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# Coconino County Community College

COVERED DENTAL SERVICES

PREMIER PLAN – Group #2194

PREMIER PROVIDER NETWORK

ROUTINE SERVICES	BASIC SERVICES	MAJOR SERVICES	ORTHODONTIC SERVICES
<b>Deductible:</b> None	<b>Deductible:</b> \$50.00 per Person; \$150.00 per Family		
<b>Covered at 100%</b>	<b>Covered at 80%</b>	<b>Covered at 50%</b>	<b>Not a covered benefit</b>
<p><b>Diagnostic:</b> Exams, evaluations or consultations (Twice in a benefit year) X-rays: Full Mouth/Panorex or vertical bitewings (Once in a 3-year period) Bitewing (Twice in a benefit year) Periapical</p> <p><b>Preventive:</b> 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.) Topical Application of Fluoride (children through age 17 -Twice in a benefit year) Space Maintainers (For missing posterior primary (baby) teeth up to age 14)</p>	<p><b>Restorative:</b> Fillings silver amalgam and for front teeth only, synthetic tooth color fillings (once per surface every two years) Stainless Steel Crowns (For primary (baby) teeth only) Sealants for Children (Once per 3-year period for permanent molars &amp; bicuspid up to age 19)</p> <p><b>Oral Surgery:</b> Extractions</p> <p><b>Endodontics:</b> Root Canal Treatment (Permanent Teeth) Pulpotomy (Primary (baby) Teeth)</p> <p><b>Periodontics:</b> Treatment of Gum Disease Non-surgical-once every two years Surgical once every three years)</p> <p><b>Emergency:</b> Treatment for the relief of pain</p>	<p><b>Prosthodontics:</b> Bridges Partial Dentures Complete Dentures</p> <p><b>Restorative:</b> Crowns Onlays</p> <p><b>Bridge &amp; Denture Repair:</b> Repair of such appliances to their original condition including relining of dentures.</p> <p><b>Replacement:</b> A five-year waiting period applies to all major services including lost, misplaced or stolen bridges or dentures, and replacement restorations.</p>	
<b>Annual Maximum:</b> \$1,000 per person			
<b>All diagnostic, preventive, basic and major services contribute to calendar year maximum.</b>			

**Student Age: 19-23** • (\*\*\*) Predetermination recommended for services over \$250

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