DELTA DENTAL

Delta Dental PPO plus Premier

Maricopa County

Benefit-year Maximum: $2,000 per member
Deductibles: $50 per member | $100 per family
Orthodontic Lifetime Maximum: $3,000 per member

Effective:7/01/2020
Group: # 4500

Routine Services/Preventive Services (Does not apply toward the Annual Benefit Maximum)			
DIAGNOSTIC: **Exams, evaluations or consultations:** Two in a benefit year **X-rays:** Full Mouth/Panorex or vertical bitewings (Once in a 3-year period) Bitewing (Twice in a benefit year) | Periapicals PREVENTIVE: **Routine Cleanings:** Limited to two in a benefit year, or one difficult cleaning may be exchanged for one routine cleaning. However, the difficult cleaning is limited to not more than once in a 5-year period. **Topical Application of Fluoride:** Children to the age of 18 – Two in a benefit year **Space Maintainers**: For missing posterior baby teeth up to age 19 **Sealants:** For children (Once per 3-year period for permanent molars & bicuspids up to age 19) EMERGENCY (Palliative Treatment): Treatment for the relief of pain	100%		
Basic Services (Deductible Applies)	**Year 1**	**Year 2**	**Year 3**
RESTORATIVE: **Fillings:** Silver amalgam; and for front teeth only, composite fillings (Once per surface every 2 years) **Stainless Steel Crowns:** For baby teeth only ENDODONTICS: Root Canal Treatment (Permanent Teeth) once per tooth per lifetime | Pulpotomy (Baby Teeth) PERIODONTICS: **Treatment of Gum Disease:** Non-surgical - Once every 2 years | Surgical - Once every 3 years **Periodontal Maintenance:** Following periodontal treatment (limited to two cleanings per year in addition to routine cleanings) ORAL SURGERY: Extractions	80%[1]	85%[1]	90%[1]
Major Services (Deductible Applies)	**Year 1**	**Year 2**	**Year 3**
RESTORATIVE: Crowns | Onlays | Inlays - 5-year waiting period for replacement last performed; Synthetic Posterior Fillings – Once per surface per 2-year period PROSTHODONTICS: Bridges | Partial Dentures | Complete Dentures - 5-year waiting period for replacement last performed. Does not provide for lost, misplaced or stolen bridges or dentures BRIDGE & DENTURE REPAIR: Repair of such appliances to their original condition, including relining of dentures. IMPLANTS: Implants are only a benefit to replace a single missing tooth, bounded by teeth on each side. Limited to a maximum of **$1,000** per tooth, per lifetime & is applied toward the patient's annual maximum.	50%[1]	55%[1]	60%[1]
Orthodontic Services			
Benefit for adults & children, age 8 or older. Payable in two payments – upon initial banding and 12 months after. The orthodontic maximum is $3,000 and is separate from the annual maximum for your other dental benefits.	50%		

[1] Under this incentive dental plan, if the member does not receive preventive dental services every year, benefits will reduce to Year 1 co-insurance benefits.

BENEFITS SUBJECT TO ALL PROVISIONS, TERMS & CONDITIONS OF THE PLAN DESCRIPTION

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PROGRESSIVE/REGRESSIVE FEATURE[1]

YEAR 1 – Base Plan	In-Network	Out-of-Network
Preventive & Diagnostic Care	100%	0%
Basic Restorative Care	80%	20%
Major Restorative Care	50%	50%
Orthodontia	50%	50%
YEAR 2 – Base Plan	**In-Network**	**Out-of-Network**
Preventive & Diagnostic Care	100%	0%
Basic Restorative Care	85%	15%
Major Restorative Care	55%	45%
Orthodontia	50%	50%
YEAR 3 – Base Plan	**In-Network**	**Out-of-Network**
Preventive & Diagnostic Care	100%	0%
Basic Restorative Care	90%	10%
Major Restorative Care	60%	40%
Orthodontia	50%	50%

[1] If the member does not receive preventive dental services every year, benefits will reduce to Year 1 co-insurance benefits.

DENTIST PAYMENTS

The Delta Dental PPO plus Premier plan leverages the PPO and Premier networks. This provides all the benefits of Delta Dental PPO plan with a plus—members that visit a dentist in the Premier network still receive the benefit of that dentist's contracted fee.

- **PPO Dentist** – These in-network dentists agreed to accept lower reimbursement for services so members save the most money.
- **Premier Dentist** – These in-network dentists also accept discounted reimbursement for services, but their discount is not as steep.
- **Out-of-Network Dentist** – These dentists have not agreed to discount their rates for service, so members who see an out-of-network dentist will have the highest out-of-pocket costs. Members are responsible for paying the full fee charged by the dentist and can submit for reimbursement at the non-participating table of allowance.

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