



Delta Dental PPO plus Premier™
Summary of Benefits
For Group# 4287-10001000, 19901000
Arizona Pipe Trades Health & Welfare Trust Fund

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 – Arizona Pipe Trades Health & Welfare Trust Fund

Dental Claims Administrator – Delta Dental of Arizona

Benefit Year – January 1 through December 31

Deductible – For Age 17 and under – \$25 Deductible per person total per Benefit Year limited to a maximum Deductible of \$50 per family per Benefit Year. The Deductible does not apply to oral exams, and preventive services. **For Age 18 and up** – \$25 Deductible per person total per Benefit Year limited to a maximum Deductible of \$50 per family per Benefit Year. The Deductible does not apply to oral exams, and preventive services.

Benefit Maximum Payment – For Age 17 and under – Unlimited per person total per Benefit Year on all services. **For Age 18 and up** – \$3,000 per person total per Benefit Year on all services.

Child Age Limit – To age 26

Student Age Limit – To age 26

Covered Services –

	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%	100%	80%
Basic Services			
Emergency Palliative Treatment – to temporarily relieve pain	80%	80%	80%
Sealants – to prevent decay of permanent teeth	80%	80%	80%
Radiographs – X-rays	80%	80%	80%
Minor Restorative Services – fillings and crown repair	80%	80%	80%
Endodontic Services – root canals	80%	80%	80%
Periodontic Services – to treat gum disease	80%	80%	80%
Oral Surgery Services – extractions and dental surgery	80%	80%	80%
Major Restorative Services – crowns	80%	80%	80%
Other Basic Services – misc. services	80%	80%	80%
Relines and Repairs – to bridges and dentures	80%	80%	80%
TMD Treatment – treatment of the disorder of the temporomandibular joint	80%	80%	80%
Major Services			
Prosthodontic Services – bridges, implants, and dentures	80%	80%	80%

* 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 calendar year. Limited oral evaluations for a specific problem or complaint, detailed and extensive oral evaluations and limited problem focused re-evaluations are payable.
- Prophylaxes (cleanings) and scaling (equivalent to one cleaning) are payable twice per calendar year. Full mouth debridement (equivalent to one cleaning) and periodontal maintenance procedures are payable.
- Fluoride treatments are payable twice per calendar year.
- Sealants are payable for people age 18 and under. The surface must be free from decay and restorations. 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, and full mouth X-rays or a panorex are payable.
- Periapical X-rays are payable.
- Space maintainers are payable.
- Assessment of salivary flow by measurement and caries risk assessment are payable.
- Pulp capping, pulpotomy, endodontic therapy and retreatment, apexification, pulpal regeneration (interim medication replacement), apicoectomy, and periradicular services (excluding intentional reimplantation with necessary splinting) are payable.
- Periodontic services are payable.
- Full and partial dentures are payable once in any five-year period. Interim partial dentures are payable.
- Bridges are payable.
- Crowns over implants, services related to crowns over implants, connecting bars, implant maintenance procedures when prostheses are removed or reinserted, repair of implant-supported prostheses, replacement of replaceable part of semi-precision or precision attachment, and implant/abutment-supported interim fixed denture for edentulous arch are payable.
- Implants and implant-related services, surgical access of implant body, removal of broken retaining screen, debridement and bone grafts for repair of peri-implant defects, and radiographic/surgical implant index (by report) are payable.
- Silver amalgam and composite resin (white) restorations are payable.
- Inlays (any material) are payable.
- Crowns (including stainless steel crowns), substructures, onlays, inlays, gold foil restorations, and veneers are payable.
- Oral surgery, including simple and surgical extractions, is payable.
- Nitrous oxide is payable for people age nine and under when used in conjunction with another procedure. Emergency palliative treatment is payable. Occlusal guards are payable once per lifetime.
- Orthodontic services, including exposure of an unerupted tooth and placement of device to facilitate eruption of impacted tooth as related to orthodontics, are not payable.

Eligible People – As defined by the Employer Group. The Group pays the full cost of this plan for Subscribers. The Subscriber pays the additional cost of dependent coverage.

Dual Spouse – If you and your Spouse are both eligible to enroll in this Dental Plan as Subscribers, you may be enrolled as both an Enrollee on your own application and as a Dependent on your Spouse's application. Your Dependent Children may be enrolled on both your and your Spouse's applications as well. Delta Dental will coordinate benefits between your coverage and your Spouse's coverage.

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