



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 2

ASO		
	Mature Claims	Administration Fee
Year 1-3	\$21.48	\$2.49
Year 4	\$22.55	\$2.49
Year 5	\$24.02	\$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	\$46	\$31
2150	AMALGAM-TWO SURFACE,PRIMARY OR PERMANENT	\$55	\$37
2160	AMALGAM-THREE SURF, PRIMARY OR PERMANENT	\$70	\$46
2161	AMALGAM-4 OR MORE SURF, PRIMARY OR PERM	\$84	\$56
2330	RESIN - ONE SURFACE, ANTERIOR	\$49	\$33
2331	RESIN - TWO SURFACES, ANTERIOR	\$63	\$42
2332	RESIN - THREE SURFACES, ANTERIOR	\$76	\$51
2335	RESIN - 4 OR MORE SURF INV INCISAL-ANTER	\$91	\$60
2391	RESIN BASED COMPOSITE-ONE SURF-POSTERIOR	\$54	\$36
2392	RESIN BASED COMPOSITE-TWO SURF-POSTERIOR	\$71	\$47
2393	RESIN BASED COMPOSITE-3 SURF-POSTERIOR	\$86	\$57
2394	RESIN BASED COMPOSITE-4/MORE SURF-POST	\$95	\$63
2920	RECEMENT/RE-BOND CROWN	\$31	\$21
2543	ONLAY - METALLIC-THREE SURFACES	\$488	\$122
2544	ONLAY - METALLIC-FOUR OR MORE SURFACES	\$500	\$125
2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	\$576	\$144
2750	CROWN-PORCELAIN FUSED TO HIGHNOBLE METAL	\$564	\$141
2751	CROWN-PORCELAIN FUSED PREDOM BASE METAL	\$484	\$121
2752	CROWN - PORCELAIN FUSED TO NOBLE METAL	\$524	\$131
2783	CROWN - 3/4 PORCELAIN/CERAMIC	\$532	\$133
2790	CROWN - FULL CAST HIGH NOBLE METAL	\$594	\$148
2792	CROWN - FULL CAST NOBLE METAL	\$474	\$118
2930	PREFAB. STAINLESS STEEL CROWN - PRIMARY	\$112	\$28
2950	CROWN BUILDUP,INCLUDING ANY PINS	\$97	\$24
2954	PREFAB POST & CORE IN ADDITION TO CROWN	\$136	\$34
3220	THERAPEUTIC PULPOTOMY (EXCL FINAL)	\$65	\$43
3310	ENDO THERAPY-ANTERIOR TTH (EXCL FINAL)	\$262	\$174
3320	ENDO THERAPY-BICUSPID TTH (EXCL FINAL)	\$311	\$208
3330	ENDO THERAPY-MOLAR TTH (EXCL FINAL)	\$390	\$260
3346	RETREAT OF PREVIOUS RCT THERAPY-ANT TTH	\$319	\$213
3347	RETREAT OF PREVIOUS RCT THERAPY-BICUSPID	\$366	\$244
3348	RETREAT OF PREVIOUS RCT THERAPY-MOLAR	\$442	\$295
3425	APICOECTOMY - MOLAR (FIRST ROOT)	\$346	\$231
4249	CLINICAL CROWN LENGTHENING	\$291	\$194
4260	OSSEOUS SURG-ELEVA/CLOSURE,4 OR MORE TTH	\$424	\$282
4261	OSSEOUS SURGERY (ELEVATE/CLOSURE)1-3-QD	\$320	\$214

4273	AUTOGENOUS CONNECTIVE TISSUE GRAFT	\$386	\$258
4341	PERIODONTAL SCALING & ROOT PLANING/QUAD	\$80	\$54
4342	PERIODONTAL SCALING & RT PLN/1-3 TTH/QUAD	\$50	\$33
4346	SCALING-MODERATE TO SEVERE GINGIVAL INFL	\$46	\$31
4355	FULL MOUTH DEBRIDEMENT	\$58	\$39
4910	PERIODONTAL MAINT-AFTER ACTIVE THERAPY	\$47	\$32
5110	COMPLETE UPPER DENTURE	\$716	\$179
5120	COMPLETE LOWER DENTURE	\$716	\$179
5130	IMMEDIATE UPPER DENTURE	\$764	\$191
5140	IMMEDIATE LOWER DENTURE	\$764	\$191
5213	UPPER PARTIAL - CAST METAL FRAMEWORK	\$776	\$194
5214	LOWER PARTIAL - CAST METAL FRAMEWORK	\$776	\$194
6010	ENDOSTEAL IMPLANT	\$1,064	\$266
6056	PREFAB ABUTMENT- INCL MODIFY& PLACEMENT	\$336	\$84
6057	CUSTOM FABRICATED ABUTMENT-INCL PLACE...	\$460	\$115
6058	IMPLANT ABUT CROWN - PORCELAIN/CERAMIC	\$708	\$177
6059	IMPLANT ABUT CROWN - PORC TO HIGH NOBLE	\$740	\$185
6061	IMPLANT ABUT CROWN - PORC TO NOBLE METAL	\$684	\$171
6065	IMPLANT CROWN - PORCELAIN/CERAMIC	\$732	\$183
6066	IMPLANT CROWN - PORCELAIN TO HIGH NOBLE	\$764	\$191
6240	PONTIC-PORCELAIN FUSED HIGH NOBLE METAL	\$548	\$137
6241	PONTIC-PORCELAIN FUSED PREDOM BASE METAL	\$514	\$129
6242	PONTIC - PORCELAIN FUSED TO NOBLE METAL	\$540	\$135
6245	PONTIC - PORCELAIN/CERAMIC	\$564	\$141
6740	CROWN - PORCELAIN/CERAMIC	\$576	\$144
6750	CROWN - PORCELAIN TO HIGH NOBLE METAL	\$564	\$141
6751	CROWN - PORCELAIN TO PREDOM BASE METAL	\$512	\$128
6752	CROWN - PORCELAIN FUSED TO NOBLE METAL	\$540	\$135
6790	CROWN - FULL CAST HIGH NOBLE METAL	\$594	\$148
7140	EXTRACTION - ERUPTED TTH OR EXPOSED RT	\$65	\$16
7210	SURGICAL EXTRACTION - ERUPTED TOOTH	\$114	\$28
7220	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	\$155	\$39
7230	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	\$188	\$47
7240	REMOVAL OF IMPACTED TOOTH-COMPLETE BONY	\$229	\$57
7241	REMOVAL OF IMPACTED TOOTH W/COMPLICATION	\$250	\$62
7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS	\$132	\$33
7280	PLACEMENT OF DEVICE- ERUPT OF IMPACT TTH	\$205	\$51
7953	BONE REPLACE GRFT RIDGE PRESERVE- SITE	\$256	\$64
9110	PALLIATIVE TREATMENT - MINOR DENTAL PAIN	\$48	\$12
9222	DEEP SEDATION/GENERAL ANESTH-FIRST15 MIN	\$92	\$23
9223	DEEP SEDATION/GENERAL ANESTH-EACH 15 MIN	\$87	\$22
9230	INHALE OF NITROUS OXIDE/ANXIOLYSIS/ANAL	\$34	\$8
9239	INTRAVENOUS CONSCIOUS SED - EACH 15 MIN	\$90	\$23
9243	INTRAVENOUS CONSCIOUS SED - EACH 15 MIN	\$82	\$21
9310	CONSULTATION - PER SESSION	\$61	\$15
9940	OCCLUSAL GUARDS	\$260	\$65

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.

Members will be responsible for the difference between the Patient Allowance and either the Premier Maximum Reimbursable Amount (MRA) or the 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.