DELTA DENTAL

Delta Dental PPO plus Premier™

VIRGINIA BANKERS ASSOCIATION
Benefits Corporation

Indemnity Plan
Group Number: 00000600185
Effective Date: January 1, 2022

Annual Deductible *(Applies to Basic and Major Services)*	$50 per person; $150 per family, per calendar year
Annual Maximum	$1,500 per enrollee, per calendar 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.
LifeSmile℠	Your plan provides a program that will help educate and empower you to make smart oral health decisions. To participate in LifeSmile, log into the subscriber portal from DeltaDentalVA.com/subscribers.aspx to take the LifeSmile Assessment. You will receive email messages based on the results of the assessment.

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 calendar year.
• Periodontal cleanings				Twice in a calendar year.
• Fluoride applications				Twice in a calendar year for enrollees under the age of 19.
• Bitewing X-rays				Bitewing X-rays are limited to once in a 12 consecutive month period limited to a maximum of 4 films or a set (7-8 films) of vertical bitewings.
• Full mouth/panelipse X-rays				Once in a 5-year period.
• Sealants				One application per tooth for enrollees under the age of 16 on non-carious, non-restored 1st and 2nd permanent molars.
• 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.

Coverage	Coinsurances			Benefit Limitations
	In-Network		Out-of-Network	
	PPO	Premier		
Basic Services continued	80%	80%	80%	
• Complex oral surgery • Occlusal Guards • TMJ				Surgical extractions and other surgical procedures. Once per person per lifetime Once per person per lifetime
Major Services	50%	50%	50%	
• Denture repair and recementation of crowns, bridges and dentures • Crowns • Prosthodontics, removable and fixed • Implants				Once in a 12-month period after 6 months from initial placement. Once per tooth in a 7 year period for enrollees age 12 and older. Once in a 7 year period for enrollees age 16 and older. Once per site 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, spouse or domestic partner
- Dependent children, only to the end of the month they reach age 26 (the "limiting age").

CHOOSING A DENTIST

You may select the dentist of your choice. However, to get the full advantage of your Delta Dental coverage, you should choose a dentist who participates in the Delta Dental network(s) covered by your plan.

Delta Dental PPO™ and Delta Dental Premier® dentists have agreed to accept Delta Dental's plan allowance, plus any required coinsurance and deductible (if applicable) as payment in full. In addition, Delta Dental PPO™ and Delta Dental Premier® dentists will submit claims directly to Delta Dental and we will issue the payment to the dentist.

Non-Participating 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.

Please visit DeltaDentalVA.com to find a participating dentist in your area.

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

	PPO Network Dentist	Premier Network Dentist	Non-Participating Dentist
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.