

Delta Dental of Arizona
Dental Benefit Highlights for
Vail Unified School District #20 #60727



Delta Dental PPO plus Premier™ <i>Coverage effective July 1, 2022</i>	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*

Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	80%	80%
Sealants - to prevent decay of permanent teeth	100%	80%	80%
Radiographs - X-rays	100%	80%	80%
Basic Services			
Emergency Palliative Treatment - to temporarily relieve pain	90%	80%	80%
Minor Restorative Services - fillings	90%	80%	80%
Endodontic Services - root canals	90%	80%	80%
Periodontal Maintenance - cleanings following periodontal therapy	90%	80%	80%
Simple Extractions - non-surgical removal of teeth	90%	80%	80%
Other Basic Services - misc. services	90%	80%	80%
Major Services			
Crown Repair - to individual crowns	60%	50%	50%
Periodontic Services - to treat gum disease	60%	50%	50%
Other Oral Surgery - surgical extractions and other oral surgery	60%	50%	50%
Major Restorative Services - crowns	60%	50%	50%
Anesthesia Services - when medically necessary	60%	50%	50%
Relines and Repairs - to bridges and dentures	60%	50%	50%
Prosthodontic Services - bridges, implants, and dentures	60%	50%	50%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit -	Treatment for Dependent Children must begin on or after age 8 and banded prior to age 17.	Treatment for Dependent Children must begin on or after age 8 and banded prior to age 17.	Treatment for Dependent Children must begin on or after age 8 and banded prior to age 17.

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what the dentist charges and you are responsible for that difference.

Maximum Payment – \$1,500 per person total per Benefit Year on all services except orthodontic services. \$1,000 per person total per lifetime on orthodontic services.

Maximum Carryover – If at least one Covered Service is applied toward your Maximum Payment in a Benefit Year and the total Benefit paid does not exceed \$1,500 in that Benefit Year, up to \$500 will carry over to the next Benefit Year's Maximum Payment. This carryover amount will accumulate from one Benefit Year to the next, but will not exceed \$500.

HOW CAN WE HELP YOU?

Find and In-network Dentist

deltadentalaz.com/find

You can visit any licensed dentist, but you'll save the most money when you visit a Delta Dental network dentist.

Member Portal

deltadentalaz.com/member

Sign in or create an account for 24/7 access to your benefits information.

Customer Service

602.938.3131 or 800.352.6132
(TTY/TDD 711)

Our friendly customer service team is ready to answer your questions!

CHECK OUT THESE RESOURCES

The Floss eNewsletter

bit.ly/GetTheFloss

Sign up for our free monthly newsletter to get simple tips on taking care of your smile.

Delta Dental AZ Blog

deltadentalazblog.com

Visit the blog for articles on dental health, mouth-healthy recipes and tips to get the most out of your plan.

Video Library

youtube.com/deltadentalaz

Our oral health and dental benefits videos break down coverage basics and give tips to keep your smile sparking. Check them out!

NEED YOUR ID CARD?

Once enrolled in coverage, you have 24/7 access to your digital ID card from the member portal or the Delta Dental Mobile App.

Deductible -

Delta Dental PPO™ Dentist - \$50 Deductible per person total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The Deductible does not apply to oral exams, preventive services, X-rays, sealants, and orthodontic services.

Delta Dental Premier® Dentist or Nonparticipating Dentist - \$50 Deductible per person total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year on all services except orthodontic services.

Note - This document is only intended to provide a brief description of your benefits. Please refer to your certificate and summary for a complete description of benefits, exclusions, and limitations.