

## Delta Dental Premier with Preferred Access Plan

State of Arizona - Active, University Employees, & Retirees

### Mini-Benefit Period: October 1, 2010 to December 31, 2010

Benefit Period Maximum: \$500 per person

Deductibles: \$50/\$150

*Deductible satisfied during previous benefit year 10/01/2009 - 9/30/2010 will be credited to this mini benefit period.*

### Diagnostic and Routine Services Covered at 100%:

**Diagnostic:** Exams, evaluations or consultations (once in this benefit period Oct. - Dec.)

**X-rays:** Bitewings (once in this benefit period Oct. - Dec.)

**Preventive:** Routine cleanings (limited to once in this benefit period Oct. - Dec.), space maintainers (for missing posterior primary (baby) teeth up to age 14).

### Basic Services Covered at 80%:

**Restorative:** Fillings (silver amalgam, or synthetic tooth colored fillings), stainless steel crowns (for primary (baby) teeth only), sealants for children (once per 3-year period for permanent molars and bicuspids through age 18).

**Endodontics:** root canal treatment and pulpotomy (primary (baby) teeth).

**Periodontics:** Treatment of gum disease (non-surgical, once every 2 years. Surgical once every 3 years).

**Oral Surgery:** Extractions, general anesthesia (for surgical extractions or other surgical procedures performed in a dental office).

**Emergency:** Treatment for the relief of pain and limited prescriptions.

### Major Services Covered at 50%:

**Prosthodontics:** Bridges, partial dentures, and complete dentures.

**Restorative:** Crowns and onlays.

**Bridge & Denture Repair:** Repair of such appliances to their original condition including relining of dentures.

**Replacement:** Replacements are covered once every 5 years for all major services from date last performed. Does not provide for lost, misplaced or stolen bridges or dentures.

### Orthodontics Services Covered at 50% :

Benefit available for both adults and children. Lifetime Orthodontia benefit is limited to a maximum of \$1,500 per patient - payable in two (2) payments - upon initial banding and 6 months after. This maximum is separate from the benefit year maximum for your other dental benefits.

### Dedicated State of Arizona Toll-Free Hot line

866-9STATE9 or 866-978-2839

### Local Claims & Customer Service

602-588-3620

P.O. Box 43026, Phoenix, AZ 85080-3000

- Deductibles do not apply for routine services
- No waiting periods
- Access to Arizona's largest network
- No missing tooth clause
- Claims filed by participating dentists

