DELTA DENTAL®

Delta Dental PPO plus Premier™

Benefits for Arlington County Government
Premium Plan
Group Number: 6289
Effective Date: July 1, 2019

Annual Deductible *(Applies to Basic and Major Services)*	$55 per person; $110 per family, per calendar year
Annual Maximum	$2,500 per enrollee, per calendar year
Orthodontic Lifetime Maximum	$2,500 per person
Prevention First	Visits to the dentist for Diagnostic and Preventive Services will not count against the Annual Maximum.

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
	In-Network		Out-of-Network	
	PPO	Premier		
Diagnostic and Preventive Services	100%	100%	100%	
• Oral exams				Twice in a calendar year.
• Periodontal/Regular cleanings				Limited to four in a calendar year (maximum of 2 regular cleanings).
• Fluoride applications				Twice in a calendar year for enrollees under the age of 19.
• Bitewing X-rays				Bitewing X-rays are limited to twice in a calendar year limited to a maximum of 4 films or a set (7-8 films) of vertical bitewings.
• Full mouth/panelipse X-rays				Once in a 3-year period.
• Sealants				One application per tooth for enrollees under the age of 16 on non-carious, non-restored 1st and 2nd permanent molars.
• Space maintainers				Once per quadrant per arch for enrollees under the age of 14.
• Consultation				One consultation per consultant (other than the attending dentist per calendar year).
Basic Services	90%	90%	90%	
• Amalgam (silver) and composite (white) fillings				
• 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 6 months from initial placement.
• General Anesthesia				When rendered in conjunction with a covered oral surgery procedure or when medically necessary.

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
	In-Network		Out-of-Network	
	PPO	Premier		
Basic Services	90%	90%	90%	
• Therapeutic Drug Injection • TMJ • Occlusal guard (bruxism)				Injectable drugs administered by a dentist for therapeutic reasons. Limited to one in a 60-month period
Major Services	60%	60%	60%	
• Crowns • Prosthodontics, removable and fixed • Implants				Once per tooth in a 60-month period for enrollees age 12 and older. Once in a 60-month period for enrollees age 16 and older. Once per site for enrollees age 16 and older.
Orthodontic Services	50%	50%	50%	
• Treatment for the proper alignment of teeth				For subscriber and covered dependents.

- No one may be a dependent of more than one subscriber on the Arlington County Government sponsored plan.
- No one may be enrolled as a subscriber and also enrolled as a dependent on the Arlington County Government sponsored plan.

CHOOSING A DENTIST

You may select the dentist of your choice. However, to get the full advantage of your Delta Dental coverage, you should choose a dentist who participates in the Delta Dental network(s) covered by your plan.

Delta Dental PPO™ and Delta Dental Premier® dentists have agreed to accept Delta Dental's plan allowance, plus any required coinsurance and deductible (if applicable) as payment in full. In addition, Delta Dental PPO™ and Delta Dental Premier® dentists will submit claims directly to Delta Dental and we will issue the payment to the dentist.

Non-Participating 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.

Please visit DeltaDentalVA.com to find a participating dentist in your area.

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

	PPO Network Dentist	Premier Network Dentist	Non-Participating Dentist
Dentist's Charge for Covered Procedure	$215.00	$215.00	$215.00
Delta Dental's Plan Allowance	$126.00	$169.00	$169.00
Coinsurance Percentage	80%	80%	80%
Delta Dental's Payment	$100.80	$135.20	$135.20
Patient Payment*	$25.20	$33.80	$79.80

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.