



Benefits for City of Charlottesville  
Account Number: 700014  
Effective Date: July 1, 2020

<b>Annual Deductible</b> ( <i>Applies to Basic and Major Services</i> )	\$50 per person; \$100 per family, per contract year
<b>Annual Maximum</b>	\$1,500 per enrollee, per contract year
<b>Orthodontic Lifetime Maximum</b>	\$1,000 per person
<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 <b>Healthy Smile, Healthy You®</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	Coinsurances			Benefit Limitations
	In-Network		Out-of-Network	
	PPO	Premier		
<b>Diagnostic and Preventive Services</b>	100%	100%	100%	
<ul style="list-style-type: none"> <li>Oral exams and cleanings</li> <li>Fluoride applications</li> <li>Bitewing X-rays</li> <li>Full mouth/panelpulse X-rays</li> <li>Space maintainers</li> </ul>				Twice in a 12 consecutive month period. Periodontal cleaning is considered a regular cleaning and is subject to the benefit limits for regular cleanings. Once in a 12 consecutive month period for enrollees under the age of 19. One set in a 12 consecutive month period Once in a 3-year period. Once per quadrant per arch for enrollees under the age of 14.
<b>Basic Services</b>	80%	80%	80%	
<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> <li>Periodontic services</li> <li>Complex oral surgery</li> <li>Denture repair and recementation of crowns, bridges and dentures</li> </ul>				Once per surface in a 24-month period Primary (baby) teeth for enrollees under the age of 14. Retreatment only after 24 months from initial root canal therapy treatment. 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%	50%	
<ul style="list-style-type: none"> <li>Crowns</li> <li>Prostodontics, removable and fixed</li> </ul>				Once per tooth in a 60-month period for enrollees age 12 and older. Once in a 60-month period for enrollees age 16 and older.

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	In-Network		Out-of-Network	
	PPO	Premier		
<b>Orthodontic Services</b>	50%	50%	50%	
<ul style="list-style-type: none"> <li>Treatment for the proper alignment of teeth</li> </ul>				For dependent children under the age of 19.

**COVERAGE IS AVAILABLE FOR**

- Enrollee and 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

The chart below illustrates how choosing a network dentist may help 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.*