

Covered Services	Delta Dental		Non Delta Dental Dentist ¹
	PPO Dentist	Premier Dentist	
Annual Maximum Benefit (Combination of in and out-of-network)	\$2,000	\$2,000	\$2,000
Lifetime Orthodontia Maximum (Combination of in and out-of-network)	\$2,000	\$2,000	\$2,000
Annual Deductible (Individual/Family) (Combination of in and out-of-network)	\$50/150	\$50/150	\$50/150
Preventive Services			
<ul style="list-style-type: none"> Exams, evaluations or consultations: 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. 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. Topical Application of Fluoride: For children to age 18 - Two in a benefit year. Space Maintainers: For missing posterior primary (baby) teeth up to age 14. Sealants: For children up to age 19 - Once in a 3-year period for permanent molars and bicuspid. 	100%	100%	80%
Basic Services			
<ul style="list-style-type: none"> Fillings: Silver amalgam and/or synthetic tooth color fillings. One per surface every two years. Stainless Steel Crowns 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. Oral Surgery: Simple extractions. Oral Surgery: Surgical extractions. 	80% ²	80% ²	60% ²
Major Services			
<ul style="list-style-type: none"> Prosthodontics: Bridges, partial dentures, complete dentures - 5-year waiting period for replacement last performed. Bridge and 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 \$1000 per tooth, per lifetime and is applied to the patient's annual maximum benefit. Restorative: Crowns and onlays - 5-year waiting period for replacement last performed. 	50% ²	50% ²	40% ²
Orthodontic Services			
<ul style="list-style-type: none"> Benefit for adults and children. 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. 	50%	50%	50%

¹ Members may incur higher out-of-pocket costs when seeing a Non Delta Dental dentist.

² Deductible applies to these services.

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

Dependent Age Limit: 24 | Predetermination recommended for services over \$250.

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 Delta Dental 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.

To Find A Dentist - www.deltadentalaz.com

Customer Service Phone # 1.800.352.6132