

Delta Dental Premier

You receive the highest benefits when you use a Delta Dental Provider. These dentists have agreed to accept a negotiated fee after deductibles and copays are met.

		<i>In-Network</i>		
	Deductible	Individual: \$50 Family \$150		
	Annual Maximum for Basic and Major Services	\$2,000 per person		
	Orthodontia Lifetime Limit	\$1,500 per person		
		Your Cost for Care		
<i>Preventive Care Class I*</i>	Oral Exam	\$0 – Deductible Waived ¹		
	Emergency Exam	\$0 – Deductible Waived ¹		
	Prophylaxis/ Cleaning	\$0 – Deductible Waived ¹		
	Fluoride Treatment	\$0 (to age 18) - Deductible Waived ¹		
	X-Rays	\$0 – Deductible Waived ¹		
	Sealants	20% (to age 19)		
	Fillings	20% ²		
<i>Basic Services Class III</i>	Extractions	20% ²		
	Periodontal Gingivectomy	20% ²		
	Oral Surgery	20% ²		
	Crowns	50% ²		
	Denture	50% ²		
	Fixed Bridgeworks	50% ²		
	Crown/Bridge Repair	50% ²		
	Implant Body	50% ^{2,3}		
	Orthodontia	See lifetime		
	TMJ Exam/Services	Not covered		
	External Bleaching	Not covered		
		2020 Per Pay Period Premiums – No Change		
		<i>You Pay</i>	<i>NAU Pays</i>	<i>Total</i>
	Employee Only	\$14.30	\$2.29	\$16.59
	Employee + Adult	\$30.33	\$4.58	\$34.91
	Employee + Child	\$23.34	\$4.58	\$27.92
	Family	\$48.26	\$6.32	\$54.58

¹ Routine visits, exams, and cleanings, and fluoride treatments are covered two times per Plan Year at 100%. Emergency exams are covered once per Plan Year at 100%. X-rays (Bitewing, Periapical) are covered once per Plan Year at 100%.

² Members must first meet all deductible.

³ Subject to both the benefit year allowance and the lifetime maximum limit of \$1,000 per tooth. Subject to all provisions, terms and conditions of the Plan Description.