



**Benefits for Fairfax County Government**

Group Number: 0000600050 • Effective Date: January 1, 2024

<b>Annual Deductible</b> <i>(Applies to basic and major services)</i>	<b>\$50</b> per person; <b>\$150</b> per family, per calendar year
<b>Annual Maximum</b>	<b>\$2,500</b> per person, per calendar year
<b>Orthodontic Lifetime Maximum</b>	<b>\$2,000</b> per person

For the services listed below, Delta Dental will pay the stated percentage of the plan allowance based on the dentist's participation with Delta Dental.

Benefits and Limitations*	Coinsurances		
	In-Network		Out-of-Network
	Delta Dental PPO™	Delta Dental Premier®	
<b>Diagnostic and Preventive Services</b>	100%	100%	80%
<ul style="list-style-type: none"> <li>• <b>Oral exams</b> — Twice in a calendar year.</li> <li>• <b>Regular cleanings</b> — Limited to two in a calendar year.</li> <li>• <b>Periodontal cleanings</b> — Limited to four in a calendar year (minus the number of regular cleanings).</li> <li>• <b>Fluoride applications</b> — Twice in a calendar year for enrollees under age 19.</li> <li>• <b>X-rays</b> — Bitewing X-rays are limited to once in a calendar year; limited to a maximum of four films or a set (seven to eight films) of vertical bitewings. Full-mouth X-rays are limited to once in a five-year period.</li> <li>• <b>Sealants</b> — One per tooth every 60 months for members under age 19 on non-carious, non-restored first and second permanent molars.</li> </ul>			
<b>Basic Services</b>	90%	80%	80%
<ul style="list-style-type: none"> <li>• <b>Fillings</b> — One per surface in a 24-month period.</li> <li>• <b>Simple extractions</b></li> <li>• <b>Denture repair and recementation</b></li> </ul>			
<b>Other Basic Services</b>	60%	50%	50%
<ul style="list-style-type: none"> <li>• <b>Endodontic services</b> — Root canal therapy.</li> <li>• <b>Periodontic services</b> — Treatment for gum disease.</li> <li>• <b>Oral surgery</b> — Surgical extractions and other surgical procedures.</li> <li>• <b>Occlusal Guards</b></li> </ul>			



<b>Major Services</b>	<b>60%</b>	<b>50%</b>	<b>50%</b>
<ul style="list-style-type: none"> <li>• <b>Crowns</b> — One per tooth every 7 years for members age 12 and older.</li> <li>• <b>Prostodontics/dentures and bridges</b> — Once every 7 years for enrollees age 16 and older.</li> <li>• <b>Implants</b> — One per site for members age 16 and older.</li> <li>• <b>TMJ</b> — Occlusal orthodontic device</li> </ul>			
<b>Orthodontic Services</b>	<b>50%</b>	<b>50%</b>	<b>50%</b>
<ul style="list-style-type: none"> <li>• <b>Treatment for the proper alignment of teeth</b> — For dependent children under age 19.</li> </ul>			

**Additional benefits included in your plan:**

**Prevention First** — Visits to the dentist for diagnostic and preventive services will not count against the annual maximum.

**Healthy Smile, Healthy You®** — Provides additional cleanings and/or fluoride for members with certain health conditions. Visit [DeltaDentalVA.com](http://DeltaDentalVA.com) to learn more or to download an enrollment form.

**Right Start 4 Kids\*** — Covers children up to age 13 at 100% with no deductible when you visit an in-network dentist. (For services outlined in the plan, up to the annual maximum. Subject to any limitations, exclusions and waiting periods).

**Special Health Care Needs Benefit** - Provides additional benefits for members with special needs. To learn more about this benefit please visit <https://deltadentalva.com/special-health-care-needs-resources.html>.


**Coverage is available for:**

- Dependent children, only to the end of the month when they reach age 26 (the “limiting age”).

**Choosing a dentist**

You may select the dentist of your choice. However, to get the most value from your dental benefits, make sure your dentist participates in the network listed at the top of your Delta Dental ID card. With Delta Dental PPO Plus Premier™, you have the option of visiting any dentist. However, your out-of-pocket costs may be lowest if you see a Delta Dental PPO™ network dentist and highest if you choose an out-of-network dentist. Delta Dental network dentists agree to discount their fees, submit claims on your behalf and not bill you for the difference. Visit [DeltaDentalVA.com](http://DeltaDentalVA.com) to find a participating dentist in your area.

If you visit an out-of-network dentist, Delta Dental will pay its portion of the bill and you are responsible for any coinsurance and deductible (if applicable), as well as the difference between the nonparticipating dentist’s charge and Delta Dental’s payment. Payment will be made to you, unless state law requires otherwise.



**Delta Dental PPO Plus Premier™**

**Group Name:** Delta Dental of Virginia  
**Group Number:** 0000000000-000000-0000  
**Subscriber:** Jane Doe  
**ID Number:** XXXXX000  
**Effective Date:** XX/XX/XXXX

Delta Dental of Virginia, 4818 Starkey Road, Roanoke, VA 24018  
**Electronic Claims Payor: 54084**  
**800-237-6060 • DeltaDentalVA.com**

*Delta Dental is a Registered Mark of Delta Dental Plans Association.*

This fact sheet is a brief description of dental services covered under your plan and is not designed to serve as an Evidence of Coverage. If you have questions about specific benefits or limitations under your plan, call Delta Dental’s Benefit Services at 800.237.6060 or visit [DeltaDentalVA.com/members](http://DeltaDentalVA.com/members) to register for an account.

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