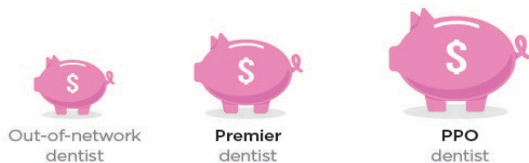




ARIZONA STATE RETIREMENT SYSTEM LOW PLAN OPTION

Why Go PPO

You may visit any licensed dentist, but you will save the most money by visiting a PPO dentist. That's because PPO dentists agree to accept lower reimbursements for services.



Find A Dentist

It's easy to find a Delta Dental dentist near you with our provider search tool at deltadentalaz.com or in the Delta Dental Mobile App.

Easy Benefits Coordination

If you're covered under two plans, ask your dentist to include information about both plans with your claim, and we'll handle the rest.

No ID Card Necessary

Just give your dental office your name and member ID. Don't know your member ID? Pull up an electronic ID card on your smartphone at the dentist's office by logging in to the Delta Dental Mobile App.

Download The Mobile App

Access your benefits and view your ID card on-the-go with the Delta Dental Mobile App. It's free for Android and iOS!

Know Your Coverage

New to the Delta Dental PPO plan? This plan covers treatment started and completed after your plan's effective date of coverage.¹ Your benefit summary and benefit booklet have specific details about covered treatments.

Register Online

Sign up for the member portal at deltadentalaz.com/member to view benefits, eligibility and claims status or to check average dental costs in your area. You can also update your delivery preference for dental benefits statements (EOBs) and go paperless!

Understand Common Dental Terms



It's our goal to make your benefits simple to use and easy to understand. Here are some common terms defined:

- **Annual Maximum** – The maximum dollar amount Delta Dental will pay toward the cost of dental care within a specific benefit period.
- **Deductible** – The amount you pay for covered dental services before Delta Dental begins to pay.
- **Coinsurance** – The percentage of dental care expenses you pay after your deductible.
- **Predetermination** – A pre-treatment estimate that helps determine the cost of a recommended dental treatment.

¹ Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier will be responsible for any costs. Group-specific and other exceptions may apply. Enrollees currently undergoing active orthodontic treatment may be eligible to continue treatment. Refer to your benefit booklet for specific details about your plan.



DELTA DENTAL PPO PLUS PREMIER®

Covered Services	PPO Dentist, Premier® Dentist and Out-of-Network Dentist ¹
Calendar Year Maximum Benefit (Combination of in and out-of-network)	\$1,000
Calendar Year Deductible (per covered person/maximum per family) (Combination of in and out-of-network)	\$50/150
 Preventive Services (Does not apply toward the Annual Maximum Benefit)	<i>Delta Dental Pays</i>
Exams	100%
Routine Cleanings	
Fluoride: Up to Age 14	
Sealants: Up to Age 16	
X-rays: Bitewing	
Harmful Habit Appliance	
 Basic Services	<i>Delta Dental Pays</i>
X-rays: Full mouth and periapical	80% ²
Fillings	
Emergency Treatment	
Minor Periodontics: Scaling and Root Planing.	
Periodontal Maintenance	
Occlusal Adjustment	

¹ Members may incur higher out-of-pocket costs when seeing a Premier or out-of-network dentist. See Covered Dental Services sheet.

² Deductible applies to these services.

BENEFITS ARE SUBJECT TO ALL PROVISIONS, TERMS & CONDITIONS OF THE GROUP PLAN DOCUMENTS

See deltadentalaz.com/asrs for more information

Dependent Age Limit: 26 | Predetermination recommended for services over \$250.

How Can We Help You?

Member Portal
deltadentalaz.com/member

Find A Dentist
deltadentalaz.com/provider-search

Customer Service
833.335.8201

COVERED DENTAL SERVICES

PREVENTIVE SERVICES (Does not apply toward the Annual Maximum Benefit)

- Oral evaluations: Two in a benefit year.
- Routine Cleanings: Limited to two in a benefit year. (Frequencies Combined with periodontal maintenance.)
- Topical Application of Fluoride: For children to age 14 - One in a benefit year.
- Sealants: For children up to age 16 - No more than 1 time per tooth per person for permanent molars.
- Bitewing X-rays: One in a benefit year.
- Space Maintainers: For missing posterior primary (baby) teeth up to age 18. Service is deemed to include all adjustments made, or recementing done, within 6 months of installation.
- Harmful Habit Appliance: Not covered if orthodontic related. Once per person. Only for children under age 16 years.

BASIC SERVICES (Deductible applies to these services.)

- Full mouth/Panorex or vertical bitewings X-rays: Once in a 5-year period.
- Periapical X-rays: Four in a benefit year.
- Fillings: Silver amalgam and synthetic tooth color fillings. One per surface every two years.
- Emergency (Palliative Treatment): Treatment for the relief of pain.
- Minor Periodontics: Scaling and Root Planing. No more than 1 time per area of the mouth in two years.
- Periodontal Maintenance: No more than 2 times per calendar year. Frequencies combined with routine cleanings.
- Occlusal Adjustment: No more than 1 full mouth treatment in a benefit year.
- Oral Surgery: Simple extractions.

DENTIST PAYMENTS

The **Delta Dental PPO plus Premier plan** leverages the PPO and Premier networks. This provides all the benefits of Delta Dental PPO plan with a plus-members that visit a dentist in the Premier network still receive the benefit of that dentist's contracted fee.

- **PPO Dentist** -- These in-network dentists agreed to accept lower reimbursement for services so members save the most money.
- **Premier Dentist** -- These in-network dentists also accept discounted reimbursement for services, but their discount is not as steep.
- **Out-of-Network Dentist** -- These dentists have not agreed to discount their rates for service, so members who see an out-of-network dentist will have the highest out-of-pocket costs. Members are responsible for paying the full fee charged by the dentist and can submit for reimbursement at the non-participating table of allowance.

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