

Delta Dental of Arizona

BENEFITS	PREMIER (ER Sponsored)	PRINCIPLE (ER Sponsored)	VOLUNTARY PLANS
		Deductible may apply	
Routine			
Diagnostic			
Oral Exams	2 per year	2 per year	2 per year
Bitewing X-rays	2 per year	2 per year	1 per year
Periapical	Covered	Covered	Covered
Full Mouth X-rays	1 per 3-year period	1 per 3-year period	1 per 5-year period
Preventive			
Cleanings	2 per year	2 per year	2 per year
Topical Flouride (to age 18)	2 per year	2 per year	2 per year
Space Maintainers (for missing primary posterior teeth)	Covered	Covered	1 per 3-year period
Basic			
Restorative			
Amalgam, Composite, Acrylic & Stainless	1 per 2-year period, same surface	1 per 2-year period, same surface	1 per 2-year period, same surface
Stainless Steel Crowns (child only)	1 per 2-year period	1 per 2-year period	1 per 2-year period
Sealants for Permanent Molar/Bicuspid (to age 19)	Covered	Covered	Not Covered
Endodontics			
Pulpal Therapy	Covered	Covered	Covered under Major
Canal Filling	Covered	Covered	Covered under Major
Oral Surgery			
Extractions	Covered	Simple extractions only	Simple extractions only
Emergency			
Palliative Treatment	Covered	Covered	Covered
Periodontics			
Non-Surgical	1 per 2-year period	Covered under Major	Covered under Major
Surgical	1 per 3-year period	Covered under Major	Covered under Major
Major			
Prosthodontics			
	Covered, 5-year replace limit	Covered, 5-year replace limit	**6th month waiting period Covered, 7-year replace limit
Bridges, Partial and Complete Dentures	Covered	Covered	Covered
Bridge & Denture			
Repair to original condition	Covered	Covered	Covered
Denture Relining	Covered	Covered	Covered
Major Restorative			
Cast Crowns and Onlays	Covered, 5-year replace limit	Covered, 5-year replace limit	Covered, 7-year replace limit. Over age 12
Periodontics			
Non-surgical	Covered under Basic	1 per 2-year period	1 per 2 year period*
Surgical		1 per 3-year period	1 per 3-year period*
Oral Surgery			
	Covered under Basic	Other than simple extractions	Covered under Basic
Orthodontics			
(w/o Repair or Replace)	Adult & Child	Adult & Child	**12 month waiting period Child only
Available Calendar year Maximums	\$1,000, \$1,500, \$2,000	\$1,000, \$1,500, \$2,000	\$1,000 & \$1,500
Available Deductibles	\$25/\$75, \$50/\$150	\$25/\$75, \$50/\$150	\$50/\$150
Ortho Lifetime Max Options	\$1,000, \$1,500	\$1,000, \$1,500	\$750, \$1,000

Benefits are subject to all provisions, terms and conditions of the group contract. Benefits can be enhanced with group sizes of 200 employees or more.
*Subject to \$1,000 lifetime **Voluntary Plans credit for time spent under prior group indemnity or PPO.

