

Benefits for Prince William County  
Group Number: 6292  
Effective Date: July 1, 2021

**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;</i> <i>excludes Implants on Core Plan</i> )	\$50 per person; \$150 per family, per contract year
<b>Annual Maximum</b>	\$2,000 per enrollee, per contract year ( <b>Enhanced Plan</b> ) \$1,000 per enrollee, per contract year ( <b>Core Plan</b> )
<b>Orthodontic Lifetime Maximum</b>	\$2,000 per person ( <b>Enhanced Plan</b> ) \$1,000 per person ( <b>Core Plan</b> )
<b>Prevention First</b>	Visits to the dentist for Diagnostic and Preventive Services will not count against the Annual Maximum.
<b>Healthy Smile, Healthy You® Program</b>	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 <b>Healthy Smile, Healthy You Program</b> is simple. Visit <a href="http://DeltaDentalVA.com">DeltaDentalVA.com</a> 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	In-Network		Benefit Limitations
	Enhanced**	Core	
<b>Diagnostic and Preventive Services</b>	100%	80%	
<ul style="list-style-type: none"> <li>Oral exams and cleanings</li> <li>Periodontal cleanings</li> <li>Fluoride applications</li> <li>Bitewing X-rays</li> <li>Full mouth/panelpipse X-rays</li> <li>Sealants</li> <li>Space maintainers</li> </ul>			<p>Twice in a contract year.</p> <p>Twice in a contract year.</p> <p>Twice in a contract year for enrollees under the age of 19.</p> <p>Bitewing X-rays are limited to once in a contract year limited to a maximum of 4 films or a set (7-8 films) of vertical bitewings.</p> <p>Once in a 5-year period.</p> <p>One application per tooth every 5 years for enrollees under the age of 16 on non-carious, non-restored 1<sup>st</sup> and 2<sup>nd</sup> permanent molars.</p> <p>Once per quadrant per arch for enrollees under the age of 14.</p>
<b>Basic Services</b>	70%	70%	
<ul style="list-style-type: none"> <li>Amalgam (silver) and composite (white) fillings</li> <li>Stainless steel crowns</li> <li>Simple extractions</li> <li>Endodontic services/root canal therapy</li> </ul>			<p>Once per surface in a 24-month period.</p> <p>Primary (baby) teeth for enrollees under the age of 14.</p> <p>Retreatment only after 24 months from initial root canal therapy treatment.</p>

Covered Benefits			
Delta Dental will pay the stated percentage of the plan allowance based on the dentist's participation with Delta Dental.			
Coverage	In-Network		Benefit Limitations
	Enhanced**	Core	
<b>Basic Services</b>	70%	70%	
<ul style="list-style-type: none"> <li>Periodontic services</li> <li>Complex oral surgery</li> <li>Denture repair and recementation of crowns, bridges and dentures</li> </ul>			Once per quadrant in a 24-36 month period based on services rendered. Surgical extractions and other surgical procedures. Once in a 12-month period after 6 months from initial placement.
<b>Major Services</b>	50%	50%	
<ul style="list-style-type: none"> <li>Crowns</li> <li>Prosthodontics, removable and fixed</li> </ul>			Once per tooth in an 84-month period for enrollees age 12 and older. Once in an 84-month period for enrollees age 16 and older.
<b>Implants</b>	50%	N/A	Once per site for enrollees age 16 and older.
<b>Orthodontic Services</b>	50%	50%	
<ul style="list-style-type: none"> <li>Treatment for the proper alignment of teeth</li> </ul>			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.***

#### **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](http://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.*