call 800.894.2701 or visit smilepoweraz.com.

# DELTA DENTAL INDIVIDUAL AND FAMILY™

# **Popular** Plans

#### Our popular plans feature:

- Affordable monthly premiums starting at under \$201
- Free Until Three<sup>™</sup> No charge for kids under age 3<sup>2</sup>
- Up to \$2,000 annual maximum

### Delta Dental PPO™

Coverage Options:	Mesquite Plan-762	Saguaro Plan-763	Agave Plan-764	Cholla Plan-765		
<b>Annual Maximum⁴</b> Per person, per benefit year	\$2000	\$1500	\$1000	Unlimited		
<b>Deductible</b> ⁴, ⁵ Per person, per benefit year	\$50	\$50	\$50	\$25		
Covered Dental Services <sup>6</sup>	You Pay	You Pay	You Pay	You Pay		
<b>Type 1: Preventive Services</b> Exams • Cleanings • Fluoride treatment Space maintainers <sup>7</sup> • Sealants	0%	0%	10%	0%7		
<b>Type 2: Basic Services</b> Bitewing X-rays • Full-mouth/panoramic X-rays Periodontal maintenance • Simple extractions <sup>7</sup> Composite/tooth-colored and amalgam fillings <sup>7</sup>	20%	40%	60%	50% <sup>7</sup>		
<b>Type 3A: Major Services</b> – 6-month waiting period <sup>8</sup> Gum disease treatment • Root canals Surgical extractions • General anesthesia Denture relines, rebases and adjustments Repairs to crowns, dentures and bridges	50%	60%	70%	Not Covered		
<b>Type 3B: Major Services</b> - 9-month waiting period <sup>8</sup> Implants • Crowns • Complete and partial dentures • Bridges	50%	60%	70%	Not Covered		
FAQs	> Great for seniors!		> Great for families	3]		

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

If you have prior PPO/Indemnity 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>8</sup>

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

It depends on the plan you choose. We have plans as low as \$19.94 per person/month.<sup>2</sup>

Adults with dental coverage are

50% more likely to visit the dentist at least once a year.<sup>3</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<sup>™</sup> feature. Simply put, there is no charge to cover dependents under the age of 3.<sup>1</sup>

#### Where do I get more information?

#### To learn more about plan specifics or to enroll, call 800.894.2701 or visit smilepoweraz.com.

<sup>1</sup>As of 8/20/2021, pricing for the Cholla Plan-765 is \$19.94 per member/month. Rates are subject to change and vary by plan. <sup>2</sup>Primary subscriber must be 18+ to enroll an eligible dependent via the Free Until Three™ feature. See plan booklet for more info. 32014 Delta Dental Oral Health & Well-being Survey. 4Deductible and annual maximum benefit amounts represent a combination of all networks and are not cumulative. 5Deductible applies to all services. 6This 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. 7Space maintainers, simple extractions and fillings are not covered services on the Cholla Plan. "Waiting period may be waived if covered under a prior PPO/Indemnity plan with no more than a 63-day gap in coverage. The granting of a waiver is in the sole discretion of DDAZ.

Arizona Dental Insurance Service. Inc. dba Delta Dental of Arizona. DDAZ-0230-rev0821

# DELTA DENTAL INDIVIDUAL AND FAMILY™



Our incentive plans feature:

- No waiting periods
- Free Until Three<sup>™</sup> No charge for kids under age 3<sup>9</sup>
- Up to \$2,000 annual maximum

Adults who report good oral health are almost 2x as likely to report good or better overall well-being.<sup>10</sup>

### Delta Dental PPO™

		Copper Plan-766			Turquoise Plan-767		
Coverage Options:	Year One	Year Two	Year Three	Year One	Year Two	Year Three	
Annual Maximum <sup>11</sup> Per person, per benefit year	\$1500	\$1750	\$2000	\$1000	\$1250	\$1500	
<b>Deductible<sup>11, 12</sup></b> Per person, per benefit year	\$50	\$50	\$50	\$50	\$50	\$50	
Covered Dental Services <sup>13</sup>		You Pay			You Pay		
<b>Type 1: Preventive Services</b> Exams • Cleanings • Fluoride treatment Space maintainers • Sealants	0%	0%	0%	20%	10%	0%	
<b>Type 2: Basic Services</b> Bitewing X-rays • Full-mouth/panoramic X-rays Periodontal maintenance • Simple extractions Composite/tooth-colored and amalgam fillings	60%	40%	20%	70%	60%	50%	
<b>Type 3A: Major Services</b> Gum disease treatment • Root canals Surgical extractions • General anesthesia Denture relines, rebases and adjustments Repairs to crowns, dentures and bridges	70%	60%	50%	70%	60%	50%	
<b>Type 3B: Major Services</b> Implants • Crowns • Complete and partial dentures • Bridges	70%	60%	50%	70%	60%	50%	
		NO	WAITIN		ODS!		

## FAQs

#### What is unique about the incentive plans?

Great for seniors, young professionals and families!

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.

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

It depends on the plan you choose. We have plans as low as \$19.94 per person/month.<sup>14</sup>

#### What is Free Until Three<sup>™</sup>?

Because good oral health starts at infancy, our plans encourage parents to get regular checkups for their kids with the Free Until Three<sup>™</sup> feature. Simply put, there is no charge to cover dependents under the age of 3.9

#### Where do I get more information?

To learn more about plans specifics or to enroll, call 800.894.2701 or visit smilepoweraz.com.

<sup>9</sup>Primary subscriber must be 18+ to enroll an eligible dependent via the Free Until Three<sup>™</sup> feature. See plan booklet for more info. <sup>10</sup>2014 Delta Dental Oral Health & Well-being Survey. <sup>11</sup>Deductible and annual maximum benefit amounts represent a combination of all networks and are not cumulative. <sup>12</sup>Deductible applies to all services. <sup>13</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>14</sup>As of 8/20/2021, pricing for the Cholla Plan-765 is \$19.94 per member/month. Rates are subject to change and vary by plan.



# DELTA DENTAL INDIVIDUAL & FAMILY™ VISION PLAN - 100

Vision Care Services <sup>1</sup>	Member Cost In-Network <sup>2</sup>				
Exam with Dilation as Necessary	\$10 сорау				
Fundus Photography Benefit	Up to \$39				
Exam Options					
Standard Contact Lens Fit and Follow-up	Up to \$40				
Premium Contact Lens Fit and Follow-up	10% off retail price				
Frames	\$0 copay; \$130 allowance,				
Any available frame at provider location	20% off balance over \$130				
Standard Plastic Lenses					
Single Vision	\$10 сорау				
Bifocal	\$10 copay				
Trifocal	\$10 copay				
Lenticular	\$10 copay				
Standard Progressive	\$70 copay				
Premium Progressive	\$70 copay, 80% of charge less \$120 allowance				
Lens Options UV Treatment	\$12				
Tint (Solid and Gradient)	\$12				
Standard Plastic Scratch Coating	\$12				
Standard Polycarbonate - Adults	\$35				
Standard Polycarbonate - Kids under 19	\$35				
Standard Anti-Reflective Coating	\$40				
Premium Anti-Reflective	80% of charge				
Polarized	30% off retail price				
Other Add-ons	30% off retail price				
Contact Lenses (materials only)	¢0, ¢170, ll				
Conventional	\$0 copay, \$130 allowance, 15% off balance over \$130				
Disposable	\$0 copay, \$130 allowance, plus balance over \$130				
Medically Necessary	\$0 copay, paid-in-full				
Laser Vision Correction	15% off retail price or 5%				
Lasik or PRK from U.S. Laser Network	off promotional price				
Frequency Examination	Once every 12 months				
Lenses or Contact Lenses	Once every 12 months				
Frame	Once every 12 months				

### ADVANTAGE NETWORK HIGHLIGHTS

Choice of independent and retail providers

More than 70,000 provider access points in the U.S.<sup>3</sup>

Online, in-network options for glasses and contacts

### YOU'LL LOVE

Access to top brands like Ray-Ban, Oakley and more

Free Until Three<sup>™, 4</sup> - No charge to cover kids under age 3

### ADDITIONAL SAVINGS

**40%** discount on hearing exams through Amplifon⁵

> 40% discount on additional complete pairs of glasses⁵

- AND MORE -

INDEPENDENT PROVIDER NETWORK EyeMed's Advantage network consists of:







This vision policy is underwritten by Arizona Dental Insurance Service, Inc. dba Delta Dental of Arizona. Policies are administered, at least in part, by First American Administrators, Inc. and Renaissance Life & Health Insurance Company of America, Inc. Certain network administration services are provided through EyeMed Vision Care, LLC. DDAZ-0404-rev0821 | See footnotes on page 2.



# DELTA DENTAL INDIVIDUAL & FAMILY™ VISION PLAN - 100

# FAQs

#### Which EyeMed network does this plan use?

This plan uses EyeMed's Advantage network of more than 4,500 providers in Arizona and 70,000 providers in the U.S.<sup>3</sup>

#### How do I know if my vision provider is in-network?

Visit www.eyemedvisioncare.com/locator and choose the Advantage network to find a vision provider near you.

#### What is Free Until Three<sup>™,4</sup>?

The American Optometric Association recommends a first eye exam with an optometrist or ophthalmologist between 6 months and 1 year of age. Because many eye disorders can occur in early childhood and may affect a child's ability to learn, our plan encourages parents to get eye exams for their kids with the Free Until Three<sup>™</sup> feature. Simply put, there is no charge to cover dependents under the age of 3.

#### Are out-of-network benefits available on this vision plan?

Yes, some services may be covered if you see an out-of-network provider. However, you will pay billed charges at the time of service. You may then submit for reimbursement for covered out-of-network services. Out-of-network reimbursements are limited to \$30 for exam with dilation; \$65 for frames; \$25-\$55 for standard plastic lenses and \$104-\$210 for contact lenses, as set forth in the plan booklet. Please see the plan booklet for specific information on out-of-network benefits.

#### Can I enroll in a vision plan without buying dental coverage?

Both oral health and eye health are essential to overall health. DeltaVision is an optional add-on to your dental policy and cannot be purchased separately.

#### Where do I get more information?

To learn more about plan specifics or to enroll, call 800.894.2701 or visit smilepoweraz.com.

<sup>1</sup>For full coverage specifics, including frequencies, exclusions and limitations, refer to the vision plan booklet.

<sup>2</sup>Out-of-network coverage may be available for some vision care services. See plan booklet for more info. <sup>3</sup>EveMed internal data, January 2020

<sup>4</sup>Primary subscriber must be 18+ to enroll an eligible dependent via the Free Until Three™ feature. See plan booklet for more info. <sup>5</sup>See plan booklet for more info.