

Delta Dental PPO plus Premier Maricopa County Plan Year 1/1/24 - 12/31/24

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

Effective: 1/1/2024
Group: # 14500

Routine Services/Preventive Services (Does not apply toward the Annual Benefit Maximum)			
<p>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</p> <p>PREVENTIVE: Routine Cleanings: Limited to three 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. Including alternative preventive toothpastes and gels containing nano hydroxy-apatite, for adults and children. Space Maintainers: For missing posterior baby teeth up to age 19 Sealants: For children (Once per 3-year period for permanent molars & bicuspid up to age 19) EMERGENCY (Palliative Treatment): Treatment for the relief of pain</p>	100%		
Basic Services (Deductible Applies)	Year 1	Year 2	Year 3
<p>RESTORATIVE: Fillings: Silver amalgam; and for front teeth only, composite fillings (Once per surface every 2 years) Stainless Steel Crowns: For baby teeth only</p> <p>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</p>	80% ¹	85% ¹	90% ¹
Major Services (Deductible Applies)	Year 1	Year 2	Year 3
<p>RESTORATIVE: Crowns Onlays Inlays - 5-year waiting period for replacement last performed; Synthetic Posterior Fillings - Once per surface per 2-year period. Cosmetic Crowns and Crowns with Wear are covered for Members with 3 years proven adherence to Preventive Care. 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: Including Cone Beam CT (3D scan). Limited to a maximum of \$1,000 per tooth, per lifetime & is applied toward the patient's annual maximum.</p>	50% ¹	55% ¹	60% ¹
Orthodontic Services			
<p>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.</p>	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

PROGRESSIVE/REGRESSIVE FEATURE¹

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