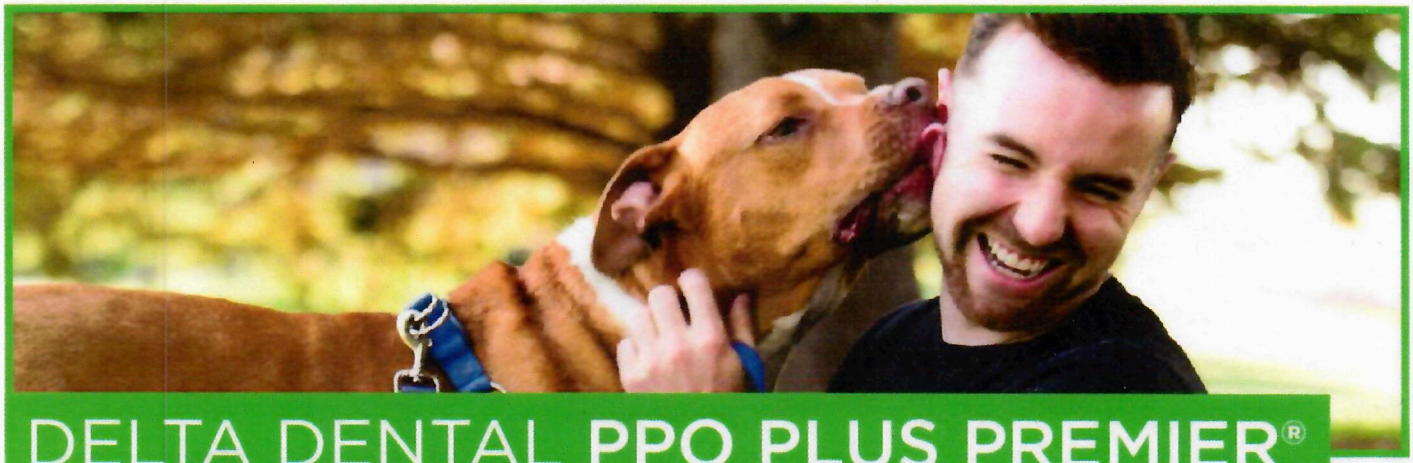
DELTA DENTAL

Delta Dental of Arizona
DeltaDentalAZ.com

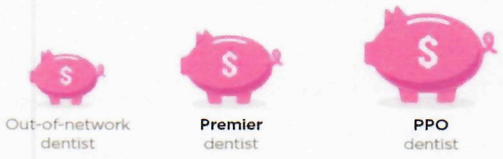


DELTA DENTAL PPO PLUS PREMIER®

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** 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 plan? This plan covers treatment started and completed after your plan's effective date of coverage.[1] Your benefit summary and benefit booklet have specific details about covered treatments.

Register Online

Sign up for the Member Connection at **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.
- **Coinsurance** – 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.

[1] 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.

Arizona Dental Insurance Service, Inc. dba Delta Dental of Arizona

DELTA DENTAL

COCONINO COUNTY
Effective Date: 07/01/2019
Plan Name: PPO plus Premier®
Base Plan – Group: #1331

DELTA DENTAL PPO PLUS PREMIER®

Covered Services	PPO and Premier Dentist	Out-of-Network Dentist [1]
Annual Maximum Benefit (Combination of in and out-of-network) Calendar	$1,000	$1,000
Annual Deductible (Individual/Family) (Combination of in and out-of-network)	$50/150	$50/150
Lifetime Orthodontia Maximum (Combination of in and out-of-network)	Child $1,000	Child $1,000
Preventive Services	*Delta Dental Pays*	
Exams	100%	100%
Routine Cleanings		
Fluoride: For children to age 18		
X-rays		
Space Maintainers		
Basic Services	*Delta Dental Pays*	
Sealants: For children up to age 19	80% [2]	80% [2]
Fillings		
Stainless Steel Crowns		
Emergency Treatment		
Endodontics: Root canal treatment		
Periodontics: Treatment of gum disease		
Oral Surgery: Simple extractions.		
Oral Surgery: Surgical extractions.		
Major Services	*Delta Dental Pays*	
Prosthodontics: Bridges, partial dentures, complete dentures	50% [2]	50% [2]
Bridge and Denture Repair		
Implants		
Restorative: Crowns, inlays and onlays		
Orthodontic Services	*Delta Dental Pays*	
Benefit for children ages 8-19. Children must be banded prior to age 17.	50%	50%

[1] Members may incur higher out-of-pocket costs when seeing an out-of-network dentist. See Covered Dental Services sheet.
[2] Deductible applies to these services.

YOUR BENEFITS ARE BASED ON A CALENDAR YEAR
BENEFITS ARE SUBJECT TO ALL PROVISIONS, TERMS & CONDITIONS OF THE GROUP CONTRACT
Dependent Age Limit: 26 | Predetermination recommended for services over $250

How can we help you?
Member Connection:
deltadentalaz.com/member
Find A Dentist:
deltadentalaz.com/provider-search
Customer Service:
602.938.3131, option 1
800.352.6132, option 1

Using Your Benefits

1. Using Your Benefits
2. Choose a dentist
3. Make an appointment
4. Visit dentist for service

DELTA DENTAL

COCONINO COUNTY
Effective Date: 07/01/2019
Plan Name: PPO plus Premier®
Base Plan – Group: #1331

COVERED DENTAL SERVICES

PREVENTIVE SERVICES

- Exams, evaluations or consultations: Two in a benefit year.
- Routine Cleanings: Limited to four 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. EBD
- Topical Application of Fluoride: For children to age 18 - 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.
- Space Maintainers: For missing posterior primary (baby) teeth up to age 14.

BASIC SERVICES (Deductible applies to these services.)

- Sealants: For children up to age 19 - Once in a 3-year period for permanent molars and bicuspids.
- Fillings: Silver amalgam and for front teeth only, synthetic tooth color fillings. 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.

MAJOR SERVICES (Deductible applies to these 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.
- Implant- 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, inlays and onlays - 5-year waiting period for replacement last performed.

ORTHODONTIC SERVICES

- Benefit for children ages 8-19. Children must be banded prior to age 17. 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.

DENTIST PAYMENTS

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.
- **Out-of-Network 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.

BENEFITS ARE SUBJECT TO ALL PROVISIONS, TERMS & CONDITIONS OF THE GROUP CONTRACT

DELTA DENTAL

Understanding Your Explanation of Benefits (EOB)

After a trip to the dentist's office, you'll likely receive an EOB from your dental benefits carrier explaining the procedures performed and what is covered by your dental plan.

A

This section contains subscriber and patient identification information, dentist name and the claim number, which you'll need to check on a claims status or dispute a claim.

B

The **Procedure Code** and **Procedure Description** explain the services received at the dentist's office.

C

Submit Amount is the amount the dentist charged for the services.

D

The **Approved Amount** shows Delta Dental's contracted fees for each procedure. **Allowed Amount** is the amount determined by the dental benefit plan. These amounts are often the same. If they differ, it's because of provisions in the contract your employer purchased.

E

If you have a procedure that is not completely covered by Delta Dental, the **Deductible Applied** is the amount applied to the service. You must pay the deductible before Delta Dental picks up its share of the tab (coinsurance).

F

Delta Dental Co-Pay identifies the percent the plan will cover per procedure.

G

Patient Payment is the amount the patient owes the dentist. Your dentist should not bill you more than this amount. **Delta Dental Payment** is the amount Delta Dental paid your dentist for services rendered.

H

This section includes detail about Delta Dental's payment to your dentist.

DELTA DENTAL

Delta Dental
123 Smile Street
Chicago, IL 12345

John Doe
456 Any Street
Chicago, IL 12345

A

Claim Number:	1-2222-333-44
Group Name:	DELTA DENTAL PLANS ASSOC
Subscriber:	JOHN DOE
Subscriber ID#:	XXXXX5555
Patient:	JANE DOE
Patient DOB:	01/31/1970
Dentist:	IRA M. DENTIST

Other Carrier Paid: 0.00

EXPLANATION OF BENEFITS **THIS IS NOT A BILL.**

B C D E F G

Service Date	Proc. Code	Procedure Description	Submit Amt	Fee Adjust	Approved Amt	Allowed Amt	Deductible Applied	Delta Dental Co-Pay	Patient Payment	Delta Dental Payment
12/30/2014	120	EXAM	49.00	8.00	41.00	41.00	0.00	100	0.00	41.00
12/30/2014	274	BITEWINGS-4	62.00	6.00	56.00	56.00	0.00	100	0.00	56.00
12/30/2014	1110	CLEANING	94.00	16.00	78.00	78.00	0.00	100	0.00	78.00
		TOTALS	205.00	30.00	175.00	175.00	0.00		0.00	175.00

Payment To	Date	Check Number	CheckAmount
SMILE DENTAL CARE	20150115	4664249	175.00

H

For Benefit Year: 01/01/2014 – 12/31/2014

The amount applied to this individual's benefit year deductible is: $0.00
The amount applied to this individual's annual benefit year maximum is: $647.70
The amount applied to this individual's orthodontic maximum benefit is: $0.00
The amount applied to this individual's out-of-pocket limit is: $0.00

* Some EOBs will have additional messages to help patients understand why a procedure wasn't paid.

Delta Dental of Arizona
DeltaDentalAZ.com

DDPA-0020-rev0216

DELTA DENTAL

Delta Dental of Arizona
DeltaDentalAZ.com

DELTA DENTAL PPO PLUS PREMIER®

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** 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 plan? This plan covers treatment started and completed after your plan's effective date of coverage.[1] Your benefit summary and benefit booklet have specific details about covered treatments.

Register Online

Sign up for the Member Connection at **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.
- **Coinsurance** – 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.

[1] 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.

Arizona Dental Insurance Service, Inc. dba Delta Dental of Arizona

DELTA DENTAL

COCONINO COUNTY
Effective Date: 07/01/2019
Plan Name: PPO plus Premier®
Buy-up Plan – Group: #1331

DELTA DENTAL PPO PLUS PREMIER®

Covered Services	PPO and Premier Dentist	Out-of-Network Dentist [1]
Annual Maximum Benefit (Combination of in and out-of-network) Calendar	$2,000	$2,000
Annual Deductible (Individual/Family) (Combination of in and out-of-network)	$50/150	$50/150
Lifetime Orthodontia Maximum (Combination of in and out-of-network)	Child $1,000	Child $1,000
Preventive Services	*Delta Dental Pays*	
Exams	100%	100%
Routine Cleanings		
Fluoride: For children to age 18		
X-rays		
Space Maintainers		
Basic Services	*Delta Dental Pays*	
Sealants: For children up to age 19	80% [2]	80% [2]
Fillings		
Stainless Steel Crowns		
Emergency Treatment		
Endodontics: Root canal treatment		
Periodontics: Treatment of gum disease		
Oral Surgery: Simple extractions.		
Oral Surgery: Surgical extractions.		
Major Services	*Delta Dental Pays*	
Prosthodontics: Bridges, partial dentures, complete dentures	50% [2]	50% [2]
Bridge and Denture Repair		
Implants		
Restorative: Crowns, inlays and onlays		
Orthodontic Services	*Delta Dental Pays*	
Benefit for children ages 8-19. Children must be banded prior to age 17.	50%	50%

[1] Members may incur higher out-of-pocket costs when seeing an out-of-network dentist. See Covered Dental Services sheet.
[2] Deductible applies to these services.

YOUR BENEFITS ARE BASED ON A CALENDAR YEAR
BENEFITS ARE SUBJECT TO ALL PROVISIONS, TERMS & CONDITIONS OF THE GROUP CONTRACT
Dependent Age Limit: 26 | Predetermination recommended for services over $250

How can we help you?

Member Connection:
deltadentalaz.com/member
Find A Dentist:
deltadentalaz.com/provider-search
Customer Service:
602.938.3131, option 1
800.352.6132, option 1

Using Your Benefits

1. Using Your Benefits
2. Choose a dentist
3. Make an appointment
4. Visit dentist for service

DELTA DENTAL

COCONINO COUNTY
Effective Date: 07/01/2019
Plan Name: PPO plus Premier®
Buy-up Plan – Group: #1331

COVERED DENTAL SERVICES

PREVENTIVE SERVICES

- Exams, evaluations or consultations: Two in a benefit year.
- Routine Cleanings: Limited to four 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. EBD
- Topical Application of Fluoride: For children to age 18 - 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.
- Space Maintainers: For missing posterior primary (baby) teeth up to age 14.

BASIC SERVICES (Deductible applies to these services.)

- Sealants: For children up to age 19 - Once in a 3-year period for permanent molars and bicuspids.
- Fillings: Silver amalgam and for front teeth only, synthetic tooth color fillings. 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.

MAJOR SERVICES (Deductible applies to these 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.
- Implant- 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, inlays and onlays - 5-year waiting period for replacement last performed.

ORTHODONTIC SERVICES

- Benefit for children ages 8-19. Children must be banded prior to age 17. 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.

DENTIST PAYMENTS

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.
- **Out-of-Network 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.

BENEFITS ARE SUBJECT TO ALL PROVISIONS, TERMS & CONDITIONS OF THE GROUP CONTRACT