




The Delta Dental plan allows you and eligible dependents up to age 26 to visit any dentist or specialist without a referral. Note: When making an appointment with your dentist, verify that he or she is a Delta Dental PPO provider. Members who use PPO providers have lower out-of-pocket costs and maximize the value of the annual maximum benefit.

As you seek dental care, you must first meet the plan year deductible before benefit coverage applies. The deductible is waived for preventive services, and does NOT apply toward your annual maximum.

TO FIND A DELTA DENTAL PPO PROVIDER, VISIT THE DELTA DENTAL WEBSITE AT WWW.DELTADENTALAZ.COM, AND CLICK ON “PROVIDER SEARCH,” OR CALL 800-352-6132.



VOLUNTARY DENTAL PLAN—SELECT PLAN

| BENEFIT COVERAGE | PPO DENTIST | PREMIER AND OUT-OF-NETWORK DENTIST ¹ |
|--|------------------|---|
| Annual Maximum Benefit ² | \$1,500 | \$1,500 |
| Annual Deductible (individual/family) ² | \$50/\$150 | \$50/\$150 |
| Lifetime Orthodontia Maximum ² | Child \$1,500 | Child \$1,500 |
| Preventive Services (twice a year) Exams Routine cleanings Fluoride: For children up to age 18 Sealants: For children up to age 19 X-rays Space maintainers: For children up to age 14 | 100% | 100% |
| Basic Services Fillings Crowns Emergency treatment Endodontics: Root canal treatment Periodontics: Treatment of gum disease Oral surgery: Simple extractions Oral surgery: Surgical extractions | 80% ³ | 80% ³ |
| Major Services Prosthodontics: Bridges, partial dentures, complete dentures (once every 5 years) Bridge and denture repair Implants (once every 5 years) Restorative: Crowns and onlays (once every 5 years) | 50% ³ | 50% ³ |
| Orthodontic Services Benefit for children ages 8–19. Children must be banded prior to age 17 (annual maximum separate for orthodontia) | 50% ³ | 50% ³ |

¹Members may incur higher out-of-pocket costs when seeing a Premier or out-of-network dentist.

²Combination of in-network and out-of-network.

³Deductible applies to these services.