

Benefits for Arlington County Government

Premium Plan

Group Number: 6289

Effective Date: July 1, 2021

<b>Annual Deductible</b> ( <i>Applies to Basic and Major Services</i> )	\$55 per person; \$110 per family, per calendar year
<b>Annual Maximum</b>	\$2,500 per enrollee, per calendar year
<b>Orthodontic Lifetime Maximum</b>	\$2,500 per person
<b>Prevention First</b>	Visits to the dentist for Diagnostic and Preventive Services will not count against the Annual Maximum.

**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</li> <li>• Periodontal/Regular 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> <li>• Consultation</li> </ul>				<p>Twice in a calendar year.</p> <p>Limited to four in a calendar year (maximum of 2 regular cleanings).</p> <p>Twice in a calendar year for enrollees under the age of 19.</p> <p>Bitewing X-rays are limited to twice in a calendar year limited to a maximum of 4 films or a set (7-8 films) of vertical bitewings.</p> <p>Once in a 3-year period.</p> <p>One application per tooth 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> <p>One consultation per consultant (other than the attending dentist per calendar year).</p>
<b>Basic Services</b>	90%	90%	90%	
<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> <li>• General Anesthesia</li> </ul>				<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> <p>Once per quadrant in a 24-36 month period based on services rendered.</p> <p>Surgical extractions and other surgical procedures.</p> <p>Once in a 12-month period after 6 months from initial placement.</p> <p>When rendered in conjunction with a covered oral surgery procedure or when medically necessary.</p>

### Covered Benefits

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Coverage	Coinsurances			Benefit Limitations
	In-Network		Out-of-Network	
	PPO	Premier		
<b>Basic Services</b>	<b>90%</b>	<b>90%</b>	<b>90%</b>	
<ul style="list-style-type: none"> <li>• Therapeutic Drug Injection</li> <li>• TMJ</li> <li>• Occlusal guard (bruxism)</li> </ul>				Injectable drugs administered by a dentist for therapeutic reasons.  Limited to one in a 60-month period
<b>Major Services</b>	<b>60%</b>	<b>60%</b>	<b>60%</b>	
<ul style="list-style-type: none"> <li>• Crowns</li> <li>• Prosthodontics, removable and fixed</li> <li>• Implants</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.  Once per site for enrollees age 16 and older.
<b>Orthodontic Services</b>	<b>50%</b>	<b>50%</b>	<b>50%</b>	
<ul style="list-style-type: none"> <li>• Treatment for the proper alignment of teeth</li> </ul>				For subscriber and covered dependents.

- No one may be a dependent of more than one subscriber on the Arlington County Government sponsored plan.
- No one may be enrolled as a subscriber and also enrolled as a dependent on the Arlington County Government sponsored plan.

#### **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	\$169.00
Coinsurance Percentage	80%	80%	80%
Delta Dental's Payment	\$100.80	\$135.20	\$135.20
Patient Payment*	\$25.20	\$33.80	\$79.80

*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.*