



**Benefits for Arlington County Government
Standard Plan**

Group Number: 00000006289 • Effective Date: July 1, 2024

Annual Deductible <i>(Applies to basic and major services)</i>	\$55 per person; \$110 per family, per calendar year
Annual Maximum	\$1,500 per person, per calendar year
Orthodontic Lifetime Maximum	\$1,250 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 — Twice in a calendar year. • Peridontal/Regular cleanings — Limited to four in a calendar year (maximum of 2 regular cleanings) • Fluoride applications — Twice in a calendar year for enrollees under age 19. • X-rays — Bitewing X-rays are limited to twice 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 for members under age 16 on non-carious, non-restored first and second permanent molars. • Consultation — One consultation per consultant (other than the attending dentist per calendar year) 			
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. • Simple extractions • Oral surgery — Surgical extractions and other surgical procedures. • Denture repair and recementation • General Anesthesia — When rendered in conjunction with a covered oral surgery procedur or when medically necessary. • Therapeutic Drug Injection — Injectable drugs administered by a dentist for therapeutic reasons 			



Benefits and Limitations	Coinsurances		
	In-Network		Out-of-Network
	Delta Dental PPO™	Delta Dental Premier®	
Major Services	50%	50%	50%
<ul style="list-style-type: none"> • Periodontic services — Treatment for gum disease. • Crowns — One per tooth in a 60-month period for members age 12 and older. • Prostodontics/dentures and bridges — Once in a 60-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 dependent children under age 19. 			

- No one may be 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.

Additional benefits included in your plan:

Prevention First — Visits to the dentist for diagnostic and preventive services will not count against the annual maximum.
Healthy Smile, Healthy You® — Provides additional cleanings, fluoride and/or sealants for members with certain health conditions. Visit DeltaDentalVA.com to learn more or to download an enrollment form.
Special Health Care Needs Benefit — Provides additional benefits for members with special needs. To learn more about this benefit please visit <https://deltadentalva.com/special-health-care-needs-resources.html>.

Coverage is available for:


- Dependent children, only to the end of the month when they reach age 26 (the “limiting age”).

Convenient, Eco-Friendly Options Available:

At Delta Dental of Virginia, we are committed to taking actionable measures to minimize our environmental footprint. Join us as we step toward reducing paper waste and promoting sustainability by signing up to receive your Delta Dental of Virginia explanation of benefits (EOB) digitally at DeltaDentalVA.com/members.

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.



Delta Dental PPO Plus Premier™

Group Name: Delta Dental of Virginia
Group Number: 0000000000-000000-0000
Subscriber: Jane Doe
ID Number: XXXXX000
Effective Date: XX/XX/XXXX

Delta Dental of Virginia, 5415 Airport Road, Roanoke, VA 24012
Electronic Claims Payor: 54084
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.