



Rural Schools Employee Benefit Trust
Group # 3512
Delta Dental PPO Plus Premier Provider Network
Benefits Effective: 7/1/2014

Covered Services	Delta Dental		Non Delta Dental Dentist
	PPO Dentist	Premier Dentist	
Annual Benefit Maximum (Combination of in and out-of-network)	\$1,250	\$1,250	\$1,250
Lifetime Ortho Benefit Maximum (Combination of in and out-of-network)	\$1,250	\$1,250	\$1,250
Annual Deductible (Individual/Family) (Combination of in and out-of-network)	\$50/150	\$50/150	\$50/150
Routine Services			
Diagnostic: Exams, evaluations or consultations: Two (2) in a benefit year X-rays: Full Mouth/Panorex or vertical bitewings (Once in a three (3) year period) Bitewing (Two (2) in a benefit year) Periapicals Preventive: Routine Cleanings: Limited to two (2) 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 (5) year period. Topical Application of Fluoride: Children to the age of eighteen (18) – Two (2) in a benefit year Space Maintainers: For missing posterior primary (baby) teeth up to age fourteen (14)	100%	100%	100%
Basic Services			
Restorative: Fillings: Silver amalgam & for front teeth only, synthetic tooth color fillings (Once per surface every two (2) years) Stainless Steel Crowns: For primary (baby) teeth only Sealants: For Children (Once per three (3) year period for permanent molars & bicuspid up to age nineteen (19)) Endodontics: Root Canal Treatment (Permanent Teeth) Pulpotomy (Primary (baby) Teeth) Periodontics: Treatment of Gum Disease: Non-surgical - Once every two (2) years Surgical - Once every three (3) years Oral Surgery: Simple and Surgical Extractions Emergency (Palliative Treatment): Treatment for the relief of pain	80%*	80%*	80%*
Major Services			
Restorative: Crowns Onlays- five (5) year waiting period for replacement last performed. Prosthodontics: Bridges Partial Dentures Complete Dentures - five (5) year waiting period for replacement last performed. Bridge & Denture Repair: Repair of such appliances to their original condition including relining of dentures.	50%*	50%*	50%*
Orthodontic Services			
Benefit for children, age eight (8) or older to age nineteen (19). Children must be banded prior to age seventeen (17). Payable in two (2) payments – upon initial banding and twelve months after. The Orthodontic maximum is separate from the annual maximum for your other dental benefits.	50%	50%	50%

*Deductible applies to these services / **Dependent Age Limit: 26** / Predetermination recommended for services over \$250.

Monthly Premiums

Employee \$28.44 Employee + Spouse \$61.16 Employee + Child (ren) \$74.30 Employee + Family \$122.44

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

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 of dentists 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.
- **Non-Participating 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.

To Find a Dentist – www.deltadentalaz.com Customer Service Phone # 1.800.352.6132