



Delta Dental PPO Plus Premier™

Individual and Family Basic Plan

Having a good dental benefits plan not only helps promote a healthy smile, but it may improve overall health and productivity. For more than 50 years, members have relied on Delta Dental to provide outstanding benefits, caring customer service and easy claims processing. And we've covered more than 89 million people nationwide.¹ No wonder more people trust their smiles to Delta Dental.

Choosing a dentist

Choosing a dentist that participates with Delta Dental is easy, because we offer you one of the largest dental networks in the nation.¹ This means your dentist likely already participates with us. The Delta Dental PPO Plus Premier plan has the added value of a dual network safety net, giving you a wider selection of dentists. Your out-of-pocket costs will vary depending on the dentist you choose.

Here's how the safety net works for you:

- You can select a dentist from the Delta Dental PPO network and receive the greatest level of savings, or
- You have the safety net feature of selecting a dentist from the Delta Dental Premier network at a slightly higher out-of-pocket cost, or
- You can also receive benefits by choosing an out-of-network dentist with the highest out-of-pocket cost.

The following chart illustrates how choosing a network dentist helps you save on out-of-pocket costs.

Delta Dental PPO Plus Premier plan

	Delta Dental PPO™	Delta Dental Premier®	Out-of-network
Dentist charge for covered procedure	\$253	\$253	\$253
Network allowance (the maximum amount Delta Dental will pay)	\$142	\$190	\$113
Plan coinsurance (the percent you pay after any deductible)	80%	50%	50%
Plan payment (what Delta Dental pays)	\$73.60	\$70	\$31.50
Patient payment	\$68.40	\$120	\$221.50*

*All examples shown are for illustrative purposes only and assume any applicable deductibles have been met. Coinsurance percentage may vary between plans. *Includes balance billing.*

Visit [DeltaDentalCoversMe.com](https://www.DeltaDentalCoversMe.com) to find participating dentists in your area.

¹Delta Dental Plans Association, 2022.

Pediatric benefits

The following benefits are available to pediatric covered members. After you have met your annual deductible, Delta Dental will pay the stated percentage of the plan allowance based on the dentist's participation with Delta Dental.

Annual deductible (applies to all services)	\$50 per person; \$150 per family.		
Annual out-of-pocket limit	\$350 per person; \$700 per family.		
Annual maximum	N/A		
Benefit waiting periods	None		
Covered services	In-Network	Out-of-Network	Limitations
Diagnostic and preventive services Oral exams, cleanings and fluoride applications Bitewing X-rays Full mouth X-rays	100%	100%	Twice every 12 months One set every 12 months Once every 60 months
Basic services Amalgam (silver) or composite (white) fillings Prefabricated stainless steel crowns	50%	50%	Once every 12 months Allowed on primary (baby) teeth. Once every 24 months
Major services Endodontic services/ root canal therapy Periodontic services (scaling and root planing), soft tissue and bony surgery, including grafts Oral surgery Crowns Prosthodontics	50%	50%	Repeat treatment allowed after two years from initial root canal therapy; once in a lifetime Once per quadrant every 24-36 months based on services rendered Once every 60 months Once every 60 months
Medically necessary orthodontic services Treatment necessary to correct severe orthodontic abnormality, including removable and fixed appliance therapy and replacement of lost or broken retainer	50%	50%	

Adult benefits

The following benefits are available to adult covered members. After you have met your annual deductible, Delta Dental will pay the stated percentage of the plan allowance based on the dentist's participation with Delta Dental.

Annual deductible (applies to all services)	\$50 per person; \$150 per family.		
Annual maximum	\$1,000 per person.		
Covered services	In-Network	Out-of-Network	Limitations
Diagnostic and preventive services Oral exams and cleanings Bitewing X-rays Full mouth X-rays	100%	80%	Twice every 12 months One set every 12 months Once every 60 months
Basic services 6-month benefit waiting period Amalgam (silver) and composite (white) fillings	50%	50%	Once every 24 months

Exclusions

This Policy does not include coverage for any of the following:

- Expenses for services or supplies that are cosmetic in nature, including charges for personalization or characterization of dentures.
- Restorations or appliances necessary to correct vertical dimension or to restore the occlusion including restoration of tooth structure lost from attrition, abrasion, abfraction, corrosion, or erosion and restorations for misalignment of teeth. This exclusion does not apply to Pediatric dental services.
- General anesthesia/intravenous (deep) sedation, except as specified by this Policy.
- All orthodontic and related services except for Medically Necessary Orthodontic Services.
- Services rendered for injuries or conditions which are compensable under Workmen's Compensation or Employer's Liability laws; services which are provided by any federal or state or provincial government agency, or are provided without cost to the Policyholder or Covered Dependent by any municipality, county or political subdivision or community agency, except to the extent that such payments are insufficient to pay for the applicable eligible dental benefits contained in this Policy.
- Application of desensitizing agents.
- This Policy does not cover services or supplies whose use and acceptance as a course of dental treatment for a specific condition is still under investigation/observation or is not in accordance with generally accepted standards of dental practice.
- Prescription drugs.
- Pain relievers such as nitrous oxide, conscious sedation, euphoric drugs or injections.
- Hospitalization charges and any additional fees charged by the Dentist for hospital treatment.
- Charges for consultation or second opinion.
- Charges for broken appointments.
- Charges for patient management problems.
- Charges for completion of claim forms.
- Oral hygiene instructions, tobacco and nutritional counseling.
- Services performed or items furnished for any conditions, disease, ailment or injury occurring while the Policyholder or Covered Dependent is on active duty during military service.
- Any dental services to treat injuries or diseases caused by any form of civil disobedience or criminal act, or any injuries intentionally inflicted. This exclusion does not apply to Pediatric dental services.
- Dental services performed prior to the date the Policyholder or Covered Dependent became eligible for such services under this Policy.
- Dental services performed or started after the termination date for the Policyholder or Covered Dependent.
- Laboratory tests and/or laboratory examinations.
- Any service or item which is determined by Delta Dental of Virginia not to be a dentally necessary service or item for the treatment of the Policyholder's or Covered Dependent's condition, disease or injury. Delta Dental of Virginia reserves the right to review the Policyholder's or Covered Dependent's dental records, including necessary radiographs, photographs and models to determine whether a service or item is necessary.
- Periodontal charting is considered a component of the diagnosis and treatment of periodontal disease and is not a chargeable procedure.
- Covered services that are not performed by or under the direction of a licensed Dentist or other Delta Dental of Virginia approved licensed professional. A "licensed Dentist" means a licensed Dentist legally authorized to practice dentistry at the time and in the place services are performed.
- Expenses for replacement of a lost, missing or stolen prosthetic device.
- Expenses for any duplicate prosthetic device or any other duplicate appliance.
- Expenses for services or supplies for which no charge is made that the Policyholder or Covered Dependent is legally obligated to pay or for which no charge would be made in the absence of dental expense coverage.
- Inlays are not Benefits.
- Cases in which the treating Dentist has indicated a satisfactory result cannot be obtained or there is little or no likelihood of a successful and lasting result based on the patient's dental condition.
- Claims not submitted within 15 months from the date of service.
- Any other service not specifically included in this Policy as Benefits.
- Services billed under multiple procedure codes that are, as determined by Delta Dental of Virginia in its sole discretion, component parts of and/or included in the more comprehensive or primary procedure code. This exclusion is subject to any and all internal and external appeal available to You. Delta Dental of Virginia bases its payment on the Plan Allowance for the underlying component codes.
- Sealants provided to an Adult Enrollee.
- Medically Necessary Orthodontic Services provided to an Adult Enrollee.
- Space maintainers and related services provided to an Adult Enrollee.
- Fluoride applications provided to an Adult Enrollee.
- Prefabricated stainless steel crowns provided to an Adult Enrollee.

This benefit summary provides a brief description of important features of this Delta Dental PPO Plus Premier™ plan. For full details of the coverages, limitations, and exclusions, please refer to the Policy or call Delta Dental's Benefit Services Department at 855.864.6335.