Delta Dental of Arizona Dental Benefit Highlights Low Plan Arizona Metropolitan Trust (AZMT) #4720

Delta Delta

Delta Dental PPO plus Premier™	Dental	Dental	Nonparticipating
Delta Delital FFO plus Freilliei	PPO™	Premier®	Dentist
Coverage offective July 1 2022	Dentist	Dentist	Dentist
Coverage effective July 1, 2022	Plan Pays	Plan Pays	Plan Pays*
Diamask	_		Pidii PdyS
	ic & Prevent	ive	
Diagnostic and Preventive Services -	10.00/	10.00/	000/
exams, cleanings, fluoride, and space maintainers	100%	100%	80%
Sealants - to prevent decay of permanent teeth	100%	100%	80%
	100%	100%	80%
Radiographs - X-rays Periodontal Maintenance - cleanings	100%	100%	80%
following periodontal therapy	100%	100%	80%
	e Corviges		
	ic Services		
Emergency Palliative Treatment - to	80%	80%	60%
temporarily relieve pain	80%	80%	60%
Minor Restorative Services - fillings	80%	80%	60%
Endodontic Services - root canals	80%	80%	60%
Periodontic Services - to treat gum disease	80%	80%	60%
Oral Surgery Services - extractions and	222/	2001	200/
dental surgery	80%	80%	60%
Other Basic Services - misc. services	80%	80%	60%
Maio	or Services		
Crown Repair - to individual crowns	50%	50%	40%
Major Restorative Services - crowns	50%	50%	40%
Relines and Repairs - to bridges and	F00/	F00/	400/
dentures	50%	50%	40%
Prosthodontic Services - bridges,	50%	50%	40%
implants, and dentures			40%
Orthod	ontic Service	es	
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit -	from the	from the	
-	age of 8 -	age of 8 -	from the age of 8
	No Age	No Age	- No Age Limit
	Limit	Limit	

^{*} 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 – \$2,000 per person total per Benefit Year on all services except orthodontic services. \$2,000 per person total per lifetime on orthodontic services.

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, sealants, periodontal maintenance, and 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.



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 form the member portal or the Delta Dental Mobile App.