



**Delta Dental PPO plus Premier™  
Summary of Benefits  
For Group# 4559-10001000, 19901000  
Town of Marana**

This Summary of Benefits should be read along with your Dental Benefits Booklet. Your Dental Benefits Booklet provides additional information about your Group Plan Sponsor’s dental plan administered by Delta Dental, including information about plan exclusions and limitations. If a statement in this Summary of Benefits conflicts with a statement in the Dental Benefits Booklet, the statement in this Summary of Benefits applies to you and you should ignore the conflicting statement in the Dental Benefits Booklet. The percentages below are applied to your Group Plan Sponsor’s dental plan allowance for each service and it may vary due to the dentist’s network participation.\*

**Group Plan Sponsor** – Town of Marana

**Dental Claims Administrator** – Delta Dental of Arizona

**Benefit Year** – July 1 through June 30

**Deductible – Delta Dental PPO™ Dentist or Delta Dental Premier® 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, periodontal maintenance, and orthodontic services.

**Nonparticipating Dentist** - \$100 Deductible per person total per Benefit Year limited to a maximum Deductible of \$300 per family per Benefit Year. The Deductible does not apply to oral exams, preventive services, X-rays, sealants, periodontal maintenance, and orthodontic services.

**Benefit Maximum Payment** – \$1,500 per person total per Benefit Year on all services, except oral exams, preventive services, X-rays, sealants, periodontal maintenance, and orthodontic services. \$1,000 per person total per lifetime on orthodontic services.

**Child Age Limit** – To age 26

**Student Age Limit** – To age 26

**Covered Services** –

	Delta Dental PPO™ Dentist Plan Pays	Delta Dental Premier® Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> – exams, cleanings, fluoride, and space maintainers	100%	100%	80%
<b>Sealants</b> – to prevent decay of permanent teeth	100%	100%	80%
<b>Radiographs</b> – X-rays	100%	100%	80%
<b>Periodontal Maintenance</b> – cleanings following periodontal therapy	100%	100%	80%
<b>Basic Services</b>			
<b>Emergency Palliative Treatment</b> – to temporarily relieve pain	80%	80%	80%
<b>Minor Restorative Services</b> – fillings	80%	80%	80%
<b>Endodontic Services</b> – root canals	80%	80%	80%
<b>Non-Surgical Periodontic Services</b> – non-surgical services to treat gum disease	80%	80%	80%
<b>Oral Surgery Services</b> – extractions and dental surgery	80%	80%	80%
<b>Other Basic Services</b> – misc. services	80%	80%	80%
<b>Major Services</b>			
<b>Crown Repair</b> – to individual crowns	50%	50%	50%
<b>Surgical Periodontic Services</b> – surgical services to treat gum disease	50%	50%	50%
<b>Major Restorative Services</b> – crowns	50%	50%	50%
<b>Relines and Repairs</b> – to bridges and dentures	50%	50%	50%

<b>Prosthodontic Services - bridges and dentures</b>	50%	50%	50%
<b>Orthodontic Services</b>			
<b>Orthodontic Services - braces</b>	50%	50%	50%
<b>Orthodontic Age Limit -</b>	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.

### Frequencies and Limitations

- Oral exams are payable twice per benefit year. Limited oral evaluations for a specific problem or complaint are payable once per benefit year.
- Prophylaxes (cleanings) are payable three times per benefit year. Scaling (equivalent to one cleaning) is payable once in any two-year period. Full mouth debridement (equivalent to one cleaning) is payable once in any five-year period.
- Fluoride treatments are payable twice per benefit year.
- Sealants are payable once per tooth in any three-year period for permanent bicuspids and molars for people age 15 and under. The surface must be free from decay and restorations. Preventive resin restoration on molars is payable once per lifetime for people age 15 and under with moderate to high caries risk. Treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament is payable twice per tooth per calendar year for people age 18 and under.
- Bitewing X-rays are payable twice per benefit year. Full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period.
- Periapical and extraoral X-rays are payable twice per per benefit year.
- Space maintainers and recement or rebond of space maintainers are payable once per area per lifetime for people age 13 and under. Distal shoe space maintainers are payable once per area per lifetime for people age eight and under.
- Bacteriologic cultures, ViziLite, electron microscopy and laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report are payable.
- Endodontic treatment is payable once per tooth per lifetime. Endodontic retreatment is payable once per tooth in any three-year period.
- Root planing and scaling is payable once per quadrant in any two-year period. Only two quadrants of root planing and scaling can be performed on the same day.
- Recement or rebond of fixed partial denture is payable once in any two-year period.
- Crowns over implants and related services are not payable.
- Implants and implant-related services are not payable.
- Silver amalgam and composite resin (white) restorations are payable once per surface in any two-year period.
- Inlays (any material) are payable and subject to the same time limitation as cast restorations (crowns and onlays).
- Crowns and onlays and associated procedures (cores, substructures) are payable once per tooth in any five-year period. Veneers, including repairs, and recement or rebond of inlay, onlay, veneer, and partial coverage restoration are payable once in any 12-month period.
- Oral surgery, including simple and surgical extractions, is payable. Brush Biopsy is payable. Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla, sinus augmentation, and bone replacement graft for ridge preservation are not payable.
- Nitrous Oxide, therapeutic drug administration and drugs or medicaments dispensed in the office for home use are payable. Fabrication of athletic mouthguard is payable once in any two-year period for people age 18 and under. Occlusal guards are not payable.
- Harmful habit appliances are payable once per lifetime for people age 15 and under.

### Special Health Care Needs

Members diagnosed with "special health care needs" (as defined below) that significantly impair the Member's ability to obtain routine covered dental services, may be eligible for additional services, including:

- Additional visits, consultations and/or exams
- Up to four total dental cleanings per benefit year
- Treatment delivery modifications, which may include limited anesthesia, when necessary for dental staff to provide oral health care

"Special health care needs" are any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition requiring medical management, health care intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or

environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity.

Special health care needs may include:

- Intellectual and neurodevelopmental disabilities
- Environmental or congenital injuries leading to disability
- Chromosomal abnormalities
- Syndromes or sequences with craniofacial or airway abnormalities
- Other sequences that require special dental care needs
- Any other syndrome, sequence, or abnormality which is not otherwise specified but has a significant deleterious effect in activities of daily living and/or requires significant modification at home and/or in care settings

Special health care needs does not include anxiety, depression, or a fear of dentists or dental treatment (odontophobia).

In evaluating whether you qualify for this special health care needs benefit, your dentist will determine whether they need to change or add new equipment, increase procedure time, and/or change or require additional therapeutic regimes and/or techniques in order to treat you. In making the assessment, your dentist may ask you for documentation evidencing your special health care need. Your dentist will submit the required paperwork to us, and we will determine if you qualify for this benefit. There is no age limit on the special health care need benefit.

**Payment for Orthodontic Service** – When orthodontic treatment begins, your Dentist will submit a treatment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon treatment plan, Delta Dental will make an initial payment to you or your Participating Dentist upon insertion of the appliances or initial banding, equal to 50% of Delta Dental's stated Copayment on the Maximum Payment for Orthodontic Services as set forth in this Summary of Benefits. Provided Member has current eligibility on the date of service 12 months from the date the appliances or initial banding were placed, Delta Dental will make an additional payment equal to the balance of Delta Dental's stated Copayment on the Maximum Payment for Orthodontic Services. Maximum Payment for Orthodontic Services equals the lesser of Delta Dental's total Copayment for Orthodontic Services, the Maximum Payment per person total per lifetime on orthodontic services or the fee charged by your provider for orthodontic services.

**Eligible People** – As defined by the Employer Group. The Group and Subscriber share the cost of this plan.

Enrollees and dependents choosing this dental plan are required to remain enrolled for a minimum of 12 months. Should a Subscriber or Dependent choose to drop coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may only enroll if the Subscriber is enrolled (except under COBRA) and must be enrolled in the same plan as the Subscriber. An election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

**Dual Spouse** – If you and your Spouse are both eligible to enroll in this Dental Plan as Subscribers, you may be enrolled together on one application or separately on individual applications, but not both. Your Dependent Children may only be enrolled on one application. Delta Dental will not coordinate benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Subscribers under this Dental Plan.

Coverage ends at the end of the month that the Subscriber and/or Dependent is no longer eligible.