

SUMMARY OF BENEFITS

Delta Dental of Arizona, Inc.
Employer Group Dental Contract

Group : 36424

Group Name : Alan Lepak dba: Global Bikes

Summary

Effective Date : 01/01/2016

This is the date which this document is effective.

Contract Year : January 1st through December 31st

This is the twelve (12) month period for which these Contract benefits apply

Benefit Year : January 1st through December 31st

Benefit Year means the annual period specified in the Employer Group Dental Contract for calculation of benefits, co-payment, and deductibles under This Contract.

Age Limits : Child: 26 Student: 26

Deductible : \$50.00 per person, \$150.00 per family

Annual Benefit Year Maximum : \$1500.00

Benefit dollars used for Diagnostic and Preventive services will not apply to the annual maximum.

REFER TO THE COVERED DENTAL SERVICES SECTION OF THIS BENEFIT BOOKLET FOR A MORE DETAILED DESCRIPTION OF BENEFITS, LIMITATIONS AND EXCLUSIONS.

Pre-determination recommended for services over \$250.

Routine (Deductible does not apply to these services) **100%**
(No waiting period)

Diagnostic

- Exams, evaluations or consultations (Twice in a Benefit Year)
- X-rays Full Mouth/Panorex (Once in a five (5) year period) Bitewings(Once in a Benefit Year) Periapical - (six (6) per calendar year).

Preventive

- Sealants for children - Once in a three (3) year period for permanent molars & bicuspsids up to age nineteen (19).
- Topical Application of Fluoride (children to the age of eighteen (18) - twice in a benefit year)
- Routine Cleanings (limited to twice in a benefit year), or one (1) difficult cleaning may be exchanged for one (1) routine cleaning, however, the difficult cleaning is limited to not more than once in a five (5) year period.
- Space Maintainers - Once in a three (3) year period for missing posterior primary (baby) teeth up to age fourteen (14).

Basic (Deductible does apply to these services) **80%**
(No waiting period)

Restorative

- Fillings consisting of silver amalgam; and in the case of front teeth only, composite tooth color fillings - Once per tooth surface in a two (2) year period.
- Stainless Steel Crowns

Oral Surgery

- Simple extractions

Emergency (Palliative Treatment)

- Emergency treatment for the relief of pain

Major (Deductible does apply to these services) **50%**
(No waiting period)

Restorative

- Cast Crowns - Onlays Once in a seven (7) year waiting period. Not available to children under age twelve (12)

Oral Surgery

- Surgical extractions and Surgical Procedures including pre and post treatment care
- General Anesthesia and Intravenous Sedation/Analgesia - As stated in the Covered Dental Services section of this benefit booklet.

Periodontics

- Treatment of Gum Disease: Non-surgical - Once every two (2) years. Surgical - Once every three (3) years.

Endodontics

- Root Canal Treatment (Permanent Teeth); Pulpotomy (Primary (baby) Teeth) Once per tooth per Lifetime.

Prosthodontics

- Bridges - Does not provide for lost, misplaced or stolen bridges or dentures. Seven (7) year waiting period for replacement last performed.
- Complete Dentures - Does not provide for lost, misplaced or stolen bridges or dentures. Seven (7) year waiting period for replacement last performed.
- Implant- Implants are only a benefit to replace a single missing tooth once in a seven (7) year interval from the date the procedure was last performed.
- Partial Dentures - Does not provide for lost, misplaced or stolen bridges or dentures. Seven (7) year waiting period for replacement last performed.

Bridge and Denture Repair

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