



### MEMBER CONNECTION

The Member Connection gives you secure access to your dental benefit information 24/7. Log in or create your new account today at [deltadentalaz.com/member](https://deltadentalaz.com/member).



### FIND A NETWORK DENTIST

Visit [deltadentalaz.com/find](https://deltadentalaz.com/find) to search our provider directory or call 800.352.6132 and select option 5 to use our automated system. With more than 155,000 dentists in the Delta Dental network, you're bound to find the dentist that's right for you!



### MOBILE APP

Access your plan information wherever you go with the Delta Dental mobile app. Download the app in the Google Play or Apple App Store.



### ORAL HEALTH RESOURCES

With more than 40 years insuring healthy smiles, we are your oral health experts. Here are just a few oral health resources we offer:

- ✓ **MyDentalScore** – Go to [mydentalscore.com/deltadental](https://mydentalscore.com/deltadental) to take our quick oral health assessment to estimate your risk for oral diseases and take steps to prevent or treat them.
- ✓ **Delta Dental AZ Blog** – Visit [deltadentalazblog.com](https://deltadentalazblog.com) and check out our blog for the latest news and oral health tips to keep your smile healthy!

00001  
JOHN D. SAMPLE  
123 MAIN ST  
ANYTOWN, AZ 86001




[DeltaDentalAZ.com](https://DeltaDentalAZ.com)

XYZ Company

## Welcome to Delta Dental of Arizona

Attached is your new Delta Dental ID card(s).

You now have access to Delta Dental's network of dentists.


Delta Dental of Arizona

**JOHN D. SAMPLE**  
Group #: 77777-000-00000-00000  
Membership #: 01234567890  
Plan: Delta Dental PPO Plus Premier

Optional Group Logo

For Identification Only - Not Proof of Eligibility • Sólo Para Identificarse - No Prueba de Elegibilidad

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# SUMMARY OF BENEFITS

## Delta Dental of Arizona, Inc. Employer Group Dental Contract

**Group :**

**Group Name :**

### Summary

**Effective Date :** MM/DD/YYYY

This is the date which this document is effective.

**Contract Year :** Month Day through Month Day

This is the twelve (12) month period for which these Contract benefits apply

**Benefit Year :** Month Day through Month Day

Benefit Year means the annual period specified in the Employer Group Dental Contract for calculation of benefits, co-payment, and deductibles under This Contract.

**Age Limits :** Child: 26 Student: 26

**Deductible :** \$XX per person, \$XXX per family

**Annual Benefit Year Maximum :** \$XXXX

REFER TO THE COVERED DENTAL SERVICES SECTION OF THIS BENEFIT BOOKLET FOR A MORE DETAILED DESCRIPTION OF BENEFITS, LIMITATIONS AND EXCLUSIONS.

**Predetermination recommended for services over \$250.**

### Routine

(Deductible does not apply to these services)  
(No waiting period)

XXX%

### Diagnostic

- Exams, evaluations or consultations (Twice in a Benefit Year)
- X-rays: Full Mouth/Panorex, or vertical bitewings (Once in a three (3) year period) Bitewings (Twice in a Benefit Year)

### Preventive

- Topical Application of Fluoride (children to the age of eighteen (18) - twice in a benefit year)
- Routine Cleanings (limited to twice in a benefit year), or one (1) difficult cleaning may be exchanged for one (1) routine cleaning, however, the difficult cleaning is limited to not more than once in a five (5) year period.
- Space Maintainers (For missing posterior primary (baby) teeth) up to age fourteen (14).

## Basic

(Deductible does apply to these services)  
(No waiting period)

XX%

### Restorative

- Fillings consisting of silver amalgam; and in the case of front teeth only, composite tooth color fillings - Once per tooth surface in a two (2) year period.
- Sealants for children - Once in a three (3) year period for permanent molars & bicuspids up to age nineteen (19).
- Stainless Steel Crowns

### Oral Surgery

- Extractions and Surgical Procedures including pre and post treatment care
- General Anesthesia and Intravenous Sedation/Analgesia - As stated in the Covered Dental Services section of this benefit booklet.

### Periodontics

- Treatment of Gum Disease (Non-surgical-once every two (2) years/Surgical once every three (3) years).

### Endodontics

- Additional endodontic procedures, such as retreatment, limited to once in a three (3) year period.
- Root Canal Treatment (Permanent Teeth); Pulpotomy (Primary (baby) Teeth) Once per tooth per lifetime.

### Emergency (Palliative Treatment)

- Emergency treatment for the relief of pain

## Major

(Deductible does apply to these services)  
(No waiting period)

XX%

### Restorative

- Cast Crowns - Onlays (five (5) year waiting period for replacement last performed).

### Prosthodontics

- Bridges - Does not provide for lost, misplaced or stolen bridges or dentures. Five (5) year waiting period for replacement last performed.
- Complete Dentures - Does not provide for lost, misplaced or stolen bridges or dentures. Five (5) year waiting period for replacement last performed.
- Implant- Limited to \$1,000 per tooth, per lifetime and is applied to the patient's benefit year maximum. Implants are only a benefit to replace a single missing tooth, bounded by teeth on each side.
- Partial Dentures - Does not provide for lost, misplaced or stolen bridges or dentures. Five (5) year waiting period for replacement last performed.

### Bridge and Denture Repair

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

## Orthodontic

(Annual deductible does not apply to these services)  
(No waiting period)

XX%

### Orthodontic Services

- ORTHODONTICS: The program will pay (XX%) of the Orthodontics Services for **child(ren) age eight (8) up to nineteen (19)**. Benefits are limited to a maximum of (\$XXXX) per lifetime of the patient. Payable in two (2) payments - upon banding and twelve (12) months after. Child(ren) must be banded prior to age seventeen (17). This maximum is separate from the benefit year maximum for your other dental benefits.