

Benefits at a Glance		Dental Managed by Delta Dental of Virginia		
Plan Contact Information	800-237-6060; www.deltadentalva.com			
Plan Benefit Design	General Plan Information			
Annual Deductible	\$50	Limit of 3 per family per calendar year		
Annual Benefit Maximum	\$2,000	Per enrollee, per calendar year. Preventive care expenses do not count toward the annual benefit maximum.		
Orthodontic Lifetime Maximum	\$2,000	Per eligible covered dependent child(ren)		
* The amounts listed under the Plan Differential are the deductible and maximum benefits permitted. The in-network and out-of-network deductibles and maximums are not separate and amounts applied to one will apply to the other.				
	In-Network*		Out-of-Network*	Benefit Limitations
COVERAGE	PPO	Premier		
Diagnostic and Preventive Care	100%	100%	80%	Exempt from the deductible. No benefit waiting period.
<ul style="list-style-type: none"> Oral exams and cleanings Fluoride applications Bitewing x-rays/Vertical bitewing x-rays Full mouth / panelipse x-rays Space maintainers Sealants Healthy Smile, Healthy You® Program 				Twice each in a calendar year. Once each calendar year under age 19. Once each calendar year, limited to posterior teeth. Limit of one each seven years. Under the age of 14. Under the age of 19, with limitations Pregnant, diabetic and members with certain high risk cardiac conditions are entitled to an additional cleaning and exam
Basic Dental Care	90%	80%	80%	Deductible applies. No benefit waiting period.
<ul style="list-style-type: none"> Amalgam (silver) and composite (white) fillings Stainless steel crowns Denture repair and re-cementation of crowns, bridges and dentures Simple extractions 				Retreatment only after 2 years from initial treatment. Limited to primary (baby) teeth for participants under age 14. Cost limited to ½ the allowance of a new denture or prosthesis.
Other Basic Dental Care	60%	50%	50%	Deductible applies. No benefit waiting period.
<ul style="list-style-type: none"> Oral Surgery Endodontic services/root canal therapy Periodontic services (scaling and root planing, soft tissue and bony surgery, including grafts) 				Impactions and other surgical procedures. Repeat treatment only after 2 years from initial root canal therapy treatment. Limitations of 2-3 years apply based on services rendered.
Major Dental Care	60%	50%	50%	Deductible applies. No benefit waiting period.
<ul style="list-style-type: none"> Prosthodontics/dentures/bridges Crowns Implants TMJ Non-Surgical Mouth Guards 				Once every 7 years, subject to age and other limitations. Once per tooth every 7 years, subject to age and other limitations. Subject to limitations.
<ul style="list-style-type: none"> Orthodontic Benefits 	50%	50%	35%	Deductible applies. Only for dependents under age 19.