

Delta Dental PPO Plus Premier

Benefit Year: January 1, 2011 to December 31, 2011

Benefit Year Maximum: \$2,000 per person

Deductibles: \$50/\$150

Diagnostic and Routine Services Covered at 100%:

Diagnostic: Exams, evaluations or consultations (twice in a benefit year).

X-rays: Full mouth/Panorex or vertical bite wings (once in a 3-year period), bitewing (twice in a benefit year), and Periapical.

Preventive: Routine cleanings (limited to twice in a benefit year, or 1 difficult cleaning may be exchanged for 1 routine cleaning. However, the difficult cleaning is limited to not more than once in a 5-year period). Topical application of fluoride (twice in a benefit year up to age 18), space maintainers (for missing posterior primary (baby) teeth up to age 14).

Basic Services Covered at 80%:

Restorative: Fillings (silver amalgam, or synthetic tooth colored fillings), stainless steel crowns (for primary (baby) teeth only), sealants for children (once per 3-year period for permanent molars and bicuspids up to age 19).

Endodontics: root canal treatment and pulpotomy (primary (baby) teeth).

Periodontics: Treatment of gum disease (non-surgical, once every 2 years. Surgical once every 3 years).

Oral Surgery: Extractions, general anesthesia (for surgical extractions or other surgical procedures performed in a dental office).

Emergency: Treatment for the relief of pain.

Major Services Covered at 50%:

Prosthodontics: Bridges, partial dentures, and complete dentures.

Restorative: Crowns and onlays.

Bridge & Denture Repair: Repair of such appliances to their original condition including relining of dentures.

Replacement: Replacements are covered once every 5 years for all major services from date last performed. Does not provide for lost, misplaced or stolen bridges or dentures.

Orthodontics Services Covered at 50% :

Benefit available for both adults and children. Lifetime

Orthodontia benefit is limited to a maximum of \$1,500 per patient - payable in two (2) payments - upon initial banding and 6 months after. This maximum is separate from the benefit year maximum for your other dental benefits.

Local Claims & Customer Service

602-938-3131 • 800-352-6132

P.O. Box 43000, Phoenix, AZ 85080-3000

Benefits are subject to all provisions, terms & conditions of the group contract.

- Deductibles do not apply for routine services
- Routine services are subject to benefit year maximums
- No waiting periods
- Access to Arizona's largest network
- No missing tooth clause
- Third cleaning option available
- Claims filed by participating dentists

