



**Benefits for Hanover County & Schools
High Plan
Group Number: 6361
Effective Date: January 1, 2016**

This sheet provides a brief description of important features of the Delta Dental PPO plus Premier dental program. Under this program, you may use any dentist you wish. However, your out-of-pocket costs may be lower when you select a dentist who participates with Delta Dental.

Plan Benefit Design	Plan Differential			General Plan Information
	In-Network*		Out-of-Network*	
	PPO	Premier		
Annual Individual Deductible	\$50	\$50	\$50	Limit of 3 per family per calendar year
Annual Benefit Maximum	\$1,000	\$1,000	\$1,000	Per enrollee, per calendar year
Orthodontic Lifetime Maximum	\$1,000	\$1,000	\$1,000	Per enrollee, for subscriber and covered dependent

*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.

Covered Benefits and Coinsurance

(Delta Dental will pay the stated percentage of the plan allowance based on the dentist's participation with Delta Dental.)

Coverage	In-Network*		Out-of-Network*	Benefit Limitations	Benefit Waiting Period
	PPO	Premier			
Diagnostic and Preventive Care/Prevention First – Oral exams and cleanings – Periodontal cleanings – Fluoride applications – Bitewing X-rays – Full mouth/panelpipse X-rays – Sealants – Space maintainers – Healthy Smile, Healthy You® Program	100%	100%	100%	<i>(These services are exempt from the deductible and annual maximum)</i> Twice each in a calendar year. Periodontal cleaning is considered a regular cleaning and is subject to the benefit limits for regular cleanings. Twice in a calendar year. Twice in a calendar year, for Enrollees under the age of 19. Bitewing X-rays are limited to once in a calendar year limited to a maximum of 4 films or a set (7-8 films) of vertical bitewings. Limited to once in a 5-year period. Sealants and preventive resin restorations are limited to non-carious, non-restored 1 st and 2 nd permanent molars for Enrollees under age 16, one application per tooth every 5 years Once per quadrant per arch per lifetime for Enrollees under the age of 14. Enrolled members who have certain high risk cardiac conditions or are pregnant, diabetic, or undergoing cancer treatment via chemotherapy and/or radiation are entitled to an additional cleaning and exam (or periodontal maintenance visit, if the member has a history of periodontal surgery). Cancer patients are also entitled to an additional fluoride application beyond the age limitation of the group contract.	None
Basic Dental Care – Amalgam (silver) and composite (white) fillings – Stainless steel crowns – Oral Surgery – Denture repair and recementation of crowns, bridges and dentures – Endodontic services/root canal therapy – Periodontic services (scaling and root planing, soft tissue and bony surgery, including grafts)	80%	80%	80%	<i>(Deductible Applies)</i> Limited to once per surface in a 24-month period. Limited to primary (baby) teeth for Enrollees under age 14. Simple extractions, impactions, and other surgical procedures. Once in a 12 month period after 6 months from initial placement. Repeat treatment only after 2 years from initial root canal therapy treatment. Limitation of 2-3 years apply based on services rendered.	None

Covered Benefits and Coinsurance

Delta Dental will pay the stated percentage of the plan allowance based on the dentist's participation with Delta Dental.)

Coverage	In-Network*		Out-of-Network*	Benefit Limitations	Benefit Waiting Period
	PPO	Premier			
Major Dental Care – Prosthodontics/dentures/bridges – Crowns – Implants	50%	50%	50%	(Deductible Applies) Once every 7 years, and only when an existing prosthesis cannot be rendered serviceable. Fixed bridges or removable partials are limited to Enrollees over the age of 15. Once per tooth every 7 years, and only when an existing crown cannot be rendered serviceable and tooth cannot be restored by an amalgam or composite restoration. Crowns are limited to Enrollees over the age of 11. Temporary prosthetic devices are not a separate benefit. Any charge for these devices is included in the fee for the permanent device. Implants are limited to once in a life-time per site.	6 months**
Orthodontic Benefits	50%	50%	50%	(These services are exempt from the deductible) Orthodontic services are limited to Enrollees over the age of 4.	6 months**

*Please refer to Choosing a Dentist.

**Employees hired after the initial enrollment may have the waiting period waived by providing proof of 12 months of credible coverage.

COVERAGE IS AVAILABLE FOR

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

USING YOUR DELTA DENTAL PPO PLUS PREMIER PROGRAM

To use the program, just call the dental office of your choice and make an appointment. Participating dentist offices will have claim forms in the office and will complete and submit the form to Delta Dental of Virginia (Delta Dental). A complete list of participating dentists is included on our website at www.deltadentalva.com or can be obtained by calling **1-800-237-6060**.

The Delta Dental PPO plus Premier program allows you to:

- change dentists at any time without pre-approval
- go to a specialist without pre-approval

During your first appointment, provide your dentist with the following information:

- the subscriber's identification number
- inform the dentist that your program is through Delta Dental of Virginia

CHOOSING A DENTIST

You may select the Dentist of your choice. However, you will receive the highest level of benefits available in your group's program by choosing a Delta Dental PPO Dentist. Delta Dental's payment will be based on the Delta Dental Premier Allowance for covered benefits. In addition, your out-of-pocket costs will usually be lower if you use a participating dentist. If you choose a:

Delta Dental PPO Dentist	Delta Dental Premier Dentist who is not a Delta Dental PPO Dentist	Non-Participating Dentist
<ul style="list-style-type: none"> • Payment will be made directly to the dentist for covered benefits. • Delta Dental's payment will be based on the Delta Dental PPO Allowance for covered benefits. • The dentist will accept Delta Dental's payment, plus any required coinsurance and deductible (if applicable) as payment in full for covered benefits. 	<ul style="list-style-type: none"> • Payment will be made directly to the dentist for covered benefits. • Delta Dental's payment will be based on the Delta Dental Premier Allowance for covered benefits. • Delta Dental Premier dentist's have agreed to accept Delta Dental Premier Allowances plus any required coinsurance and deductible (if applicable) as payment in full for covered benefits. • The amount you would owe a Delta Dental Premier Dentist who is <u>not</u> a Delta Dental PPO Dentist may be higher than the amount you would owe a Delta Dental PPO Dentist for the same covered benefits. 	<ul style="list-style-type: none"> • Payment will be made directly to you (unless Virginia law requires otherwise). • Delta Dental's payment will be based on Non-Participating Dentist Allowances for covered benefits. • You will be 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 for covered benefits. • The amount you would owe a Non-Participating Dentist may be higher than the amount you would owe a Delta Dental PPO or Delta Dental Premier Dentist for the same covered benefits.