

### Benefits for Prince William County

Group Number: 6292 Effective Date: July 1, 2023

**Ask your dentist to file a pre-determination of benefits before treatment begins – it is not required but recommended for services over \$250.**

<b>Annual Deductible</b> ( <i>Applies to basic and major services; excludes implants for Core Plan</i> )	\$50 per person; \$150 per family, per contract year
<b>Annual Maximum</b>	\$2,000 per person, per contract year (Enhanced Plan) \$1,000 per person, per contract year (Core Plan)
<b>Orthodontic Lifetime Maximum</b>	\$2,000 per person (Enhanced Plan) \$1,000 per person (Core Plan)

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	
	Enhanced Plan**	Core Plan
<b>Diagnostic and Preventive Services</b>	100%	80%
<ul style="list-style-type: none"> <li>• <b>Oral exams and cleanings</b> — Twice in a contract year.</li> <li>• <b>Periodontal cleanings</b> — Twice in a contract year.</li> <li>• <b>Fluoride applications</b> — Twice in a contract year for enrollees under age 19.</li> <li>• <b>X-rays</b> — 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.</li> <li>• <b>Sealants</b> — One per tooth every 5 years for members under age 16 on non-carious, non-restored first and second permanent molars.</li> </ul>		
<b>Basic Services</b>	70%	70%
<ul style="list-style-type: none"> <li>• <b>Fillings</b> — One per surface in a 24-month period.</li> <li>• <b>Endodontic services</b> — Root canal therapy.</li> <li>• <b>Periodontic services</b> — Treatment for gum disease.</li> <li>• <b>Simple extractions</b></li> <li>• <b>Oral surgery</b> — Surgical extractions and other surgical procedures.</li> <li>• <b>Denture repair and recementation</b></li> </ul>		
<b>Major Services</b>	50%	50%
<ul style="list-style-type: none"> <li>• <b>Crowns</b> — One per tooth in a 84-month period for members age 12 and older.</li> <li>• <b>Prostodontics/dentures and bridges</b> — Once in a 84-month period for members age 16 and older.</li> </ul>		
<b>Major Services</b>	50%	N/A
<ul style="list-style-type: none"> <li>• <b>Implants</b> — One per site for members age 16 and older.</li> </ul>		



Benefits and Limitations*	Coinsurances	
	In-Network	
	Enhanced Plan**	Core Plan
Orthodontic Services	50%	50%
• Treatment for the proper alignment of teeth — For subscriber and covered dependents.		

\*\*Employees that enroll in the Enhanced Plan, must remain in that plan for a minimum of two years, unless no longer employed by Prince William County. Plan changes can only be made during the open enrollment period that follows the two year minimum enrollment requirement.

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 and/or fluoride for members with certain health conditions.


Coverage is available for:

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

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](http://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](http://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](http://DeltaDentalVA.com/members) to register for an account.