**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.

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**Find A Dentist**
It’s easy to find a Delta Dental dentist near you with our provider search tool at deltaentalaz.com or in the Delta Dental Mobile App.

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**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.

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

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**Register Online**
Sign up for the Member Connection at deltaentalaz.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!

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**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.

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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.

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**Out-of-network dentist**
**Premier dentist**
**PPO dentist**

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**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!

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*Arizona Dental Insurance Service, Inc. dba Delta Dental of Arizona
Pima County Group #32401*
DELTA DENTAL PPO PLUS PREMIER

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>PPO Dentist</th>
<th>Premier® Dentist and Out-of-Network Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Maximum Benefit (Combination of in and out-of-network)</td>
<td>$2,000</td>
<td></td>
</tr>
<tr>
<td>Calendar Year Deductible (Individual/Family) (Combination of in and out-of-network)</td>
<td>$50/150</td>
<td></td>
</tr>
<tr>
<td>Lifetime Orthodontia Maximum (Combination of in and out-of-network)</td>
<td>Adult &amp; Child Unlimited Maximum</td>
<td></td>
</tr>
</tbody>
</table>

**Preventive Services** (Does not apply toward the Annual Maximum Benefit)

<table>
<thead>
<tr>
<th>Service</th>
<th><strong>Delta Dental Pays</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Exams</td>
<td>Delta Dental Pays</td>
</tr>
<tr>
<td>Routine Cleanings</td>
<td>Delta Dental Pays</td>
</tr>
<tr>
<td>Evidence-Based Third Cleaning</td>
<td>Delta Dental Pays</td>
</tr>
<tr>
<td>Fluoride</td>
<td>Delta Dental Pays</td>
</tr>
<tr>
<td>Sealants: For children up to age 13 and under.</td>
<td>Delta Dental Pays</td>
</tr>
<tr>
<td>X-rays</td>
<td>Delta Dental Pays</td>
</tr>
<tr>
<td>Space Maintainers</td>
<td>Delta Dental Pays</td>
</tr>
</tbody>
</table>

**Basic Services**

<table>
<thead>
<tr>
<th>Service</th>
<th><strong>Delta Dental Pays</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Fillings</td>
<td>Delta Dental Pays</td>
</tr>
<tr>
<td>Emergency Treatment</td>
<td>Delta Dental Pays</td>
</tr>
<tr>
<td>Endodontics: Root canal treatment</td>
<td>Delta Dental Pays</td>
</tr>
<tr>
<td>Periodontics: Treatment of gum disease</td>
<td>Delta Dental Pays</td>
</tr>
<tr>
<td>Bridge and Denture Repair</td>
<td>Delta Dental Pays</td>
</tr>
<tr>
<td>Oral Surgery: Simple and surgical extractions.</td>
<td>Delta Dental Pays</td>
</tr>
<tr>
<td>Occlusal Guards</td>
<td>Delta Dental Pays</td>
</tr>
<tr>
<td>Therapeutic Drugs</td>
<td>Delta Dental Pays</td>
</tr>
<tr>
<td>Desensitization</td>
<td>Delta Dental Pays</td>
</tr>
</tbody>
</table>

**Major Services**

<table>
<thead>
<tr>
<th>Service</th>
<th><strong>Delta Dental Pays</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prosthodontics: Bridges, partial dentures, complete dentures</td>
<td>Delta Dental Pays</td>
</tr>
<tr>
<td>Implants</td>
<td>Delta Dental Pays</td>
</tr>
<tr>
<td>Restorative: Crowns and onlays</td>
<td>Delta Dental Pays</td>
</tr>
<tr>
<td>Inlays</td>
<td>Delta Dental Pays</td>
</tr>
</tbody>
</table>

**Orthodontic Services**

<table>
<thead>
<tr>
<th>Service</th>
<th><strong>Delta Dental Pays</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit for adults and children age 8 and older.</td>
<td>Delta Dental Pays</td>
</tr>
</tbody>
</table>

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: Limited to One per provider and two in a benefit year.
- Routine Cleanings: Limited to two in a benefit year.
- 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: Two in a benefit year.
- Sealants: For children age 13 and under - Limited to one of any of these procedures per 3 years. Benefits are considered for persons age 13 and under on permanent molars only. Coverage is allowed on the occlusal surface only.
- Full mouth/Panorex or vertical bitewings X-rays: Once in a six-month period.
- Bitewing X-rays: Two in a benefit year.
- Periapical X-rays: As needed.
- Space Maintainers: Coverage is limited to space maintenance for unerupted teeth, following extraction of primary teeth. Allowances include all adjustments within 6 months of placement date.

BASIC SERVICES (Deductible applies to these services.)
- Fillings: Silver amalgam and synthetic tooth color fillings.
- Difficult Cleaning: Limited to once in a 5-year period and is not interchangeable with routine cleanings.
- Emergency (Palliative Treatment): Treatment for the relief of pain.
- 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.
- Periodontal Maintenance: Two cleanings per benefit year.
- Bridge and Denture Repair: Repair of such appliances to their original condition, including relining of dentures.
- Oral Surgery: Simple extractions and Surgical extractions.
- Occlusal Guards: Once in a 3-year period, not allowed for athletic purposes.
- Therapeutic Drugs.
- Desensitization: coverage limited to necessary placement resulting from decay or replacement due to existing unserviceable restorations.

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 and onlays - 5-year waiting period for replacement last performed.
- Inlays: Inlays will be considered at an alternate benefit of an amalgam/composite restoration and only when resulting from caries (tooth decay) or traumatic injury.

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 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