



**Maricopa County**  
**PPO Plus Premier Network Plan – Covered Dental Services –**  
**Effective 7/1/2015**

<b><u>ROUTINE SERVICES</u></b>	<b><u>BENEFITS</u></b>
<p><b><u>DIAGNOSTIC:</u></b>            Exams, evaluations or consultations (Twice in a benefit year)            X-rays:</p> <ul style="list-style-type: none"> <li>• Full Mouth/Panorex (Once in a 3 year period)</li> <li>• Bitewing (Twice in a benefit year)</li> <li>• Periapical</li> </ul> <p><b><u>PREVENTIVE:</u></b></p> <ul style="list-style-type: none"> <li>• Routine Cleanings (limited to twice in a benefit year, or one difficult cleaning may be exchanged for one routine cleaning. However, the difficult cleaning is limited to not more than once in a five year period.)</li> <li>• Topical Application of Fluoride (children through age 17 -Twice in a benefit year)</li> <li>• Space Maintainers (For missing posterior primary (baby) teeth)</li> <li>• Sealants for children (Once in a three (3) year period for permanent molars &amp; bicuspid up to age nineteen (19).</li> <li>• Emergency (Palliative treatment) treatment for the relief of pain</li> </ul>	<p><b>100%</b></p>

<b><u>BASIC SERVICES</u></b>	<b><u>Year 1: 80%*</u></b>
<p><b><u>RESTORATIVE:</u></b></p> <ul style="list-style-type: none"> <li>• Fillings consisting of silver amalgam; and, for front teeth only, synthetic tooth color fillings.</li> <li>• Stainless Steel Crowns (For primary (baby) teeth only)</li> </ul> <p><b><u>ORAL SURGERY:</u></b></p> <ul style="list-style-type: none"> <li>• Extractions</li> </ul> <p><b><u>ENDODONTICS:</u></b></p> <ul style="list-style-type: none"> <li>• Root Canal Treatment (Permanent Teeth); Pulpotomy (Primary (baby) Teeth)</li> </ul> <p><b><u>PERIODONTICS:</u></b></p> <ul style="list-style-type: none"> <li>• Treatment of Gum Disease (Non-surgical-once every 2 years/Surgical once every 3 years).</li> <li>• Periodontal maintenance following periodontal treatment (limited to two cleanings per year in addition to routine cleanings)</li> </ul>	<p>Year 2, if preventive care received in previous plan year: 85%*</p> <p>Year 2, if preventive care NOT received in previous plan year: 80%</p> <p>Year 3, if preventive care received in previous two plan years: 90%*</p> <p>Year 3, if preventive care NOT received in previous two plan years: 80%</p>

**MAJOR SERVICES**

**PROSTHODONTICS:** (Does not provide for lost, misplaced or stolen bridges or dentures. 5-year waiting period for replacement last performed).

- Bridges
- Partial Dentures
- Complete Dentures

**BRIDGE AND DENTURE REPAIR:**

Repair of such appliances to their original condition including relining of dentures.

**RESTORATIVE:** (5-year waiting period for replacement last performed)

- Cast Crowns
- Jackets
- Onlays
- Inlays
- Synthetic posterior fillings

**IMPLANTS:** (Implants are only a benefit to replace a single missing tooth, bounded by teeth on each side. Limited to \$1,000.00 per tooth, per lifetime and is applied to the patient's benefit year maximum.)

**Year 1: 50%\***

Year 2, if preventive care received in previous plan year: 55%\*

Year 2, if preventive care NOT received in previous plan year: 50%\*

Year 3, if preventive care received in previous two plan years: 60%\*

Year 3, if preventive care NOT received in previous two plan years: 50%\*

**ORTHODONTIC SERVICES**

**50%**

The program will pay **50%** of the Orthodontic Services for Adults & Children. Benefits are limited to a maximum of **\$3,000** per lifetime of the patient payable in two (2) payments - upon initial banding and twelve months after. This maximum is separate from the calendar year maximum for your other dental benefits

**Calendar Year Maximum: \$2,000**

**Annual Deductible: \$50 per person; \$100 per family**

\*Subject to annual deductible.

+ If you received preventive care every year, your benefit level will increase the following year until it reaches the level specified in your plan documents.

+ If you received preventive care in year 1, your benefit level will increase in year 2. If you do not receive preventive care in year 2, your benefit level in year 3 will return to year 1 benefit level.

+ If you never receive preventive care, your benefit level will remain the same and never decrease below your original benefit level