



Benefits for Portsmouth Public Schools
Group Number: 00000100165 • Effective Date: January 1, 2024

Annual Deductible <i>(Applies to basic and major services)</i>	\$50 per person; \$150 per family, per calendar year
Annual Maximum	\$1,500 per person, per calendar year
Orthodontic Lifetime Maximum	\$1,500 per person

For the services listed below, Delta Dental will pay the stated percentage of the plan allowance based on the dentist's participation with Delta Dental.

Benefits and Limitations*	Coinsurances		
	In-Network		Out-of-Network
	Delta Dental PPO™	Delta Dental Premier®	
Diagnostic and Preventive Services	100%	80%	80%
<ul style="list-style-type: none"> • Oral exams and cleanings — Twice in a contract year. • Periodontal cleanings — Twice in a contract year. • Fluoride applications — Twice in a contract year for enrollees under age 19. • X-rays — Bitewing X-rays are limited to once in a contract year; limited to a maximum of four films or a set (seven to eight films) of vertical bitewings. Full-mouth X-rays are limited to once in a five-year period. • Sealants — One per tooth every 5 years for members under age 16 on non-carious, non-restored first and second permanent molars. 			
Basic Services	80%	60%	60%
<ul style="list-style-type: none"> • Fillings — One per surface in a 24-month period; composite (white) fillings are limited to upper and lower six front teeth. • Simple extractions • Denture repair and recementation 			
Major Services *	50%	50%	50%
<ul style="list-style-type: none"> • Oral surgery — Surgical extractions and other surgical procedures. • Endodontic services — Root canal therapy. • Periodontic services — Treatment for gum disease. • Crowns — One per tooth in a 84-month period for members age 12 and older. • Prosthodontics/dentures and bridges — Once in a 84-month period for members age 16 and older. 			
Orthodontic Services*	50%	50%	50%
<ul style="list-style-type: none"> • Treatment for the proper alignment of teeth — For dependent children under age 19. 			

*Waiting period for Major and Orthodontic services is 12 month. Benefit waiting periods may be waived by providing proof of credible coverage.

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Additional benefits included in your plan:

Prevention First — Visits to the dentist for diagnostic and preventive services will not count against the annual maximum.

Healthy Smile, Healthy You® — Provides additional cleanings, fluoride and/or sealants for members with certain health conditions. Visit [DeltaDentalVA.com](https://deltadentalva.com) to learn more or to download an enrollment form.

Right Start 4 Kids* — Covers children up to age 13 at 100% with no deductible when you visit an in-network dentist. (For services outlined in the plan, up to the annual maximum. Subject to any limitations, exclusions and waiting periods).

Special Health Care Needs Benefit — Provides additional benefits for members with special needs. To learn more about this benefit please visit <https://deltadentalva.com/special-health-care-needs-resources.html>.

Coverage is available for:

- Dependent children, only to the end of the month when they reach age 26 (the “limiting age”).

Convenient, Eco-Friendly Options Available:


At Delta Dental of Virginia, we are committed to taking actionable measures to minimize our environmental footprint.

Join us as we step toward reducing paper waste and promoting sustainability by signing up to receive your Delta Dental of Virginia explanation of benefits (EOB) digitally at [DeltaDentalVA.com/members](https://deltadentalva.com/members).

Choosing a dentist

You may select the dentist of your choice. However, to get the most value from your dental benefits, make sure 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](https://deltadentalva.com) to find a participating dentist in your area.

If you visit an out-of-network dentist, Delta Dental will pay its portion of the bill and you are responsible for any coinsurance and deductible (if applicable), as well as the difference between the nonparticipating dentist’s charge and Delta Dental’s payment. Payment will be made to you, unless state law requires otherwise.



Delta Dental PPO Plus Premier™

Group Name: Delta Dental of Virginia
Group Number: 0000000000-000000-0000
Subscriber: Jane Doe
ID Number: XXXXX000
Effective Date: XX/XX/XXXX

Delta Dental of Virginia, 4818 Starkey Road, Roanoke, VA 24018
Electronic Claims Payor: 54084
800-237-6060 • [DeltaDentalVA.com](https://deltadentalva.com)

Delta Dental is a Registered Mark of Delta Dental Plans Association.

This fact sheet is a brief description of dental services covered under your plan and is not designed to serve as an Evidence of Coverage. If you have questions about specific benefits or limitations under your plan, call Delta Dental’s Benefit Services at 800.237.6060 or visit [DeltaDentalVA.com/members](https://deltadentalva.com/members) to register for an account.