

Delta Dental of Arizona
Dental Benefit Highlights for
City of Flagstaff #1372



| Delta Dental PPO plus Premier™ <i>Coverage effective July 1, 2022</i> | Delta Dental PPO™ Dentist | Delta Dental Premier® Dentist | Nonparticipating Dentist |
|---|---|---|---|
| | Plan Pays | Plan Pays | Plan Pays* |
| Diagnostic & Preventive | | | |
| Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers | 100% | 100% | 100% |
| Radiographs - X-rays | 100% | 100% | 100% |
| Periodontal Maintenance - cleanings following periodontal therapy | 100% | 100% | 100% |
| Basic Services | | | |
| Emergency Palliative Treatment - to temporarily relieve pain | 80% | 80% | 80% |
| Sealants - to prevent decay of permanent teeth | 80% | 80% | 80% |
| Minor Restorative Services - fillings | 80% | 80% | 80% |
| Endodontic Services - root canals | 80% | 80% | 80% |
| Periodontic Services - to treat gum disease | 80% | 80% | 80% |
| Oral Surgery Services - extractions and dental surgery | 80% | 80% | 80% |
| Other Basic Services - misc. services | 80% | 80% | 80% |
| Relines and Repairs - to dentures | 80% | 80% | 80% |
| Major Restorative Services - crowns | 60% | 60% | 60% |
| Major Services | | | |
| Crown Repair - to individual crowns | 50% | 50% | 50% |
| Fixed Prosthodontic Repair - to bridges | 50% | 50% | 50% |
| Prosthodontic Services - bridges, implants, and dentures | 50% | 50% | 50% |
| Orthodontic Services | | | |
| Orthodontic Services - braces | 50% | 50% | 50% |
| Orthodontic Age Limit - | Treatment for Dependent Children must begin on or after age 8 and banded prior to age 17. | Treatment for Dependent Children must begin on or after age 8 and banded prior to age 17. | Treatment for Dependent Children must begin on or after age 8 and banded prior to age 17. |

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what the dentist charges and you are responsible for that difference.

Maximum Payment – \$2,000 per person total per Benefit Year on all services except orthodontic services. \$1,000 per person total per lifetime on orthodontic services.

Deductible – \$50 Deductible per person total per Benefit Year. The Deductible does not apply to oral exams, preventive services, X-rays, periodontal maintenance, and orthodontic services.

Note - This document is only intended to provide a brief description of your benefits. Please refer to your certificate and summary for a complete description of benefits, exclusions, and limitations.

HOW CAN WE HELP YOU?

Find and In-network Dentist

deltadentalaz.com/find

You can visit any licensed dentist, but you'll save the most money when you visit a Delta Dental network dentist.

Member Portal

deltadentalaz.com/member

Sign in or create an account for 24/7 access to your benefits information.

Customer Service

602.938.3131 or 800.352.6132
(TTY/TDD 711)

Our friendly customer service team is ready to answer your questions!

CHECK OUT THESE RESOURCES

The Floss eNewsletter

bit.ly/GetTheFloss

Sign up for our free monthly newsletter to get simple tips on taking care of your smile.

Delta Dental AZ Blog

deltadentalazblog.com

Visit the blog for articles on dental health, mouth-healthy recipes and tips to get the most out of your plan.

Video Library

youtube.com/deltadentalaz

Our oral health and dental benefits videos break down coverage basics and give tips to keep your smile sparking. Check them out!

NEED YOUR ID CARD?

Once enrolled in coverage, you have 24/7 access to your digital ID card from the member portal or the Delta Dental Mobile App.