

<u>ROUTINE SERVICES</u>	<u>BENEFITS</u>
<p><u>DIAGNOSTIC:</u> Exams, evaluations or consultations (Twice in a benefit year) X-rays:</p> <ul style="list-style-type: none"> • Full Mouth/Panorex (Once in a 3 year period) • Bitewing (Twice in a benefit year) • Periapical <p><u>PREVENTIVE:</u></p> <ul style="list-style-type: none"> • Routine Cleanings (limited to twice 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 five year period.) • Topical Application of Fluoride (children through age 17 -Twice in a benefit year) • Space Maintainers (For missing posterior primary (baby) teeth) • Sealants for children (Once in a three (3) year period for permanent molars & bicuspids up to age nineteen (19). • Emergency (Palliative treatment) treatment for the relief of pain 	100%

<u>BASIC SERVICES</u>	<u>Year 1: 80%*</u>
<p><u>RESTORATIVE:</u></p> <ul style="list-style-type: none"> • Fillings consisting of silver amalgam; and, for front teeth only, synthetic tooth color fillings. • Stainless Steel Crowns (For primary (baby) teeth only) <p><u>ORAL SURGERY:</u></p> <ul style="list-style-type: none"> • Extractions <p><u>ENDODONTICS:</u></p> <ul style="list-style-type: none"> • Root Canal Treatment (Permanent Teeth); Pulpotomy (Primary (baby) Teeth) <p><u>PERIODONTICS:</u></p> <ul style="list-style-type: none"> • Treatment of Gum Disease (Non-surgical-once every 2 years/Surgical once every 3 years). • Periodontal maintenance following periodontal treatment (limited to two cleanings per year in addition to routine cleanings) 	<p>Year 2, if preventive care received in previous plan year: 85%*</p> <p>Year 2, if preventive care NOT received in previous plan year: 80%</p> <p>Year 3, if preventive care received in previous two plan years: 90%*</p> <p>Year 3, if preventive care NOT received in previous two plan years: 80%</p>



MAJOR SERVICES

PROSTHODONTICS: (Does not provide for lost, misplaced or stolen bridges or dentures. 5-year waiting period for replacement last performed).

- Bridges
- Partial Dentures
- Complete Dentures

BRIDGE AND DENTURE REPAIR:

Repair of such appliances to their original condition including relining of dentures.

RESTORATIVE: (5-year waiting period for replacement last performed)

- Cast Crowns
- Jackets
- Onlays
- Inlays
- Synthetic posterior fillings

IMPLANTS: (Implants are only a benefit to replace a single missing tooth, bounded by teeth on each side. Limited to \$1,000.00 per tooth, per lifetime and is applied to the patient's benefit year maximum.)

Year 1: 50%*

Year 2, if preventive care received in previous plan year: 55%*

Year 2, if preventive care NOT received in previous plan year: 50%*

Year 3, if preventive care received in previous two plan years: 60%*

Year 3, if preventive care NOT received in previous two plan years: 50%*

ORTHODONTIC SERVICES

50%

The program will pay 50% of the Orthodontic Services for Adults & Children. Benefits are limited to a maximum of \$3,000 per lifetime of the patient payable in two (2) payments - upon initial banding and twelve months after. This maximum is separate from the calendar year maximum for your other dental benefits

Dependent Age: 26

Predetermination recommended for services over \$250

Calendar Year Maximum: \$2,000

Annual Deductible: \$50 per person; \$100 per family

*Subject to annual deductible.

+ If you received preventive care every year, your benefit level will increase the following year until it reaches the level specified in your plan documents.

+ If you received preventive care in year 1, your benefit level will increase in year 2. If you do not receive preventive care in year 2, your benefit level in year 3 will return to year 1 benefit level.

+ If you never receive preventive care, your benefit level will remain the same and never decrease below your original benefit level

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