DELTA DENTAL®

Delta Dental PPO Plus Premier™

Benefits for Associated Universities, Inc. and National Radio Astronomy Observatory High Plan

Group Number: 00000700083 Effective Date: January 1, 2024

Annual Deductible *(Applies to basic and major services)*	**$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%**	**100%**	**100%**
• **Oral exams and cleanings** — Twice in a calendar year. Periodontal cleaning is considered a regular cleaning and counts as a regular cleaning under your plan. • **Fluoride applications** — Once in a calendar year for enrollees under age 19. • **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 X-rays are limited to once in a five-year period. • **Sealants** — One per tooth in a five-year period for members under age 16 on non-carious, non-restored first and second permanent molars.			
Basic Services	**80%**	**80%**	**80%**
• **Fillings** — One per surface in a 24-month period • **Endodontic services** — Root canal therapy. • **Periodontic services** — Treatment for gum disease. • **Simple extractions** • **Oral surgery** — Surgical extractions and other surgical procedures.			
Major Services	**50%**	**50%**	**50%**
• **Crowns** — One per tooth in a 7 year period for members age 12 and older. • **Prosthodontics/dentures and bridges** — Once in a 7 year period for members age 16 and older. • **Denture repair and recementation**— Once in a 12-month period after 6 months from initial placement. • **Implants —** One per site for members age 16 and older. • **Occlusal Guard —** One per lifetime			
Orthodontic Services	**50%**	**50%**	**50%**
• **Treatment for the proper alignment of teeth** — For dependent children under age 26			

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Delta Dental PPO Plus Premier™

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 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:

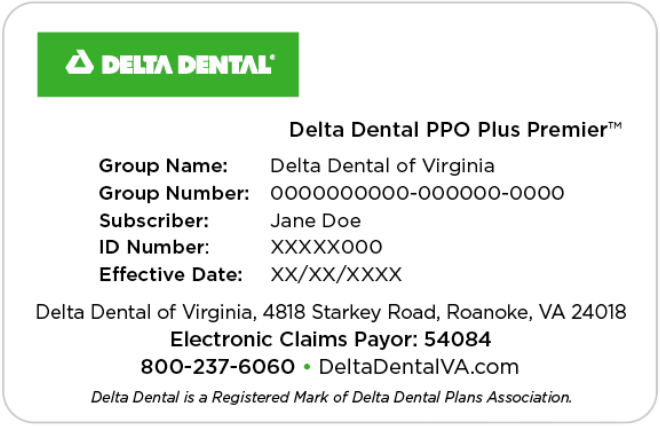
At Delta Dental of Virginia, we are committed to taking actionable measures to minimize our environmental footprint.

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.

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** 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.



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** to register for an account.