

Dental Benefits

Administered by Delta Dental of Virginia

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Delta Dental of Virginia dental benefit plans.

About Delta Dental's Networks

- **Delta Dental PPO Providers:** agree to accept contractual reimbursement as payment in full and will not balance bill.
- **Delta Dental Premier Providers:** agree to accept contractual reimbursement as payment in full and will not balance bill.
- **Out-of-Network Providers:** are not contracted with Delta Dental and therefore may balance bill the difference between Delta Dental's Non-Participating payment and billed charges.

For a list of participating dentists go to www.deltadentalva.com.

Services	Standard Option			High Option		
Network	Delta Dental PPO	Delta Dental Premier	Out-of-Network	Delta Dental PPO	Delta Dental Premier	Out-of-Network
Deductible (Individual / Family)	\$0 / \$0			\$50 / \$150		
Maximum Benefit (Per Covered Member)	\$1,000			\$1,500		
Diagnostic & Preventive Services (cleanings, exams, x-rays)	100% of PPO Allowance, deductible waived	100% of Premier Allowance, deductible waived	100% of Non-Par Allowance, deductible waived	100% of PPO Allowance, deductible waived	100% of Premier Allowance, deductible waived	100% of Non-Par Allowance, deductible waived
Basic Dental Services (fillings, root canal therapy, oral surgery, periodontics)	80% of PPO Allowance, after deductible	80% of Premier Allowance, after deductible	80% of Non-Par Allowance, after deductible	80% of PPO Allowance, after deductible	80% of Premier Allowance, after deductible	80% of Non-Par Allowance, after deductible
Major Dental Services (crowns, prosthetic coverage, implants)	Not Covered			50% of PPO Allowance, after deductible	50% of Premier Allowance, after deductible	50% of Non-Par Allowance, after deductible
Orthodontia Services (dependent children & adults)				50% of PPO Allowance, after deductible	50% of Premier Allowance, after deductible	50% of Non-Par Allowance, after deductible
Orthodontia Lifetime Maximum (per covered member)				\$2,000 lifetime maximum		

