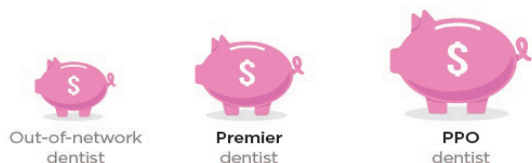




# UNLEASH YOUR SMILE POWER™

## 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](https://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 plus Premier 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](https://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.
- **Coinurance** – 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.

## Delta Dental PPO plus Premier®

### State of Arizona Active & University Employees and Retirees

**Annual Benefit Maximum:** \$2,000 per member  
**Deductibles:** \$50 per member | \$100 per member + 1 | \$150 per family  
**Orthodontic Lifetime Maximum:** \$1,500 per member

**Effective:** 01/01/2024  
**Group:** # 77777

Routine Services Preventive Services Class I (Does not apply toward the Annual Benefit Maximum)	
<b>DIAGNOSTIC:</b> <b>Exams, evaluations or consultations:</b> Two in a benefit year <b>X-rays:</b> Full Mouth/Panorex or vertical bitewings (Once in a 3-year period) Bitewing (Once in a benefit year)   Periapicals <b>PREVENTIVE:</b> <b>Routine Cleanings:</b> Limited to two 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 5-year period. <b>Topical Application of Fluoride:</b> Children to the age of 18 - Two in a benefit year Space Maintainers: For missing posterior baby teeth up to age 14	<b>100%</b>
Basic Services Class II	
<b>RESTORATIVE:</b> <b>Fillings:</b> Silver amalgam, composite fillings (Once per surface every 2 years) <b>Stainless Steel Crowns:</b> For baby teeth only <b>Sealants:</b> For children (Once per 3-year period for permanent molars & bicuspids up to age 19) <b>ENDODONTICS:</b> Root Canal Treatment (Permanent Teeth) once per tooth per lifetime   Pulpotomy (Baby Teeth) <b>PERIODONTICS:</b> <b>Treatment of Gum Disease:</b> Non-surgical - Once every 2 years   Surgical - Once every 3 years <b>ORAL SURGERY:</b> Extractions <b>EMERGENCY (Palliative Treatment):</b> Treatment for the relief of pain	<b>80%*</b>
Major Services Class III	
<b>RESTORATIVE:</b> Crowns   Onlays- 5-year waiting period for replacement last performed. <b>PROSTHODONTICS:</b> Bridges   Partial Dentures   Complete Dentures - 5-year waiting period for replacement last performed. <b>BRIDGE &amp; DENTURE REPAIR:</b> Repair of such appliances to their original condition including relining of dentures. <b>IMPLANTS:</b> Implants are only a benefit to replace a single missing tooth, bounded by teeth on each side. Limited to a maximum of <b>\$1,000</b> per tooth, per lifetime & is applied toward the patient's annual maximum.	<b>50%*</b>
Orthodontic Services	
<b>Benefit for adults &amp; children, age 8 or older. Payable in two payments - upon initial banding and 12 months after.</b> The orthodontic maximum is \$1,500 and is separate from the annual maximum for your other dental benefits.	<b>50%</b>

\*Deductible applies to these services / Predetermination recommended for services over \$250.

#### BENEFITS SUBJECT TO ALL PROVISIONS, TERMS & CONDITIONS OF THE PLAN DESCRIPTION

The Delta Dental PPO plus Premier plan leverages the PPO and Premier networks. This provides all the benefits of the 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 services, 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.

To Find a Dentist – [www.deltadentalaz.com/adoa](http://www.deltadentalaz.com/adoa)  
 Customer Service Phone # 866.9STATE9 or 866.978.2839