



Delta Dental of Arizona
 Dental Benefit Highlights for
Maricopa County Office of Health Promotion & Education
#4715

Services must be provided by dentist located in Maricopa or Pinal counties only

Delta Dental PPO plus Premier™	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Nonparticipating Dentist
<i>Coverage effective March 1, 2023</i>	Plan Pays	Plan Pays	Plan Pays*

Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	0%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%	0%
Sealants - to prevent decay of permanent teeth	100%	100%	0%
Radiographs - X-rays	100%	100%	0%
Basic Services			
Minor Restorative Services - fillings and crown repair	100%	100%	0%
Endodontic Services - root canals	100%	100%	0%
Periodontic Services - to treat gum disease	100%	100%	0%
Oral Surgery Services - extractions and dental surgery	100%	100%	0%
Major Restorative Services - crowns	100%	100%	0%
Other Basic Services - misc. services	100%	100%	0%
Relines and Repairs - to bridges, implants, and dentures	100%	100%	0%
Major Services			
Prosthodontic Services - bridges, implants, and dentures	100%	100%	0%

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what the dentist charges and you are responsible for that difference.

Maximum Payment -
 Delta Dental PPO™ Dentist or Delta Dental Premier® Dentist - \$2,500 per person total per Benefit Year on all services.
 Nonparticipating Dentist - None.
 These are not separate maximums by type of dentist.

Deductible - None.

Note - This document is only intended to provide a brief description of your benefits. Please refer to your certificate and summary for a complete description of benefits, exclusions, and limitations.

HOW CAN WE HELP YOU?

Find an In-network Dentist

deltadentalaz.com/find

You can visit any licensed dentist, but you'll save the most money when you visit a Delta Dental network dentist.

Member Portal

deltadentalaz.com/member

Sign in or create an account for 24/7 access to your benefits information.

Customer Service

602.938.3131 or 800.352.6132
 (TTY/TDD 711)

Our friendly customer service team is ready to answer your questions!

CHECK OUT THESE RESOURCES

The Floss eNewsletter

bit.ly/GetTheFloss

Sign up for our free monthly newsletter to get simple tips on taking care of your smile.

Delta Dental AZ Blog

deltadentalazblog.com

Visit the blog for articles on dental health, mouth-healthy recipes and tips to get the most out of your plan.

Video Library

youtube.com/deltadentalaz

Our oral health and dental benefits videos break down coverage basics and give tips to keep your smile sparkling. Check them out!

NEED YOUR ID CARD?

Once enrolled in coverage, you have 24/7 access to your digital ID card form the member portal or the Delta Dental Mobile App.

**Delta Dental PPO plus Premier™ Summary of Benefits
For Group# 4715-10011000
Maricopa County Office of Health Promotion & Education**

Group Plan Sponsor - Maricopa County Office of Health Promotion & Education

Dental Claims Administrator - Delta Dental of Arizona **Benefit Year** - March 1 through February 28

Deductible - None.

Benefit Maximum Payment - **Delta Dental PPO™ Dentist or Delta Dental Premier® Dentist** - \$2,500 per person total per Benefit Year on all services.

Nonparticipating Dentist - None.

These are not separate maximums by type of dentist.

Frequencies and Limitations

Delta Dental Premier® Dentist and Delta Dental PPO™ Dentist

- Oral exams are payable twice per benefit year.
- Four prophylaxes (cleanings) are payable per calendar year. Scaling (equivalent to one cleaning) is payable once in any two- year period. Full mouth debridement (equivalent to one cleaning) is payable once in any five- year period.
- Fluoride treatments are payable twice per benefit year.
- Sealants are payable once per tooth in any three-year period for bicuspids and first and second molars for people age 18 and under. The surface must be free from decay and restorations. Preventive resin restoration on molars is payable once per lifetime for people age 15 and under with moderate to high caries risk. Treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament is payable twice per tooth per calendar year for people age 18 and under.
- Bite-wing X-rays are payable twice per benefit year. Full mouth X-rays (which include bite-wing X-rays) or a panorex are payable once in any two-year period.
- Cone beam imaging is payable once in any 12-month period per quadrant.
- Endodontic treatment is payable once per tooth per lifetime. Endodontic re-treatment is payable once per tooth in any three- year period.
- Guided tissue regeneration is payable.
- Modification of removable prosthesis following implant surgery is payable.
- Implants, prefabricated abutments, and custom fabricated abutments are payable once per tooth per lifetime and subject to a \$1,000 maximum per tooth. Implant-related services, surgical removal of implant body, and radiographic/surgical implant index (by report) are payable.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are payable.
- Silver amalgam and composite resin (white) restorations are payable once per surface in any two-year period.
- Crowns and onlays and associated procedures (cores, substructures) are payable once per tooth in any five-year period.
- Oral surgery, including simple and surgical extractions, is payable. Bone replacement graft for ridge preservation (per site) is payable.
- Occlusal guards are payable once per benefit year. Fabrication of athletic mouth-guard is payable once in any two- year period for people age 18 and under.
- Orthodontic services, including exposure of an unerupted tooth and placement of device to facilitate eruption of impacted tooth as related to orthodontics, are not payable.

Eligible People:

- **Services must be provided by dentist located in Maricopa or Pinal counties only.**
- Dependents are not eligible.
- Coverage ends at the end of the month that the Subscriber is no longer eligible.