

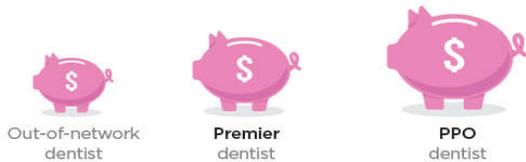


# DELTA DENTAL PPO®

## 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](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.



Your benefits are based on your plan year, 7/1/2020-6/30/2021.

| <b>DELTA DENTAL PPO<sup>SM</sup></b>   |   |
|--|---|
| <b>Covered Services</b>  | <b>PPO Dentist, Premier<sup>®</sup> Dentist and Out-of-Network Dentist <sup>1</sup></b> |
| <b>Calendar Year Maximum Benefit</b> (Combination of in and out-of-network)  | \$1,500   |
| <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)   | Adult & Child \$2,000   |
|  <b>Preventive Services</b> (Does not apply toward the Annual Maximum Benefit) | <i>Delta Dental Pays</i>  |
| Exams  | 100%  |
| Routine Cleanings  |   |
| Fluoride: For children to age 18   |   |
| X-rays   |   |
| Sealants: For children up to age 19  |   |
| Emergency Treatment  |   |
|  <b>Basic Services</b>   | <i>Delta Dental Pays</i>  |
| Fillings   | 80% <sup>2</sup>  |
| Endodontics: Root canal treatment  |   |
| Periodontics: Treatment of gum disease   |   |
| Oral Surgery: Simple extractions and Surgical extractions  |   |
| Bridge and Denture Repair  |   |
|  <b>Major Services</b>   | <i>Delta Dental Pays</i>  |
| Implants   | 50% <sup>2</sup>  |
| Restorative: Crowns, inlays and onlays   |   |
| Prosthodontics: Bridges, partial dentures, complete dentures   |   |
|  <b>Orthodontic Services</b>   | <i>Delta Dental Pays</i>  |
| Benefit for adults and children age 8 and older.   | 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

**Find A Dentist**  
deltadentalaz.com/provider-search

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

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## COVERED DENTAL SERVICES

### PREVENTIVE SERVICES (Does not apply towards the annual maximum benefit.)

- Exams, evaluations or consultations: Two in a benefit year.
- 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.
- Evidenced-Based Third Cleaning: A third routine cleaning per benefit year is allowed for covered persons who are pregnant or diagnosed with diabetes, high risk cardiac conditions, head and neck radiation, renal dialysis or suppressed immune systems.
- Topical Application of Fluoride: For children to age 18 - 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.
- Occlusal X-rays: For children to age 8. Two in a 24-month period.
- Sealants: For children up to age 19 - Once in a 2 year period for permanent molars and bicuspid.
- Emergency (Palliative Treatment): Treatment for the relief of pain.
- Space Maintainers: For missing posterior primary (baby) teeth up to age 18. Once in a 3-year period.
- Limited Problem Focused Oral Evaluation: 1 service per 12 months.
- Detailed Problem Focused Oral Evaluation: 1 service per 12 months.

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

- Fillings: Silver amalgam and for front teeth only, synthetic tooth color fillings. One per surface every two years.
- 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 and Surgical extractions
- Bridge and Denture Repair: Repair of such appliances to their original condition, including relining of dentures.
- General Anesthesia and/or Nitrous Oxide and/or IV Sedation

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

- Prosthodontics: Bridges, partial dentures, complete dentures - 5-year waiting period for replacement last performed.
- 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.
- Restorative: Crowns, inlays and onlays - 5-year waiting period for replacement last performed.

### ORTHODONTIC SERVICES

- Benefit for adults and children age 8 and older. 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 plan** leverages the PPO network. While members can see any licensed dentist, they'll have the lowest out-of-pocket costs when they see a PPO dentist.

- **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. Members can be billed for the difference between the PPO dentist fee and the Premier dentist fee.
- **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**