



# DENTAL PLAN OVERVIEW

Plan Year July 1, 2016 – June 30, 2017

<b>Delta Dental of Arizona</b> www.deltadentalaz.com		
	Single	Family
<b>Total Premium</b>	\$40.40/month	\$114.35/month
<b>Employee Contribution:</b> Full Time and Council	\$ 8.08/month <b>\$ 4.04/ 2 x month</b>	\$ 22.87/month <b>\$ 11.44/ 2 x month</b>
<b>Employee Contribution:</b> Part Time Class Code B	\$16.16/month <b>\$ 8.08/ 2 x month</b>	\$ 45.74/month <b>\$ 22.87/ 2 x month</b>
<b>Plan Type</b>	Self Funded Indemnity Plan	
<b>Network</b>	Delta Dental of Arizona Premier Network (includes Delta Dental PPO Network)	
<b>Dependent Eligibility</b>	Spouse; Unmarried dependent children to age 25	
<b>Plan Year</b>	July 1 – June 30	
<b>Routine Services</b> <i>Exams</i> <i>Cleanings</i>	No charge; 2 exams/cleanings per member per Plan Year/Costs do not apply to annual maximum	
<b>*Basic Services</b> <i>Fillings</i> <i>Routine Extractions</i> <i>Endodontics</i> <i>Periodontics</i> <i>Emergency Treatment</i>	20% coinsurance	
<b>*Major Services</b> <i>Bridges</i> <i>Crowns</i>	40% coinsurance	
<b>*Annual Deductible</b>	\$50 per individual; \$150/family limit per Plan Year 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.