



Covered Services	Delta Dental		Non Delta Dental Dentist
	PPO Dentist	Premier Dentist	
<b>Annual Maximum Benefit</b> (Combination of in and out-of-network)	<b>\$1,500</b>	<b>\$1,500</b>	<b>\$1,500</b>
<b>Lifetime Orthodontia Maximum</b> (Combination of in and out-of-network)	<b>\$1,000</b>	<b>\$1,000</b>	<b>\$1,000</b>
<b>Annual Deductible (Individual/Family)</b> (Combination of in and out-of-network)	<b>\$25/75</b>	<b>\$25/75</b>	<b>\$25/75</b>
<b>Preventive Services</b>			
<ul style="list-style-type: none"> <li>Exams, evaluations or consultations: Two in a benefit year.</li> <li>Full mouth/Panorex or vertical bitewings X-rays: Once in a 3-year period.</li> <li>Bitewing X-rays: Two in a benefit year.</li> <li>Periapical X-rays: As needed.</li> <li>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.</li> <li>Topical Application of Fluoride: For children to age 18 - Two in a benefit year.</li> <li>Space Maintainers: For missing posterior primary (baby) teeth up to age 14.</li> <li>Sealants: For children up to age 19 - Once in a 3-year period for permanent molars and bicuspid.</li> </ul>	100%	100%	100%
<b>Basic Services</b>			
<ul style="list-style-type: none"> <li>Fillings: Silver amalgam and for front teeth only, synthetic tooth color fillings. One per surface every two years.</li> <li>Stainless Steel Crowns</li> <li>Emergency (Palliative Treatment): Treatment for the relief of pain.</li> <li>Endodontics: Root canal treatment (permanent teeth). Pulpotomy primary (baby) teeth.</li> <li>Periodontics: Treatment of gum disease - Non-surgical once every two years. Surgical once every three years.</li> <li>Oral Surgery: Simple extractions.</li> <li>Oral Surgery: Surgical extractions.</li> </ul>	80%*	80%*	80%*
<b>Major Services</b>			
<ul style="list-style-type: none"> <li>Prosthodontics: Bridges, partial dentures, complete dentures - 5-year waiting period for replacement last performed.</li> <li>Bridge and Denture Repair: Repair of such appliances to their original condition, including relining of dentures.</li> <li>Implants: 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.</li> <li>Restorative: Crowns and onlays - 5-year waiting period for replacement last performed.</li> </ul>	50%*	50%*	50%*
<b>Orthodontic Services</b>			
<ul style="list-style-type: none"> <li>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.</li> </ul>	50%	50%	50%

\*Deductible applies to these services. / Dependent Age Limit: 26 / Predetermination recommended for services over \$250.

**BENEFITS ARE SUBJECT TO ALL PROVISIONS, TERMS & CONDITIONS OF THE GROUP CONTRACT**

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.
- Non-Participating Dentist** -- Payment is based on the Premier Maximum Reimbursable Amount (MRA), filed fee, or the fee actually charged, whichever is less.

To Find A Dentist - [www.deltadentalaz.com](http://www.deltadentalaz.com)

Customer Service Phone # 1.800.352.6132