DELTA DENTAL

Delta Dental PPO plus Premier™

Benefits for Associated Universities, Inc. and National Radio Astronomy Observatory
High Plan
Group Number: 700083
Effective Date: January 1, 2020

Annual Deductible *(Applies to Basic and Major Services)*	$**50** per person; $**150** per family, per calendar year
Annual Maximum	**$1,500** per enrollee, per calendar year
Orthodontic Lifetime Maximum	**$1,500** per person
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 the ***Healthy Smile, Healthy You* Program** is simple. Visit DeltaDentalVA.com to 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
	In-Network		Out-of-Network	
	PPO	Premier		
Diagnostic and Preventive Services	**100%**	**100%**	**100%**	
• Oral exams and cleanings				Twice each in a calendar year.
• Periodontal cleanings				Twice in a calendar year.
• Fluoride applications				Once in a calendar year for enrollees under the age of 19.
• Bitewing X-rays				One set in a calendar year.
• Full mouth/panelipse X-rays				Once in a 5-year period.
• Sealants				One application per tooth every 5 years 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.
Basic Services	**80%**	**80%**	**80%**	
• Amalgam (silver) and composite (white) fillings				Once per surface in a 24-month period.
• Stainless steel crowns				Primary (baby) teeth for enrollees under the age of 14.
• Simple extractions				
• Complex oral surgery				Surgical extractions and other surgical procedures.
• 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.

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Coverage	**Coinsurances**			**Benefit Limitations**
	In-Network		**Out-of-Network**	
	PPO	**Premier**		
Other Basic Services	**50%**	**50%**	**50%**	
• Denture repair and recementation of crowns, bridges and dentures				Once in a 12-month period after 6 months from initial placement.
Major Services	**50%**	**50%**	**50%**	
• Crowns				Once per tooth in a 7 year period for enrollees age 12 and older.
• Prosthodontics, removable and fixed				Once in a 7 year period for enrollees age 16 and older.
• Implants				Once per site for enrollees age 16 and older.
Orthodontic Services	**50%**	**50%**	**50%**	
• Treatment for the proper alignment of teeth				For dependent children only.

COVERAGE IS AVAILABLE FOR

- Enrollee, spouse
- Dependent children, only to the end of the month they reach age 26 (the "limiting age").

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	$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.