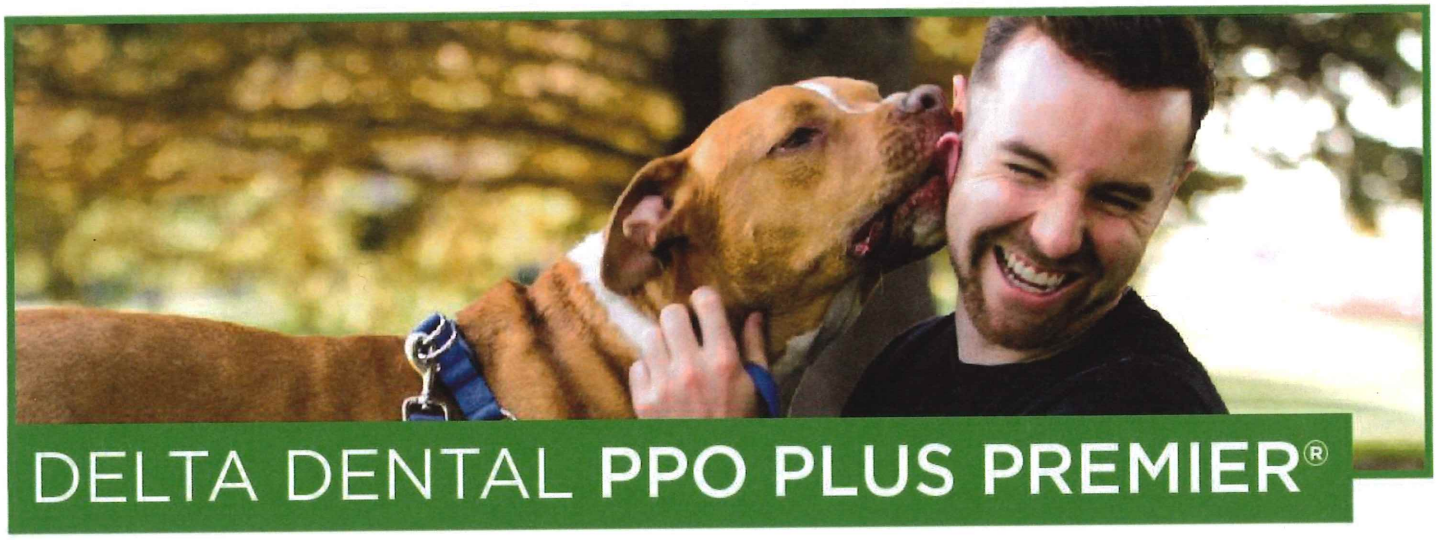
DELTA DENTAL

Delta Dental of Arizona
DeltaDentalAZ.com



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.

DELTA DENTAL

YUMA COUNTY
Effective Date: 07/01/2017
Plan Name: PPO plus Premier®
Group: #6156

DELTA DENTAL PPO PLUS PREMIER®

Covered Services	PPO Dentist	Premier and Out-of-Network Dentist [1]
Annual Maximum Benefit (Combination of in and out-of-network)	$2,500	$2,500
Annual Deductible (Individual/Family) (Combination of in and out-of-network)	$50/150	$50/150
Lifetime Orthodontia Maximum (Combination of in and out-of-network)	Child $1,000	Child $1,000
Preventive Services (Does not apply toward the Annual Maximum Benefit)	*Delta Dental Pays*	
Exams	100%	100%
Routine Cleanings		
Fluoride: For children to age 18		
X-rays		
Space Maintainers		
Basic Services	*Delta Dental Pays*	
Sealants: For children up to age 19	80% [2]	80% [2]
Fillings		
Stainless Steel Crowns		
Emergency Treatment		
Oral Surgery: Simple extractions.		
Oral Surgery: Surgical extractions.		
Major Services	*Delta Dental Pays*	
Endodontics: Root canal treatment	50% [2,3]	50% [2,3]
Periodontics: Treatment of gum disease		
Prosthodontics: Bridges, partial dentures, complete dentures		
Bridge and Denture Repair		
Implants		
Restorative: Crowns and onlays		
Orthodontic Services	*Delta Dental Pays*	
Benefit for children ages 8-19. Children must be banded prior to age 17.	50% [3]	50% [3]

[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.
[3] Waiting period may apply. See Covered Dental Services sheet.

YOUR BENEFITS ARE BASED ON A CALENDAR YEAR
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

Using Your Benefits

1. Using Your Benefits
2. Choose a dentist
3. Make an appointment
4. Visit dentist for service