



Covered Services	Delta Dental		Non Delta Dental Dentist
	PPO Dentist	Premier Dentist	
Annual Benefit Maximum	\$1,500	\$1,500	\$1,500
Annual Deductible (Individual/Family)	\$50/150	\$50/150	\$50/150
Routine Services			
Diagnostic Exams, evaluations or consultations: (Two (2) in a benefit year) X-rays: Full Mouth/Panorex or vertical bitewings (Once in a three (3) year period), Bitewing (Two (2) in a benefit year) Periapicals Preventive Routine Cleanings: (Limited to three (3) 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 five (5) year period.) Topical Application of Fluoride: (children to the age of eighteen (18) –Two (2) in a benefit year) Space Maintainers: (For missing posterior primary (baby) teeth up to age fourteen (14) Sealants: for Children (Once per three (3) year period for permanent molars & bicuspids up to age nineteen (19)	100%	100%	100%
Basic Services			
Restorative Fillings: Silver amalgam & for front teeth only, synthetic tooth color fillings (Once per surface every two (2) years) Stainless Steel Crowns: (For primary (baby) teeth only) Oral Surgery: Simple extractions Emergency (Palliative Treatment): Treatment for the relief of pain	80%*	80%*	80%*
Major Services			
Endodontics: Root Canal Treatment (Permanent Teeth) Pulpotomy (Primary (baby) Teeth) Periodontics: Treatment of Gum Disease: Non-surgical - Once every two (2) years Surgical - Once every three (3) years Oral Surgery: Surgical extractions and surgical procedures Restorative: Crowns Onlays - five (5) year waiting period for replacement last performed. Prosthodontics: Bridges Partial Dentures Complete Dentures - five (5) year waiting period for replacement last performed. 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%*	50%*	50%*

*Deductible applies to these services / Dependent Age Limit: 26 / Predetermination recommended for services over \$250.

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

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 of dentists to choose from.

Delta Dental PPO Dentist – Payment is based on the PPO dentist’s allowable fee, or the actual fee charged, whichever is less.

Delta Dental 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



Arizona Small Business Association

Delta Dental of Arizona

Delta Dental PPO Plus Premier Provider Network

Benefits Effective: January 1, 2012

Rates
Effective January 1, 2012

Rates	Premium/Month
<i>Employee:</i>	\$38.16
<i>Employee +Spouse:</i>	\$78.44
<i>Employee +Child(ren):</i>	\$87.32
<i>Employee +Family:</i>	\$144.17