DELTA DENTAL

Delta Dental PPO Plus Premier™

Benefits for City of Suffolk
Basic Plan
Account Number: 00000000130
Effective Date: January 1, 2023

Annual Deductible *(Applies to basic and major services)*	$50 per person; $150 per family, per calendar year
Annual Maximum	$1,000 per enrollee, per calendar year
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.

Covered Benefits

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

Coverage	Coinsurances			Benefit Limitations	Benefit Waiting Period
	In-Network		Out-of-Network		
	PPO	Premier			
Diagnostic and Preventive Services	100%	100%	100%		None
• Oral exams and cleanings				Twice in a calendar year. Periodontal cleaning is considered a regular cleaning and is subject to the benefit limits for regular cleanings.	
• Fluoride applications				Once in a calendar year for enrollees under the age of 19.	
• Bitewing X-rays				Bitewing X-rays are limited to once in a calendar year limited to a maximum of four films or a set (seven to eight films) of vertical bitewings.	
• Full mouth/panelipse X-rays				Once in a three-year period.	
• Sealants				One application per tooth for enrollees under the age of 16 on non-carious, non-restored first and second permanent molars.	
• Space maintainers				Once per quadrant per arch for enrollees under the age of 14.	
Basic Services	80%	80%	80%		None
• Amalgam (silver) and composite (white) fillings				Once per surface in a 24-month period; composite (white) fillings are limited to the upper and lower six front teeth.	
• 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 six months from initial placement.	

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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.