

Benefits for Washington County Public Schools

Group Number: 600172

Effective Date: October 1, 2017

Annual Deductible (<i>Applies to Basic and Major Services</i>)	\$25 per person; \$75 per family, per contract year
Annual Maximum	\$1,200 per enrollee, per contract year
Orthodontic Lifetime Maximum	\$1,200 per person
Healthy Smile, Healthy You[®] Program	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 Healthy Smile, Healthy You Program is simple. Visit DeltaDentalVA.com 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	Coinsurance	Benefit Limitations	Benefit Waiting Period
Diagnostic and Preventive Services <ul style="list-style-type: none"> Oral exams and cleanings Periodontal cleanings Fluoride applications Bitewing X-rays Full mouth/panelpipse X-rays Sealants Space maintainers 	100%	Twice in a 12 consecutive month period. Twice in a 12 consecutive month period. Twice in a 12 consecutive month period for enrollees under the age of 19. One set in a 12 consecutive month period. Once in a 5-year period. One application per tooth for enrollees under the age of 16 on non-carious, non-restored 1 st and 2 nd permanent molars. Once per quadrant per arch for enrollees under the age of 14.	None
Basic Services <ul style="list-style-type: none"> Amalgam (silver) and composite (white) fillings Stainless steel crowns Simple extractions Endodontic services/root canal therapy Periodontic services Complex oral surgery Denture repair and recementation of crowns, bridges and dentures Full mouth debridement 	80%	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. Once per lifetime.	None

Covered Benefits

Delta Dental will pay the stated percentage of the plan allowance based on the dentist's participation with Delta Dental.

Coverage	Coinsurance	Benefit Limitations	Benefit Waiting Period
Major Services <ul style="list-style-type: none"> • Crowns • Prosthodontics, removable and fixed • Implants 	50%	Once per tooth in a 84-month period for enrollees age 12 and older. Once in a 84-month period for enrollees age 16 and older. Once per site for enrollees age 16 and older.	None
Orthodontic Services <ul style="list-style-type: none"> • Treatment for the proper alignment of teeth 	50%	For subscriber and covered dependents.	None

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 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 Premier dentist 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, unless Virginia law requires otherwise.

Please visit 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.

	Premier Network Dentist	Non-Participating Dentist
Dentist's Charge for Covered Procedure	\$215.00	\$215.00
Delta Dental's Plan Allowance	\$169.00	\$113.00
Coinsurance Percentage	80%	80%
Delta Dental's Payment	\$135.20	\$90.40
Patient Payment*	\$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.