



Delta Dental of Arizona

**ARIZONA ASSOCIATION OF REALTORS
Individual Plan Options**

| Covered Services | Plan 1 | Plan 2 | Plan 3 |
|---|---|---|---|
| Calendar Year Deductible | \$50 per person \$150 per family | \$50 per person \$150 per family | \$100 per person |
| Annual Maximum | \$1,000 | \$1,000 | \$1,000 |
| Lifetime Maximum | N/A | \$750 Periodontics | |
| Routine | Covered at 100%* | Covered at 80%* | Covered at 70% |
| Oral Exams | Twice in a calendar year | Twice in a calendar year | Twice in a calendar year |
| Bitewings X-ray | Twice in a calendar year | Once in a calendar year | Once a year under Basic Once in five years under Basic |
| Full Mouth X-rays | Once in three years | Once in five years | |
| Dental Prophylaxis | Twice in a calendar year | Twice in a calendar year | Twice in a calendar year |
| Topical Fluoride | Twice in a calendar year for children under 18 | Twice in a calendar year for children under 18 | Once in a calendar year for children under 16 |
| Space Maintainers | For missing posterior primary teeth | For missing posterior primary teeth | For missing posterior primary teeth |
| <i>*Deductible Does Not Apply to These Services</i> | | | |
| Basic | Covered at 80% 6 Month Waiting Period | Covered at 80% 6 Month Waiting Period | Covered at 50% |
| Restorative Amalgam, Acrylic | 1 per 2 year period same surface | 1 per 2 year period same surface | 1 per 2 year period same surface |
| Stainless Steel Crowns (children) | Covered | Covered | Covered to age 15 covered under routine |
| Sealants for permanent Molar/Bicuspid (to age 19) | 1 per 3 year period | Not Covered | |
| Oral Surgery | | | |
| Surgical and Non-Surgical Extractions | Covered | Simple extractions only | Simple extractions in Basic Surgical extraction in Major A |
| Other Oral surgery | Covered | No Benefit | No Benefit |
| Emergency Palliative | Covered | Covered | Covered |
| Major Services A | Covered at 50% 12 Month Waiting Period | Covered at 50% 12 Month Waiting Period | Covered at 30% 12 Month Waiting Period |
| Endodontics | | | |
| Pulpal Therapy | Covered | Covered | Covered |
| Canal Filling | Covered | Covered | Covered |
| Periodontics | | | |
| Non-Surgical | 1 per 2 year period | 1 per 2 year period | 1 per 2 year period |
| Surgical | 1 per 3 year period | 1 per 3 year period | 1 per 3 year period |
| Major Services B | Covered at 50% 12 Month Waiting Period | Covered at 50% 12 Month Waiting Period | Covered at 30% 24 Month Waiting Period |
| Bridges Partial and Complete | | | |
| Dentures | Covered with 5 year replacement | Covered with 7 year replacement | Covered with 5 year replacement |
| Bridges and Denture Repair to original condition | | | |
| Denture relining | Covered Covered with 5 year replacement | Covered Covered with 7 year replacement | Covered under Major A Covered with 5 year replacement |
| Cast Crowns and Onlays | | | |
| Orthodontics | Not Covered | Not Covered | Not Covered |



Delta Dental of Arizona

Rates Effective 7-1-08

| | Plan 1 | Plan 2 | Plan 3 |
|----------------------------------|------------------------|------------------------|------------------------|
| Coverage Type | Monthly Premium | Monthly Premium | Monthly Premium |
| Single* | \$49.27 | \$39.83 | \$25.62 |
| Single + 1 dependent** | \$91.09 | \$71.59 | \$47.36 |
| Single + 2 or more dependents*** | \$158.95 | \$125.81 | \$82.66 |

* *Single coverage only covers you*

** *Single + 1 dependent coverage includes you and only one qualified dependent*

*** *Single + 2 or more dependents coverage includes you and multiple qualified dependents*