



Benefits for York County School Division
Group Number: **6089** Effective Date: **January 1, 2023**

Annual Deductible <i>(Applies to basic and major services)</i>	\$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%
<ul style="list-style-type: none"> • Oral exams and cleanings — Twice in a calendar year. • Periodontal cleaning — Twice in a calendar year. • Fluoride applications — Twice in a calendar year for enrollees under age 20. • Bitewing X-rays — Limited to once in a 12-month period; limited to a maximum of four films or a set (seven to eight films) of vertical bitewings. • Full mouth/panelpipse X-rays — Once in a five-year period. • Sealants — One per tooth for members under age 16 on non-carious, non-restored first and second permanent molars, once in 5 years. 			
Basic Services	80%	80%	80%
<ul style="list-style-type: none"> • 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. • Denture repair and recementation 			
Major Services	50%	50%	50%
<ul style="list-style-type: none"> • Crowns — One per tooth in an 84-month period for members age 12 and older. • Prostodontics/dentures and bridges — Once in an 84-month period for members age 16 and older. • Implants — One per site for members age 16 and older. 			
Orthodontic Services	50%	50%	50%
<ul style="list-style-type: none"> • Treatment for the proper alignment of teeth — For subscriber and covered dependents. 			

Additional benefits included in your plan:

Prevention First — Visits to the dentist for diagnostic and preventive services will not count against the annual maximum.

Continued on next page



Coverage is available for:

- The enrollee and their spouse.
- Dependent children, only to the end of the calendar year 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 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:	000000000-00000000-0000
Subscriber Name:	Jane Doe
Identification No:	XXXXX000
Membership Type:	Subscriber
Effective Date:	XX/XX/XXXX

Benefit Services: 800-237-6060
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 to register for an account.