



# Delta Dental

Delta Dental is America's largest, most experienced dental benefits company. Since 1954, we have worked to improve oral health by making dental coverage affordable while emphasizing preventive care. Delta Dental covers more than 89 million people in more than 166,000 groups, and we consistently retain more than 93% of our groups. We partner with our clients to provide cost-effective, hassle-free dental benefit programs that are customized to meet their specific needs. Delta Dental is the leading dental carrier in Virginia, partnering with nearly 70% of all Fortune 1000 companies in the Commonwealth.

## Experience That Makes a Difference

- **Best effective discount** — Delta Dental has the largest subscriber base of any dental carrier and the largest dental networks. This combination helps secure the most competitive savings or best effective discount. Our dual-network approach maximizes access and network savings.
- **No leased networks** — The quality control of our dentist network is important to us. That's why we never lease our networks to other carriers, and we don't attempt to make our networks look larger by leasing other networks. This allows us to pass on true savings since we're not paying network access fees.
- **Award-winning service** — Our customer service center has earned the "Center of Excellence" certification for world-class customer service from BenchmarkPortal for 14 years.

## Wellness Programs and Reporting That Make a Difference

- **Behavioral Oral Health Report** — Our Dental Action Report is a unique dashboard and in-depth report that takes utilization to a higher level. We identify at-risk populations, monitor changes over time, and work together to affect behavior changes positively. Our database contains more than 50 million members, providing a robust peer comparison at the state and national levels.
- **Healthy Smile, Healthy You®** — Additional benefits are available for enrolled members with one of the following conditions: heart disease, cancer, diabetes, weakened immune systems, kidney failure, or pregnancy.
- **Right Start 4 Kids®** — This program may be added to help remove cost barriers to dental care for children up to age 13. It provides 100% coverage for diagnostic, preventive, basic, and major services with no deductible when members visit an in-network dentist.\*
- **Delta Dental — Virtual Visits** — Members have access to a dentist 24/7/365 if they have a dental emergency, need access to a dentist after hours, or need to consult a dentist while traveling.
- **Amplifon** — Delta Dental has partnered with Amplifon to offer up to 66% off retail savings on hearing care.

## Compassion That Makes a Difference

As a not-for-profit entity, Delta Dental is making an enormous impact on the lives of the uninsured and underinsured in Virginia. Since 2012, the Delta Dental of Virginia Foundation has donated more than **\$10 million** to provide dental care to those who can't afford it. The foundation focuses on initiatives that support the dental safety net, boost prevention and accelerate learning.

\*Delta Dental Plans Association, 2021

Low Plan - Delta Dental PPO Plus Premier™	Delta Dental PPO™	Delta Dental Premier®	Out-of-network
<b>Diagnostic and Preventive</b> <ul style="list-style-type: none"> <li>• Oral exam and teeth cleaning — twice each calendar year</li> <li>• Periodontal maintenance — four times per calendar year less the number of regular cleanings</li> <li>• Fluoride application — twice each calendar year for enrollees under age 19</li> <li>• Bitewing X-rays — once each calendar year; limited to four films in one visit</li> <li>• Full-mouth and panelipse — once every five years</li> <li>• Space maintainer for enrollees under age 14 — one quadrant per arch per lifetime</li> <li>• Sealant for enrollees under age 16 — one application per tooth every five years; limited to noncarious, nonrestored first and second permanent molars</li> <li>• Consultation and/or evaluation for deep sedation or general anesthesia — twice each calendar year and subject to benefit for regular exams</li> <li>• <i>Healthy Smile, Healthy You®</i> benefits</li> <li>• Prevention First benefit</li> </ul>	100% PPO Allowance	100% Premier Allowance	100% Non-Par Allowance
<b>Basic</b> <ul style="list-style-type: none"> <li>• Routine restorative — amalgam, composite (anterior and posterior), stainless steel crowns</li> <li>• Oral surgery</li> <li>• Periodontics</li> <li>• Endodontics</li> <li>• Denture repair and recementation</li> </ul>	80% PPO Allowance	80% Premier Allowance	80% Non-Par Allowance
<b>Deductible — Applies to Basic and Major services only</b> Per patient per calendar year/three times maximum per family	\$25/\$75	\$25/\$75	\$25/\$75
<b>Maximum benefit — per member</b> <ul style="list-style-type: none"> <li>• Calendar year maximum</li> <li>• Deductibles and maximums listed are a combined total of PPO, Premier and OON</li> </ul>	\$1,500	\$1,500	\$1,500
<b>About the Delta Dental networks</b> <p><b>Delta Dental PPO™ dentists</b> agree to accept contractual reimbursement as payment in full and will not balance bill.</p> <p><b>Delta Dental Premier® dentists</b> agree to accept contractual reimbursement as payment in full and will not balance bill.</p> <p><b>Out-of-network dentists</b> are not contracted with Delta Dental and therefore may balance bill the difference between Delta Dental's nonparticipating dentist payment and billed charges.</p>			

High Plan - Delta Dental PPO Plus Premier™	Delta Dental PPO™	Delta Dental Premier®	Out-of-network
<b>Diagnostic and Preventive</b> <ul style="list-style-type: none"> <li>• Oral exam and teeth cleaning — twice each calendar year</li> <li>• Periodontal maintenance — four times per calendar year less the number of regular cleanings</li> <li>• Fluoride application — twice each calendar year for enrollees under age 19</li> <li>• Bitewing X-rays — once each calendar year; limited to four films in one visit</li> <li>• Full-mouth and panelipse — once every five years</li> <li>• Space maintainer for enrollees under age 14 — one quadrant per arch per lifetime</li> <li>• Sealant for enrollees under age 16 — one application per tooth every five years; limited to noncarious, nonrestored first and second permanent molars</li> <li>• Consultation and/or evaluation for deep sedation or general anesthesia — twice each calendar year and subject to benefit for regular exams</li> <li>• <i>Healthy Smile, Healthy You®</i> benefits</li> <li>• Prevention First benefit</li> </ul>	100% PPO Allowance	100% Premier Allowance	100% Non-Par Allowance
<b>Basic</b> <ul style="list-style-type: none"> <li>• Routine restorative — amalgam, composite (anterior and posterior), stainless steel crowns</li> <li>• Oral surgery</li> <li>• Periodontics</li> <li>• Endodontics</li> <li>• Denture repair and recementation</li> </ul>	80% PPO Allowance	80% Premier Allowance	80% Non-Par Allowance
<b>Major</b> <ul style="list-style-type: none"> <li>• Crown coverage — once per tooth every seven years</li> <li>• Prosthetic coverage — once every seven years</li> </ul>	50% PPO Allowance	50% Premier Allowance	50% Non-Par Allowance
<b>Orthodontics</b> — Dependent children to age 26	50% PPO Allowance	50% Premier Allowance	50% Non-Par Allowance
<b>Deductible — Applies to Basic and Major services only</b> Per patient per calendar year/three times maximum per family	\$25/\$75	\$25/\$75	\$25/\$75
<b>Maximum benefit — per member</b> <ul style="list-style-type: none"> <li>• Calendar year maximum — all services except orthodontics</li> <li>• Lifetime orthodontics maximum</li> <li>• Deductibles and maximums listed are a combined total of PPO, Premier and OON</li> </ul>	\$2,500 \$1,500	\$2,500 \$1,500	\$2,500 \$1,500

### About the Delta Dental networks

**Delta Dental PPO™ dentists** agree to accept contractual reimbursement as payment in full and will not balance bill.

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DENTAL - DELTA DENTAL			
High Plan-\$2500 maximum			
Employee	\$ 27.20	\$ 13.15	\$ 40.35
Employee + Children	\$ 62.07	\$ 26.84	\$ 88.91
Employee + Spouse	\$ 53.24	\$ 21.08	\$ 74.32
Family	\$ 98.57	\$ 23.11	\$ 121.68
Low Plan-\$1500 maximum			
Employee	\$ 9.17	\$ 14.81	\$ 23.98
Employee + Children	\$ 26.84	\$ 25.95	\$ 52.79
Employee + Spouse	\$ 19.99	\$ 24.14	\$ 44.13
Family	\$ 44.15	\$ 28.12	\$ 72.27