



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

| ASO | | |
|----------|---------------|--------------------|
| | Mature Claims | Administration Fee |
| Year 1-3 | \$24.52 | \$2.49 |
| Year 4 | \$25.74 | \$2.49 |
| Year 5 | \$27.42 | \$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 | | | |
|--------------------------------------|--|---|--|
| \$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/QUD | \$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.