

# BENEFIT SUMMARY ARIZONA

DSM USA Insurance Company, Inc.  
DentaQuest PPO Individual Family Low

## DentaQuest: More Choices, More Value

DentaQuest is one of the most experienced dental insurance companies in the nation. We administer dental benefits on behalf of approximately 20 million individuals in 28 states. You can rely on our experience when it comes to your dental insurance needs.

To find a dentist, please visit [www.dentaquest.com/marketplace/AZ](http://www.dentaquest.com/marketplace/AZ) or call us toll free at 844-876-3981.

You can receive more information about your benefits by visiting our website [www.dentaquest.com/marketplace/AZ](http://www.dentaquest.com/marketplace/AZ) and downloading the Subscriber Certificate. It includes everything you need to know about your dental plan, including how to use your benefits, how to find a dentist, how the claims and appeal processes work, and other helpful information.

## Coverage Summary

Coverage type	Calendar year deductible	DentaQuest will pay*
Diagnostic and preventive services	None	100%
Restorative and other basic services	\$100 per covered individual/\$300 per family	40% under 19 / 50% 19 and older
Complex dental services	\$100 per covered individual/\$300 per family	40% under 19 / 50% 19 and older
Orthodontics (under age 19)	None	40% under 19, no coverage 19 and older

**Waiting Period:** For Covered Individuals age 19 and older, Restorative and other Basic Services are subject to a six (6) month waiting period. Complex Dental Services are subject to a twelve (12) month waiting period.

\*Note: DentaQuest will pay the same percentage of the **allowable charges** for covered services received in and out of network. If you choose to see a non-contracting dentist (out of network), you will be responsible for the difference between the plan's allowable charges (what contracting dentists receive for payment from DentaQuest) and the dentist's usual and customary fees (what the dentist charges cash-paying patients).

### Is there an out-of-pocket maximum?

For covered individuals under 19, the maximum out of pocket expense is \$350 for each calendar year. The maximum family out of pocket expense is \$700 for each calendar year.

### What are my annual limits and maximums?

For covered individuals 19 and over, the total benefits are limited to a maximum of \$1,000 for each calendar year.

### Do I have out of network coverage?

Yes, DentaQuest will pay the same percentage for covered services received in and out of network. But if you choose to see a non-contracting dentist (out of network), you will be responsible for the difference between the plan's allowable charges (what contracting dentists receive for payment from DentaQuest) and the dentist's usual and customary fees (what the dentist charges cash-paying patients). This means you'll save more by receiving care from a contracting dentist.

The information on this coverage summary should be used only as a guideline for your dental benefits plan. For detailed information on your group's plan, riders, terms and conditions, or limitations and exclusions, refer to your plan's Subscriber Certificate, which is available at [www.dentaquest.com/marketplace/AZ](http://www.dentaquest.com/marketplace/AZ). If you receive a treatment after you have exhausted your maximum or if you receive a treatment that will cause you to exceed your maximum, you may be billed at the dentist's normal rate rather than DentaQuest's negotiated rate.

Your Plan is administered by  
DentaQuest USA Insurance Company, Inc.

[www.dentaquest.com/marketplace/AZ](http://www.dentaquest.com/marketplace/AZ)

844-876-3981

465 Medford Street  
Boston, MA 02129-1454

**DentaQuest**

Category / Procedure	Benefit limits	DentaQuest will pay*	
		Under age 19	Age 19 and Older
<b>Diagnostic</b>			
Comprehensive oral exam	Under age 19 – Once every six months Age 19 and older – Once every 60 months	100%	100%
Periodic oral exam	Once every six months	100%	100%
Full mouth X-rays	Once every 60 months	100%	100%
Bitewing X-rays	Once every six months	100%	100%
Single tooth X-rays	As needed	100%	100%
Study models and casts	Under age 19 – Once every 60 months	100%	100%
<b>Preventive</b>			
Routine cleaning	Once every six months	100%	100%
Fluoride varnish application	Two every 12 months	100%	0%
Topical fluoride treatment	Two every 12 months	100%	0%
Space maintainers	Only for children under age 19 and not for the replacement of primary or permanent front teeth	100%	0%
Sealants	Under age 19 – One sealant per tooth every 36 months	100%	0%
<b>Restorative</b>			
Silver fillings	Covered	40%	50%
White fillings (front teeth)	Covered	40%	50%
Temporary fillings	Once per tooth	40%	50%
Stainless steel crowns	One per tooth in 60 months	40%	50%
<b>Major restorative</b>			
Crowns	When teeth cannot be restored with fillings	40%	50%
Replacement crowns	Once every 60 months	40%	50%
Implant	Covered for under age 19	40%	0%
<b>Endodontics</b>			
Root canal treatment	Covered	40%	50%
Vital pulpotomy	Limited to baby teeth	40%	50%
<b>Periodontics</b>			
Periodontal cleaning	Under age 19 – Four in 12 months	40%	50%
	Age 19 and older – One per 3 months		
Scaling and root planing	Subject to periodontal guidelines	40%	50%
Periodontal surgery	Must meet periodontal guidelines	40%	50%
<b>Dentures and bridges</b>			
Complete or partial dentures	Once every 60 months	40%	50%
Fixed bridges	Once every 60 months	40%	50%
Replacement dentures or fixed bridges	If they cannot be made servicable every 60 months	40%	50%
Rebase or reline dentures	Once every 36 months	40%	50%
Repair of dentures or fixed bridges	Once every 12 months	40%	50%
Adding teeth to existing dentures	Covered	40%	50%
Recementing fixed bridges	Once every 12 months	40%	50%
<b>Oral surgery</b>			
Simple extractions	Once per tooth per lifetime	40%	50%
Surgical extractions	Once per tooth per lifetime	40%	50%
<b>Orthodontics</b>			
Orthodontia	Under age 19 – When medically necessary	40%	50%
<b>Emergency dental care</b>			
Minor treatment - pain relief	Covered	100%	50%
<b>Anesthesia</b>			
General anesthesia	Allowed with covered surgical services only	40%	50%

\*Note: DentaQuest will pay the same percentage of the **allowable charges** for covered services received in and out of network. If you choose to see a non-contracting dentist (out of network), you will be responsible for the difference between the plan's allowable charges (what contracting dentists receive for payment from DentaQuest) and the dentist's usual and customary fees (what the dentist charges cash-paying patients).

Dependent children are covered up to and including age 26.