DELTA DENTAL®

Delta Dental PPO Plus Premier™

Benefits for City of Charlottesville
Account Number: 00000700014
Effective Date: July 1, 2021

Annual Deductible *(Applies to basic and major services)*	$50 per person; $100 per family, per contract year
Annual Maximum	$1,500 per enrollee, per contract year
Orthodontic Lifetime Maximum	$1,000 per person
Prevention First	Visits to the dentist for diagnostic and preventive services will not count against the annual maximum.
***Healthy Smile, Healthy You®* Program**	Your plan provides additional cleanings and/or application of topical fluoride to enrollees with specific health conditions such as pregnancy, diabetes, high-risk cardiac conditions or who are undergoing cancer treatment via chemotherapy and/or radiation. Enrollment in *Healthy Smile, Healthy You®* is simple. Visit DeltaDentalVA.com to download and print an enrollment form.

Coverage	Coinsurances			Benefit Limitations
	In-Network		Out-of-Network	
	PPO	Premier		
Diagnostic and Preventive Services	100%	100%	100%	
• Oral exams and cleanings				Twice in a 12-consecutive-month period. Periodontal cleaning is considered a regular cleaning and is subject to the benefit limits for regular cleanings.
• Fluoride applications				Once in a 12-consecutive-month period for enrollees under the age of 19.
• Bitewing X-rays				One set in a 12-consecutive-month period.
• Full mouth/panelipse X-rays				Once in a 3-year period.
• Space maintainers				Once per quadrant per arch for enrollees under the age of 14.
Basic Services	80%	80%	80%	
• Amalgam (silver) and composite (white) fillings				Once per surface in a 24-month period.
• Stainless steel crowns				Primary (baby) teeth for enrollees under the age of 14.
• Simple extractions				
• Endodontic services/root canal therapy				Retreatment only after 24 months from initial root canal therapy treatment.
• Periodontic services				Once per quadrant in a 24-36 month period based on services rendered.
• Complex oral surgery				Surgical extractions and other surgical procedures.
• Denture repair and recementation of crowns, bridges and dentures				Once in a 12-month period after 6 months from initial placement.

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Major Services	50%	50%	50%	
• Crowns				Once per tooth in a 60-month period for enrollees age 12 and older.
• Prosthodontics, removable and fixed				Once in a 60-month period for enrollees age 16 and older.
Orthodontic Services	50%	50%	50%	
• Treatment for the proper alignment of teeth				For dependent children under the age of 19.

Coverage is Available for:

- Enrollee and spouse
- Dependent children, only to the end of the month they reach age 26 (the "limiting age").

Choosing a Dentist

To ensure services are covered and that you receive the greatest value for your dental benefits, it is important that 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 to find a participating dentist in your area.

Out-of-network dentists have not agreed to accept Delta Dental's plan allowance as full payment. After Delta Dental pays its portion of the bill, you are responsible for any required coinsurance and deductible (if applicable), as well as the difference between the non-participating dentist's charge and Delta Dental's payment. Payment will be made to you, unless state law requires otherwise.

The chart below illustrates how choosing an in-network dentist may help you save on out-of-pocket costs.

	Delta Dental PPO™	Delta Dental Premier®	Out-of-Network
Dentist's Charge for Covered Procedure	$215.00	$215.00	$215.00
Delta Dental's Plan Allowance	$126.00	$169.00	$113.00
Coinsurance Percentage	80%	80%	80%
Delta Dental's Payment	$100.80	$135.20	$90.40
Patient Payment*	$25.20	$33.80	$124.60

The example shown is for illustrative purposes only. Payment structures may vary between plans.

The preceding information is a brief description of the services covered under your plan. It is not intended for use as a summary plan description nor is it designed to serve as an Evidence of Coverage. If you have specific questions regarding benefit structure, limitations or exclusions, consult the plan document or call Delta Dental's Benefit Services Department at 800-237-6060.