DELTA DENTAL

TOWN OF GILBERT
Group # 4562
Delta Dental PPO plus Premier℠ Provider Network
Benefits Effective: July 1, 2016

Covered Services	Delta Dental		Non Delta Dental Dentist[1]
	PPO Dentist	Premier Dentist	
Annual Maximum Benefit (Combination of in and out-of-network) **Plan Year**	**$1,500**	**$1,500**	**$1,500**
Lifetime Orthodontia Maximum (Combination of in and out-of-network) **Plan Year**	**$1,000**	**$1,000**	**$1,000**
Annual Deductible (Individual/Family) (Combination of in and out-of-network) **Plan Year**	**$50/150**	**$50/150**	**$50/150**
Preventive Services (Does not apply toward the Annual Maximum Benefit)			
• Exams, evaluations or consultations: Two in a benefit year. • Full mouth/Panorex or vertical bitewings X-rays: Once in a 3-year period. • Bitewing X-rays: Two in a benefit year. • Periapical X-rays: As needed. • Routine Cleanings: Limited to two in a benefit year. One difficult cleaning may be exchanged for one routine cleaning. However, the difficult cleaning is limited to once in a 5-year period. • Topical Application of Fluoride: For children to age 18 - Two in a benefit year. • Space Maintainers: For missing posterior primary (baby) teeth up to age 14.	100%	100%	100%
Basic Services			
• Sealants: For children up to age 19 - Once in a 3-year period for permanent molars and bicuspids. • Fillings: Silver amalgam and/or synthetic tooth color fillings on all teeth. One per surface every two years. • Stainless Steel Crowns • 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. • Oral Surgery: Simple extractions. • Oral Surgery: Surgical extractions.	80%[2]	80%[2]	80%[2]
Major Services			
• Prosthodontics: Bridges, partial dentures, complete dentures - 5-year waiting period for replacement last performed. • Bridge and Denture Repair: Repair of such appliances to their original condition, including relining of dentures. • Implants: Implants are only a benefit to replace a single missing tooth bounded by teeth on each side. Limited to $1000 per tooth, per lifetime and is applied to the patient's annual maximum benefit. • Restorative: Crowns and onlays - 5-year waiting period for replacement last performed.	60%[2]	60%[2]	60%[2]
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.	50%	50%	50%

[1] Members may incur higher out-of-pocket costs when seeing a Non Delta Dental dentist.
[2] Deductible applies to these services.

BENEFITS ARE SUBJECT TO ALL PROVISIONS, TERMS & CONDITIONS OF THE GROUP CONTRACT
Dependent Age Limit: 25 | Predetermination recommended for services over $250.

You are enrolled in a Delta Dental PPO plus Premier plan. You and your family members may visit any licensed dentist. There are three levels to choose from:

- **PPO Dentist** -- Payment is based on the PPO dentist's allowable fee or the actual fee charged, whichever is less.
- **Premier Dentist** -- Payment is based on the Premier Maximum Reimbursable Amount (MRA), filed fee, or the fee actually charged, whichever is less.
- **Non Delta Dental Dentist** -- Payment is based on the non-participating dentist Table of Allowance. Members are responsible for the difference between the non-participating dentist Table of Allowance and the full fee charged by the dentist.

To Find A Dentist - www.deltadentalaz.com **Customer Service Phone # 1.800.352.6132**