





DELTA DENTAL PPO PLUS PREMIER®

Covered Services	PPO and Premier Dentist	Out-of-Network Dentist ¹
Annual Maximum Benefit (Combination of in and out-of-network) Calendar	\$2,000	\$2,000
Annual Deductible (Individual/Family) (Combination of in and out-of-network)	\$50	\$50
Lifetime Orthodontia Maximum (Combination of in and out-of-network)	Child \$1,000	Child \$1,000
 Preventive Services	<i>Delta Dental Pays</i>	
Exams	100%	100%
Routine Cleanings		
Fluoride: For children to age 18		
X-rays		
Space Maintainers		
 Basic Services	<i>Delta Dental Pays</i>	
Restorative: Crowns and onlays	60% ²	60% ²
Sealants: For children up to age 19	80%	80%
Fillings		
Stainless Steel Crowns		
Emergency Treatment		
Endodontics: Root canal treatment		
Periodontics: Treatment of gum disease		
Bridge and Denture Repair		
Oral Surgery: Simple extractions.		
Oral Surgery: Surgical extractions.		
 Major Services	<i>Delta Dental Pays</i>	
Prosthodontics: Bridges, partial dentures, complete dentures	50% ²	50% ²
Restorative: Inlays		
Implants		
 Orthodontic Services	<i>Delta Dental Pays</i>	
Benefit for children ages 8-19. Children must be banded prior to age 17.	50%	50%

¹ Members may incur higher out-of-pocket costs when seeing an out-of-network dentist. See Covered Dental Services sheet.
² Deductible applies to these services.

YOUR BENEFITS ARE BASED ON A CALENDAR YEAR
BENEFITS ARE SUBJECT TO ALL PROVISIONS, TERMS & CONDITIONS OF THE GROUP CONTRACT
 Dependent Age Limit: 26 | Predetermination recommended for services over \$250

How can we help you?

Member Connection:
deltadentalaz.com/member
Find A Dentist:
deltadentalaz.com/provider-search
Customer Service:
 602.938.3131, option 1
 800.352.6132, option 1

Using Your Benefits

- 1** Using Your Benefits
- 2** Choose a dentist
- 3** Make an appointment
- 4** Visit dentist for service

COVERED DENTAL SERVICES

PREVENTIVE SERVICES

- Exams, evaluations or consultations: Two in a benefit year.
- Routine Cleanings: Limited to two in a benefit year. One difficult cleaning may be exchanged for one routine cleaning. However, the difficult cleaning is limited to once in a 5-year period. EBD
- Topical Application of Fluoride: For children to age 18 - Two in a benefit year.
- Full mouth/Panorex or vertical bitewings X-rays: Once in a 3-year period.
- Bitewing X-rays: Two in a benefit year.
- Periapical X-rays: As needed.
- Space Maintainers: For missing posterior primary (baby) teeth up to age 14.

BASIC SERVICES (Deductible applies to these services.)

- Sealants: For children up to age 19 - Once in a 3-year period for permanent molars and bicuspid.
- Fillings: Silver amalgam and for front teeth only, synthetic tooth color fillings. One per surface every two years.
- Stainless Steel Crowns: For primary (baby) teeth only.
- Emergency (Palliative Treatment): Treatment for the relief of pain.
- Endodontics: Root canal treatment (permanent teeth). Pulpotomy primary (baby) teeth.
- Periodontics: Treatment of gum disease - Non-surgical once every two years. Surgical once every three years.
- Bridge and Denture Repair: Repair of such appliances to their original condition, including relining of dentures.
- Oral Surgery: Simple extractions.
- Oral Surgery: Surgical extractions.
- Restorative: Crowns, inlays and onlays - 5-year waiting period for replacement last performed.

MAJOR SERVICES (Deductible applies to these services.)

- Prosthodontics: Bridges, partial dentures, complete dentures - 5-year waiting period for replacement last performed.
- Implant- Implants are only a benefit to replace a single missing tooth bounded by teeth on each side. Limited to \$1000 per tooth, per lifetime and is applied to the patient's annual maximum benefit.

ORTHODONTIC SERVICES

- Benefit for children ages 8-19. Children must be banded prior to age 17. Payable in two payments - upon initial banding and 12 months after. The orthodontic maximum is separate from the annual maximum for your other dental benefits.

DENTIST PAYMENTS

You are enrolled in a Delta Dental PPO plus Premier plan. You and your family members may visit any licensed dentist. There are three levels to choose from:

- **PPO Dentist** -- Payment is based on the PPO dentist's allowable fee or the actual fee charged, whichever is less.
- **Premier Dentist** -- Payment is based on the Premier Maximum Reimbursable Amount (MRA), filed fee, or the fee actually charged, whichever is less.
- **Out-of-Network Dentist** -- Payment is based on the non-participating dentist Table of Allowance. Members are responsible for the difference between the non-participating dentist Table of Allowance and the full fee charged by the dentist.