

VALLEY SCHOOLS EMPLOYEE BENEFIT TRUST (VSEBT I)

HIGLEY UNIFIED SCHOOL DISTRICT #60

CHANDLER UNIFIED SCHOOL DISTRICT #80

QUEEN CREEK UNIFIED SCHOOL DISTRICT #95

Group #4267

COVERED DENTAL SERVICES

DELTA DENTAL OF ARIZONA

PREMIER PLAN - PREMIER PROVIDER NETWORK

ROUTINE SERVICES

100%

DIAGNOSTIC:

Exams of any type, including consultations (Twice in a plan year)

X-rays: Full Mouth/Panorex (Once in a two-year period)

Bitewing (once in a plan year)

Periapical

PREVENTIVE:

Routine Cleanings (limited to twice in a plan 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 plan year period.)

Topical Application of Fluoride (children to age 17 once in a plan year)

EMERGENCY: (Palliative treatment)

Treatment for the relief of pain

BASIC SERVICES

80%

Space Maintainers (For missing posterior baby teeth-children to age 15)

Prescription drugs

RESTORATIVE:

Fillings consisting of silver amalgam; or synthetic tooth color fillings

Extractions (Non-Surgical)

MAJOR SERVICES

50%

ORAL SURGERY

ENDODONTICS:

Root Canal Treatment (Permanent Teeth); Pulpotomy (Baby Teeth)

PERIODONTICS:*

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

****This maximum applies to plan year maximum for your other dental benefits.**

PROSTHODONTICS: **New enrollees will have a 2 year waiting period.**

Bridges (Does not provide for lost, misplaced or stolen bridges or dentures.)

Partial Dentures (Five-year waiting period for replacement last performed)

Complete Dentures

BRIDGE AND DENTURE REPAIR: **New enrollees will have a 2 year waiting period.**

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

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

Cast Crowns - Inlays - Onlays

Stainless Steel Crowns (For primary (baby) teeth only)

TMJ Temporal Mandibular Joint *

****This maximum applies to plan year maximum for your other dental benefits.**

ORTHODONTIC SERVICES

50%

For adults & children age 8 and older and benefits are limited to a maximum of \$750 per lifetime of the patient. ****This maximum applies to plan year maximum for your other dental benefits.**

PLAN YEAR BENEFIT MAXIMUM:

\$1,500

***PERIODONTICS:** Benefits limited to a lifetime maximum

\$1,000

***TMJ:** Benefits limited to a lifetime maximum

\$1,000

PLAN YEAR DEDUCTIBLE: \$50.00 per Person; \$150.00 per Family

Student Age: 19-25

Note: **Deductible does apply to all services**

Predetermination recommended for services over \$250

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