

**CITY OF FLAGSTAFF  
GROUP #1372  
COVERED DENTAL SERVICES  
DELTA DENTAL OF ARIZONA**

**BENEFITS WILL COORDINATE WITH OTHER NAPEBT PLANS**

Employee Cost – Employee Only: \$0; Family Coverage: \$55.90/month (\$27.95/pay period)

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**ROUTINE SERVICES**

**100%**

DIAGNOSTIC:

Exams, evaluations or consultations (Twice per calendar year)  
X-rays: Full Mouth/Panorex (Once in a three-year period)  
    Bitewing (Twice in a calendar year)  
    Periapical

Deductible  
does not apply.

PREVENTIVE:

Routine Cleanings (limited to twice in a calendar 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.)  
Topical Application of Fluoride (children to age 18 – Twice in a calendar year)  
Space Maintainers (For missing posterior primary (baby) teeth)

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**BASIC SERVICES**

**80%**

RESTORATIVE:

Fillings consisting of silver amalgam; and, for front teeth only, synthetic tooth color fillings  
Sealants for Children (Once per three-year period for permanent molars & bicuspids to age 19)

ORAL SURGERY:

Extractions

ENDODONTICS:

Root Canal treatment (Permanent Teeth); Pulpotomy (Primary (baby) Teeth)

PERIODONTICS:

Treatment of Gum Disease (Non-surgical-once every two years/Surgical once every three years)

BRIDGE AND DENTURE REPAIR:

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

EMERGENCY: (Palliative treatment)

Treatment for the relief of pain

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**CROWNS**

**60%**

Cast Crowns – Jackets – Onlays (Five year waiting period for replacement last performed)  
Stainless Steel Crowns (For primary (baby) teeth only)

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**MAJOR SERVICES**

**50%**

PROSTHODONTICS:

Bridges  
Partial Dentures  
Complete Dentures  
Replacement Bridges/Dentures  
Replacement Restorations

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

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**ORTHODONTICS**

**50%**

Orthodontic Services for children age 8 and older. Children must be banded prior to age 17. Benefits are limited to a maximum of **\$1,000** per lifetime of the patient. Payable in two payments – upon initial banding and twelve months later. This maximum is separate from the calendar year maximum for your other dental benefits.

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**CALENDAR YEAR BENEFIT MAXIMUM:**

**\$2,000**

**CALENDAR YEAR DEDUCTIBLE:**

**\$50/person  
No max**

(\*\*) Predetermination recommended for services over \$250

Student Age – 19-23

**BENEFITS SUBJECT TO ALL PROVISIONS, TERMS & CONDITIONS OF THE GROUP CONTRACT.**