DELTA DENTAL

Delta Dental PPO
Plus Premier™

Benefits for Hilldrup Companies

Group Number: 000007000238 Effective Date: April 1, 2022

Annual Deductible *(Applies to basic and major services)*	$25 per person; $75 per family, per calendar year
Annual Maximum	$1,500 per person, per calendar year
Orthodontic Lifetime Maximum	$1,000 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%
• Oral exams and cleanings — Twice in a calendar year. • Fluoride applications — Twice in a calendar year for enrollees under age 16. • X-rays — Bitewing X-rays are limited to once in a calendar year; limited to a maximum of four films or a set (seven to eight films) of vertical bitewings. Full-mouth X-rays are limited to once in a three-year period. • Sealants — One per tooth every 3 years for members under age 16 on non-carious, non-restored first and second permanent molars.			
Basic Services	80%	80%	80%
• 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. • Consultations - Consultations and evaluations for deep sedation or general anesthesia are limited to twice in a calendar year and are subject to the benefit limitation for regular exams. • Periodontal cleaning - Twice in a calendar year following active or adjunctive periodontal therapy • Occlusal guards (Bruxism) – Limited to one in a 3 year period			
Other Basic Services	50%	50%	50%
• Denture repair and recementation			
Major Services	50%	50%	50%
• Crowns — One per tooth in a 60-month period for members age 12 and older. • Prosthodontics/dentures and bridges — Once in a 60-month period for members age 16 and older.			
Orthodontic Services	50%	50%	50%
• Treatment for the proper alignment of teeth — For dependent children under age 19.			

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Additional benefits included in your plan:

MaxOver™ — Allows a portion of a members' annual maximum to rollover to next year to use for future dental services.

Healthy Smile, Healthy You® — Provides additional cleanings and/or fluoride for members with certain health conditions. Visit DeltaDentalVA.com to learn more or to download an enrollment form.

Coverage is available for:

- The enrollee and their spouse.
- Dependent children, only to the end of the month 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.



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.