DELTA DENTAL OF ARIZONA

Individual Plan Options

Coverage Options:	Option 1	Option 2	Option 3
Annual Maximum (*benefit year*)	$1500	$1000	$1000
Deductible (*benefit year*) (*per person, applies to all services*)	$50	$75	$100
Covered Dental Services	**Option 1**	**Option 2**	**Option 3**
Type 1 Preventive Services Exams (*limited to 2 per person in a benefit year*) Cleanings (*limited to 2 per person in a benefit year*) Fluoride Treatments (*limited to 1 per person in a benefit year, under age 16)* Space Maintainers (*under age 14*) Sealants (*under age 15*)	100%	90%	70%
Type 2 Basic Services Bitewing X-rays (*limited to 1set per person in a benefit year*) X-rays (*full mouth/panoramic – limited to 1 per person in 60 months*) Simple Extractions Fillings	50%	50%	50%
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%	40%	30%
Type 3B Major Services – *24 month waiting period** Special Restorative Crowns Complete and partial dentures Fixed Bridgework	50%	40%	30%
Monthly Premium Rates *(Three-month premium payment required to enroll)* Individual Only Individual + Family	 **$38.38** **$87.36**	 **$30.14** **$70.48**	 **$23.69** **$54.78**

** If within the past 60 days you have been covered under a Delta Dental group 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. For additional benefit information and limitations, please refer to the benefit booklet which is available at: www.deltadentalaz.com/individual.*

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How do I enroll?

Joining Arizona's largest provider of dental benefits is simple and convenient. All the information you need to enroll in the plan, understand your benefits, and learn about our privacy policies is available on-line at **www.deltadentalaz.com/individual**.

1. Visit our website and select one of our 3 individual dental policy options.
2. Fill out the enrollment form on-line, then print, sign and date the form.
3. Complete and sign the electronic fund transfer (EFT) authorization form to setup electronic payment of your monthly premiums.
4. Attach your three-month premium payment check to the EFT form. Your premium payment check must be from the same account as your monthly EFT withdrawals. *NOTE: After your three-month premium payment has been applied, your first EFT withdrawal will occur in the fourth month following your effective date.*
5. Mail the signed enrollment form, signed EFT authorization form and initial premium payment to:

   Delta Dental of Arizona
   P.O. BOX 63694
   Phoenix, AZ 85082-1595

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