



# DENTAL PLAN OVERVIEW

Plan Year July 1, 2014 – June 30, 2015

| <b>Delta Dental of Arizona</b><br>www.deltadentalaz.com  |  |  |
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|  | Single   | Family                                   |
| <b>Total Premium</b>   | \$36.28/month  | \$102.72/month                           |
| <b>Employee Contribution:</b><br>Full Time and Council   | \$7.26/month<br><b>\$3.63 biweekly</b>   | \$20.54/month<br><b>\$10.27 biweekly</b> |
| <b>Employee Contribution:</b><br>Part Time Class Code B  | \$14.50/month<br><b>\$7.25 biweekly</b>  | \$41.08/month<br><b>\$20.54 biweekly</b> |
| <b>Plan Type</b>   | Self Funded Indemnity Plan   |  |
| <b>Network</b>   | Delta Dental of Arizona Premier Network<br>(includes Delta Dental PPO Network)               |  |
| <b>Dependent Eligibility</b>   | Spouse;<br>Unmarried dependent children to age 25  |  |
| <b>Plan Year</b>   | July 1 – June 30   |  |
| <b>Routine Services</b><br><i>Exams</i><br><i>Cleanings</i>  | No charge; 2 exams/cleanings per member per Plan Year  |  |
| <b>*Basic Services</b><br><i>Fillings</i><br><i>Routine Extractions</i><br><i>Endodontics</i><br><i>Periodontics</i><br><i>Emergency Treatment</i> | 20% coinsurance  |  |
| <b>*Major Services</b><br><i>Bridges</i><br><i>Crowns</i>  | 40% coinsurance  |  |
| <b>*Annual Deductible</b>  | \$50 per individual; \$150/family limit per Plan Year<br>Applies to Basic and Major Services |  |
| <b>Annual Maximum Benefit</b>  | \$1,500 per individual (per Plan Year)   |  |
| <b>Orthodontics</b>  | 50% benefit; \$1,000 lifetime maximum per member   |  |

The above information is intended to be a brief overview of benefits only. Please refer to the Summary Benefit Description for more detail.