



DELTA DENTAL PPO PLUS PREMIER[®]

UNLEASH YOUR SMILE POWER[™]

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 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.¹ Your benefit summary and benefit booklet have specific details about covered treatments.

Register Online

Sign up for the Member Connection at 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.

¹ 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.



TOWN OF MARANA

Effective Date: 07/01/2018

Plan Name: Delta Dental PPO plus Premier®

Group # 4559 Plus Plan

Your benefits are based on a Contract Year

DELTA DENTAL PPO PLUS PREMIER®

Covered Services	PPO Dentist and Premier® Dentist	Out-of-Network Dentist ¹
Contract Year Maximum Benefit (Combination of in and out-of-network)	\$2,500	
Contract Year Deductible (Individual/Family) (Combination of in and out-of-network)	\$50/150	\$100/300
Lifetime Orthodontia Maximum (Combination of in and out-of-network)	Adult and Child \$2,000	
 Preventive Services (Does not apply toward the Annual Maximum Benefit)	<i>Delta Dental Pays</i>	
Exams	100%	80%
Routine Cleanings		
Fluoride: For children to age 15		
Sealants: For children up to age 16		
X-rays		
Harmful Habit Appliance		
Space Maintainers		
 Basic Services	<i>Delta Dental Pays</i>	
Fillings	80% ²	
Emergency Treatment		
Stainless Steel Crowns		
Endodontics: Root canal treatment		
Periodontics: Treatment of gum disease		
Oral Surgery: Simple and Surgical extractions.		
Prosthodontics: Re-cementing of Bridges, Crowns and Inlays.		
 Major Services	<i>Delta Dental Pays</i>	
Prosthodontics: Bridges, partial dentures, complete dentures	60% ²	50% ²
Bridge and Denture Repair		
Periodontics: Treatment of gum disease		
Implants		
TMJ		
Restorative: Crowns, onlays, inlays and veneers		
 Orthodontic Services	<i>Delta Dental Pays</i>	
Benefit for children ages 8-26. Children must be banded prior to age 24.	50%	50%

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

² 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

Find A Dentist
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: Two in a benefit year.
- Routine Cleanings: Limited to any combination of three per year for regular or periodontal cleanings. One difficult/extended cleaning may be exchanged for one routine cleaning. However, the difficult/extended cleaning is limited to no more than once in a 5-year period. A periodontal cleaning is not deemed to be a difficult/extended cleaning.
- Topical Application of Fluoride: For children to age 15 - Two in a benefit year.
- Sealants: For children up to age 16 - Once in a 3-year period for permanent molars and bicuspid.
- Full mouth/Panorex or vertical bitewings X-rays: Once in a 5-year period.
- Bitewing X-rays: Two in a benefit year.
- Periapical X-rays: Two in a benefit year.
- Harmful Habit Appliance: One per person to the age of 16.
- Space Maintainers: For missing posterior primary (baby) teeth up to age 14.

BASIC SERVICES (Deductible applies to these services.)

- Fillings: Silver amalgam and synthetic tooth color fillings. One per surface every two years.
- Emergency (Palliative Treatment): Treatment for the relief of pain.
- Stainless Steel Crowns: For primary (baby) teeth only.
- Endodontics: Root canal treatment (permanent teeth). Pulpotomy primary (baby) teeth.
- Periodontics: Treatment of gum disease - Non-surgical once every two years.
- Oral Surgery: Simple and Surgical extractions.
- Prosthodontics: Re-cementing of Bridges, Crowns and Inlays.

MAJOR SERVICES (Deductible applies to these services.)

- 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.
- Periodontics: Treatment of gum disease - Surgical once every three years.
- 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.
- TMJ: \$1000 lifetime maximum - applies toward the contract year maximum benefit.
- Restorative: Crowns, inlays, onlays and labial veneers - 5-year waiting period for replacement last performed.

ORTHODONTIC SERVICES

- Benefit for adults and children ages 8 to 26. Must be banded prior to age 24. 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.