

Delta Dental of Arizona
Dental Benefit Highlights for
Catalina Foothills School District #6132



Delta Dental PPO plus Premier™	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Nonparticipating Dentist
<i>Coverage effective July 1, 2024</i>	Plan Pays	Plan Pays	Plan Pays*

Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Periodontal Maintenance - cleanings following periodontal therapy	100%	100%	100%
Basic Services			
Emergency Palliative Treatment - to temporarily relieve pain	80%	80%	80%
Sealants - to prevent decay of permanent teeth	80%	80%	80%
Minor Restorative Services - fillings	80%	80%	80%
Oral Surgery Services - extractions and dental surgery	80%	80%	80%
Other Basic Services - misc. services	80%	80%	80%
Major Services			
Crown Repair - to individual crowns	50%	50%	50%
Endodontic Services - root canals	50%	50%	50%
Periodontic Services - to treat gum disease	50%	50%	50%
Major Restorative Services - crowns	50%	50%	50%
Relines and Repairs - to bridges and dentures	50%	50%	50%
Prosthodontic Services - bridges, implants, and dentures	50%	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 – \$1,000 per person total per Benefit Year on all services, except periodontics (excluding periodontal maintenance) and orthodontic services. \$1,000 per person total per lifetime on orthodontic services. \$1,000 per person total per lifetime on periodontics (excluding periodontal maintenance).

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 \$1,000 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.

Deductible – \$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, periodontal maintenance, and orthodontic services.

HOW CAN WE HELP YOU?

Find an 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 sparkling. Check them out!

NEED YOUR ID CARD?

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

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.