

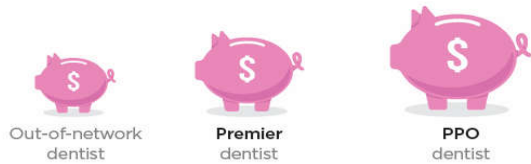


# DELTA DENTAL PPO PLUS PREMIER<sup>®</sup>

## UNLEASH YOUR SMILE POWER<sup>™</sup>

### Why Go PPO

You may visit any licensed dentist, but you will save the most money by visiting a PPO dentist. That's because PPO dentists agree to accept lower reimbursements for services.



### Find A Dentist

It's easy to find a Delta Dental dentist near you with our provider search tool at [deltadentalaz.com](http://deltadentalaz.com) or in the Delta Dental Mobile App.

### Easy Benefits Coordination

If you're covered under two plans, ask your dentist to include information about both plans with your claim, and we'll handle the rest.

### No ID Card Necessary

Just give your dental office your name and member ID. Don't know your member ID? Pull up an electronic ID card on your smartphone at the dentist's office by logging in to the Delta Dental Mobile App.

### Download The Mobile App

Access your benefits and view your ID card on-the-go with the Delta Dental Mobile App. It's free for Android and iOS!

### Know Your Coverage

New to the Delta Dental PPO plan? This plan covers treatment started and completed after your plan's effective date of coverage.<sup>1</sup> Your benefit summary and benefit booklet have specific details about covered treatments.

### Register Online

Sign up for the Member Connection at [deltadentalaz.com/member](http://deltadentalaz.com/member) to view benefits, eligibility and claims status or to check average dental costs in your area. You can also update your delivery preference for dental benefits statements (EOBs) and go paperless!

### Understand Common Dental Terms

It's our goal to make your benefits simple to use and easy to understand. Here are some common terms defined:

- **Annual Maximum** - The maximum dollar amount Delta Dental will pay toward the cost of dental care within a specific benefit period.
- **Deductible** - The amount you pay for covered dental services before Delta Dental begins to pay.
- **Coinsurance** - The percentage of dental care expenses you pay after your deductible.
- **Predetermination** - A pre-treatment estimate that helps determine the cost of a recommended dental treatment.

<sup>1</sup> Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier will be responsible for any costs. Group-specific and other exceptions may apply. Enrollees currently undergoing active orthodontic treatment may be eligible to continue treatment. Refer to your benefit booklet for specific details about your plan.

**DELTA DENTAL PPO PLUS PREMIER®**

Covered Services	PPO Dentist	Premier® Dentist and Out-of-Network Dentist <sup>1</sup>
<b>Calendar Year Maximum Benefit</b> (Combination of in and out-of-network)		\$2,000
<b>Calendar Year Deductible (Individual/Family)</b> (Combination of in and out-of-network)		\$50/150
<b>Lifetime Orthodontia Maximum</b> (Combination of in and out-of-network)		Child \$2,000
 <b>Preventive Services</b> (Does not apply toward the Annual Maximum Benefit)	<i>Delta Dental Pays</i>	
Exams	100%	100%
Routine Cleanings		
Fluoride: For children to age 19		
Sealants: For children up to age 19		
X-rays		
Emergency Treatment		
Space Maintainers		
 <b>Basic Services</b>	<i>Delta Dental Pays</i>	
Fillings	100% <sup>2</sup>	100% <sup>2</sup>
Biopsies of hard or soft oral tissue		
Endodontics: Root canal treatment		
Periodontics: Treatment of gum disease		
Oral Surgery: Simple extractions.		
Oral Surgery: Surgical extractions.		
 <b>Major Services</b>	<i>Delta Dental Pays</i>	
Prosthodontics: Bridges, partial dentures, complete dentures	50% <sup>2</sup>	50% <sup>2</sup>
Bridge and Denture Repair		
Restorative: Crowns and onlays		
Implants		
 <b>Orthodontic Services</b>	<i>Delta Dental Pays</i>	
Benefit for children ages 8-19. Children must be banded prior to age 17.	50%	50%

<sup>1</sup> Members may incur higher out-of-pocket costs when seeing a Premier or out-of-network dentist. See Covered Dental Services sheet.

<sup>2</sup> Deductible applies to these services.

**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](http://deltadentalaz.com/member)

**Find A Dentist**  
[deltadentalaz.com/provider-search](http://deltadentalaz.com/provider-search)

**Customer Service**  
 602.938.3131, option 1  
 800.352.6132, option 1

## COVERED DENTAL SERVICES

### PREVENTIVE SERVICES

- Exams, evaluations or consultations: Oral exams and problem focused exams; no more than twice in a plan year
- Routine Cleanings: Limited to two in a plan year.
- Topical Application of Fluoride: Topical fluoride treatment for a child under age 19, twice in a plan year.
- Sealants: For a child under age 19, which are applied to non-restored, non-decayed first and second permanent molars, once per tooth.
- Full mouth/Panorex or vertical bitewings X-rays: Once in a 3-year period.
- Bitewing X-rays: Twice in a plan year.
- Periapical X-rays: As needed.
- Emergency (Palliative Treatment): Treatment for the relief of pain.
- Space Maintainers: For missing posterior primary (baby) teeth up to age 14.

### BASIC SERVICES (Deductible applies to these services.)

- Fillings: Replacement of an existing amalgam filling or resin based composite filling but only if: at least 24 months have passed since the existing filling was placed; or a new surface of decay is identified on that tooth.
- Endodontics: Root canal treatment (permanent teeth) but not more than once every 3 years for same tooth. Pulpotomy primary (baby) teeth.
- Periodontics: Treatment of gum disease - Non-surgical once every two years. Surgical once every three years.
- Periodontal Maintenance: Following periodontal treatment, interchangeable with routine cleanings (limited to two times in a plan year, less the number of cleanings received during the plan year).
- Oral Surgery: Simple and Surgical extractions.
- Biopsies of hard or soft oral tissue.
- Therapeutic pulpotomy (excluding final restoration)
- Apexification and Recalcification.

### MAJOR SERVICES (Deductible applies to these services.)

- Implant- Implants are only a benefit to replace a single missing tooth once in a five (5) year interval from the date the procedure was last performed.
- Bridge and Denture Repair: Repair of such appliances to their original condition, including relining of dentures.
- Restorative: Crowns and onlays - 5-year waiting period for replacement last performed.

### 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

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.

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