



DENTAL QUOTE

A.S.R.S.

Plan Name: MAC PPO

Proposed Effective Date: 01/01/2021

Quote is valid for 60 days from effective date.

If you have questions, please contact:

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Dental Benefits Proposal for A.S.R.S.

Proposed Effective Date: 01/01/2021

Plan Name: MAC PPO

Option: Top 100 PPO Copay Plan Alternate option 1

ASO		
	Mature Claims	Administration Fee
Year 1-3	\$22.56	\$2.49
Year 4	\$23.69	\$2.49
Year 5	\$25.23	\$2.49

Administration Fee is guaranteed for 5 years

Assumes there are no employer contributions.

Requested Low Plan Option: C

Delta Dental of Arizona Top 100 PPO			
\$100 Individual Deductible for Basic and Major Services			
\$1,000 Calendar Year Annual Maximum			
Procedure Code	Procedure Description	Delta Dental PPO Contracted Dentist	Not A Delta Dental PPO Contracted Dentist
		Fixed Patient Copay (amount you pay)	Patient Allowance (amount DDAZ pays)
120	PERIODIC ORAL EVALUATION - EST PATIENT	\$0	\$27
140	LIMITED ORAL EVALUATION-PROBLEM FOCUSED	\$0	\$43
150	COMPREHENSIVE ORAL EVALUATION	\$0	\$43
180	COMPREHENSIV PERIO EVAL- NEW/EST PATIENT	\$0	\$44
210	INTRAORAL COMPL SERIES OF RADIOGRAPH IMG	\$0	\$75
220	INTRAORAL- PERIAPICAL 1ST RADIOGRAPHIC	\$0	\$15
230	INTRAORAL-PERIAPICAL EACH ADD'L ...	\$0	\$12
240	INTRAORAL-OCCLUSAL RADIOGRAPHIC IMAGE	\$0	\$22
272	BITEWINGS - TWO RADIOGRAPHIC IMAGE	\$0	\$24
274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$0	\$31
330	PANORAMIC RADIOGRAPHIC IMAGE	\$0	\$65
350	2D ORAL/FACIAL PHOTOGRAPHIC IMAGES	\$0	\$50
1110	PROPHYLAXIS - ADULT	\$0	\$60
1120	PROPHYLAXIS - CHILD	\$0	\$46
1206	TOPICAL APPLICATION FLUORIDE VARNISH	\$0	\$25
1208	TOPICAL APPLICATION OF FLUORIDE	\$0	\$20
1351	SEALANT - PER TOOTH	\$0	\$29
1510	SPACE MAINTAINER - FIXED UNILATERAL	\$0	\$215
2140	AMALGAM-ONE SURFACE,PRIMARY OR PERMANENT	\$35	\$42
2150	AMALGAM-TWO SURFACE,PRIMARY OR PERMANENT	\$41	\$51
2160	AMALGAM-THREE SURF, PRIMARY OR PERMANENT	\$52	\$64
2161	AMALGAM-4 OR MORE SURF, PRIMARY OR PERM	\$63	\$77
2330	RESIN - ONE SURFACE, ANTERIOR	\$37	\$45
2331	RESIN - TWO SURFACES, ANTERIOR	\$47	\$58
2332	RESIN - THREE SURFACES, ANTERIOR	\$57	\$70
2335	RESIN - 4 OR MORE SURF INV INCISAL-ANTER	\$68	\$83
2391	RESIN BASED COMPOSITE-ONE SURF-POSTERIOR	\$41	\$49
2392	RESIN BASED COMPOSITE-TWO SURF-POSTERIOR	\$53	\$65
2393	RESIN BASED COMPOSITE-3 SURF-POSTERIOR	\$64	\$79
2394	RESIN BASED COMPOSITE-4/MORE SURF-POST	\$71	\$87
2920	RECEMENT/RE-BOND CROWN	\$23	\$29
2543	ONLAY - METALLIC-THREE SURFACES	\$458	\$152
2544	ONLAY - METALLIC-FOUR OR MORE SURFACES	\$469	\$156
2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	\$540	\$180
2750	CROWN-PORCELAIN FUSED TO HIGHNOBLE METAL	\$529	\$176
2751	CROWN-PORCELAIN FUSED PREDOM BASE METAL	\$454	\$151
2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	\$491	\$164
2783	CROWN - 3/4 PORCELAIN/CERAMIC	\$499	\$166
2790	CROWN - FULL CAST HIGH NOBLE METAL	\$557	\$185
2792	CROWN - FULL CAST NOBLE METAL	\$444	\$148
2930	PREFAB. STAINLESS STEEL CROWN - PRIMARY	\$105	\$35
2950	CROWN BUILDUP,INCLUDING ANY PINS	\$91	\$30
2954	PREFAB POST & CORE IN ADDITION TO CROWN	\$128	\$42
3220	THERAPEUTIC PULPOTOMY (EXCL FINAL)	\$59	\$49
3310	ENDO THERAPY-ANTERIOR TTH (EXCL FINAL)	\$240	\$196
3320	ENDO THERAPY-BICUSPID TTH (EXCL FINAL)	\$285	\$234
3330	ENDO THERAPY-MOLAR TTH (EXCL FINAL)	\$358	\$292
3346	RETREAT OF PREVIOUS RCT THERAPY-ANT TTH	\$293	\$239
3347	RETREAT OF PREVIOUS RCT THERAPY-BICUSPID	\$336	\$274
3348	RETREAT OF PREVIOUS RCT THERAPY-MOLAR	\$405	\$332
3425	APICOECTOMY - MOLAR (FIRST ROOT)	\$317	\$260
4249	CLINICAL CROWN LENGTHENING	\$267	\$218
4260	OSSEOUS SURG-ELEVA/CLOSURE,4 OR MORE TTH	\$388	\$318
4261	OSSEOUS SURGERY (ELEVATE/CLOSURE)1-3-QD	\$294	\$240
4273	AUTOGENOUS CONNECTIVE TISSUE GRAFT	\$354	\$290

4341	PERIODONTAL SCALING & ROOT PLANING/QUAD	\$74	\$60
4342	PERIODONTAL SCALING & RT PLN/1-3 TTH/QUAD	\$46	\$37
4346	SCALING-MODERATE TO SEVERE GINGIVAL INFL	\$42	\$35
4355	FULL MOUTH DEBRIDEMENT	\$53	\$44
4910	PERIODONTAL MAINT-AFTER ACTIVE THERAPY	\$43	\$36
5110	COMPLETE UPPER DENTURE	\$671	\$224
5120	COMPLETE LOWER DENTURE	\$671	\$224
5130	IMMEDIATE UPPER DENTURE	\$716	\$239
5140	IMMEDIATE LOWER DENTURE	\$716	\$239
5213	UPPER PARTIAL - CAST METAL FRAMEWORK	\$728	\$242
5214	LOWER PARTIAL - CAST METAL FRAMEWORK	\$728	\$242
6010	ENDOSTEAL IMPLANT	\$998	\$332
6056	PREFAB ABUTMENT- INCL MODIFY& PLACEMENT	\$315	\$105
6057	CUSTOM FABRICATED ABUTMENT-INCL PLACE...	\$431	\$144
6058	IMPLANT ABUT CROWN - PORCELAIN/CERAMIC	\$664	\$221
6059	IMPLANT ABUT CROWN - PORC TO HIGH NOBLE	\$694	\$231
6061	IMPLANT ABUT CROWN - PORC TO NOBLE METAL	\$641	\$214
6065	IMPLANT CROWN - PORCELAIN/CERAMIC	\$686	\$229
6066	IMPLANT CROWN - PORCELAIN TO HIGH NOBLE	\$716	\$239
6240	PONTIC-PORCELAIN FUSED HIGH NOBLE METAL	\$514	\$171
6241	PONTIC-PORCELAIN FUSED PREDOM BASE METAL	\$482	\$161
6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	\$506	\$169
6245	PONTIC - PORCELAIN/CERAMIC	\$529	\$176
6740	CROWN - PORCELAIN/CERAMIC	\$540	\$180
6750	CROWN - PORCELAIN TO HIGH NOBLE METAL	\$529	\$176
6751	CROWN - PORCELAIN TO PREDOM BASE METAL	\$480	\$160
6752	CROWN - PORCELAIN FUSED TO NOBLE METAL	\$506	\$169
6790	CROWN - FULL CAST HIGH NOBLE METAL	\$557	\$185
7140	EXTRACTION - ERUPTED TTH OR EXPOSED RT	\$61	\$20
7210	SURGICAL EXTRACTION - ERUPTED TOOTH	\$107	\$35
7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	\$146	\$48
7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	\$176	\$59
7240	REMOVAL OF IMPACTED TOOTH-COMPLETE BONY	\$215	\$71
7241	REMOVAL OF IMPACTED TOOTH W/COMPLICATION	\$234	\$78
7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	\$124	\$41
7280	PLACEMENT OF DEVICE- ERUPT OF IMPACT TTH	\$192	\$64
7953	BONE REPLACE GRFT RIDGE PRESERVE- SITE	\$240	\$80
9110	PALLIATIVE TREATMENT - MINOR DENTAL PAIN	\$45	\$15
9222	DEEP SEDATION/GENERAL ANESTH-FIRST15 MIN	\$86	\$29
9223	DEEP SEDATION/GENERAL ANESTH-EACH 15 MIN	\$82	\$27
9230	INHALE OF NITROUS OXIDE/ANXIOLYSIS/ANAL	\$32	\$10
9239	INTRAVENOUS CONSCIOUS SED - EACH 15 MIN	\$85	\$28
9243	INTRAVENOUS CONSCIOUS SED - EACH 15 MIN	\$77	\$26
9310	CONSULTATION - PER SESSION	\$57	\$19
9940	OCCLUSAL GUARDS	\$244	\$81

For Top 100 Procedure Codes: (Top 100 codes represent over 95% of overall PPO utilization.)

- **PPO Network Dentist:** Member pays the Fixed Patient Copay amount for the corresponding procedure code.
- **Not a Delta Dental PPO Dentist:** DDAZ pays the Patient Allowance listed for the corresponding procedure code.
full charge submitted by the non-contracted dentist.

For Procedures Outside Top 100:

Any covered procedure codes not listed in the Top 100 that Delta Dental of Arizona covers will be paid at a 20% coinsurance level. Members will be responsible for the difference.