DELTA DENTAL

Delta Dental Premier

Benefits for Montgomery County
Group Number: 700223
Effective Date: October 1, 2015

This sheet provides a brief description of important features of the Delta Dental Premier dental program. Under this program, you may use any dentist you wish. However, your out-of-pocket costs may be lower when you select a dentist who participates in the Delta Dental Premier network.

Plan Benefit Design	Plan Design		General Plan Information
	High Plan*	Low Plan*	
Annual Deductible	**$0**	**$0**	
Annual Benefit Maximum	**$1,000**	**$500**	Per enrollee, per contract year
Orthodontic Lifetime Maximum	**$1,000**	**N/A**	For eligible covered dependent child(ren)
*The amount listed under the Plan Differential is the deductible and maximum benefit permitted under each Plan option selected.			

Covered Benefits and Coinsurance

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

Coverage	High Plan*	Low Plan*	Benefit Limitations	Benefit Waiting Period
Diagnostic and Preventive Care	**100%**	**100%**		**None**
– Oral exams and regular cleanings			Twice each in a 12 consecutive month period. Consultations and evaluations for deep sedation or general anesthesia are limited to twice in a 12 consecutive month period and are subject to the benefit limitation for regular exams	
– **Periodontal cleanings**			**Twice in a 12 consecutive month period.**	
– **Fluoride applications**			**Twice in a 12 consecutive month period for Enrollees under the age of 19.**	
– Bitewing X-rays			Bitewing X-rays are limited to once in a 12 consecutive month period, limited to a maximum of 4 films or a set (7-8 films) of vertical bitewings.	
– **Full mouth/panelipse X-rays**			**Limited to once in a 5 year period.**	
– **Sealants**			**Sealants and preventive resin restorations are limited to non-carious, non restored 1st and 2nd permanent molars for Enrollees under age 16, one application per tooth once every 5 years.**	
– Space maintainers			Once per quadrant per arch per lifetime for Enrollees under the age of 14.	
– Healthy Smile, Healthy You® Program			Enrolled members who have certain high risk cardiac conditions or are pregnant, diabetic, or undergoing cancer treatment via chemotherapy and/or radiation are entitled to an additional cleaning and exam (or periodontal maintenance visit, if the member has a history of periodontal surgery). Cancer patients are also entitled to an additional fluoride application beyond the age limitation of the group contract.	
Basic Dental Care	**80%**	**80%**	***(Deductible Applies)***	**None**
– Amalgam (silver) and composite (white) fillings			Composite (white) fillings are limited to upper and lower 6 front teeth. Retreatment limited to once per surface in a 24-month period.	
– Stainless steel crowns			Limited to primary (baby) teeth for Enrollees under age 14.	
– Oral Surgery			Simple extractions, impactions, and other surgical procedures.	
– Denture repair and recementation of crowns, bridges and dentures			Once in a 12 month period after 6 months from initial placement.	
– Endodontic services/root canal therapy			Repeat treatment only after 2 years from initial root canal therapy treatment.	
– Periodontic services (scaling and root planing, soft tissue and bony surgery, including grafts)			Limitation of 2-3 years apply based on services rendered. Gingivectomy or gingivoplasty is limited to once per quadrant in a 36 month period.	

Covered Benefits and Coinsurance (Delta Dental will pay the stated percentage of the plan allowance based on the dentist's participation with Delta Dental.)				
Coverage	**High Plan***	**Low Plan***	**Benefit Limitations**	**Benefit Waiting Period**
Major Dental Care	**50%**	**50%**	***(Deductible Applies)***	**None**
– **Prosthodontics/dentures/ bridges** – **Crowns**			**Once every 5 years, and only when an existing prosthesis cannot be rendered serviceable. Denture adjustments are limited to twice in a12 consecutive month period. Denture repair is limited to once in a 12 consecutive month period. Fixed bridges or removable partials are limited to Enrollees over the age of 15.** **Once per tooth every 5 years, and only when an existing crown cannot be rendered serviceable. Recementation of existing crowns and inlays are limited to once in a 12 consecutive month period. Benefit available only when tooth is damaged by decay or fractured to the point it cannot be restored by an amalgam or composite restoration.** **Crowns are limited to Enrollees over the age of 11.** **Temporary prosthetic devices are not a separate benefit. Any charge for these devices is included in the fee for the permanent device.**	
Orthodontic Benefits	**50%**	**N/A**	Only for Dependent children under age 19. Orthodontic services are limited to Enrollees over the age of 4. ***(These services are exempt from the deductible.)***	**None**

Please refer to Choosing a Dentist.

COVERAGE IS AVAILABLE FOR

- Enrollee and spouse
- Dependent children, only to the end of the month they reach age 26 (the "limiting age").

USING YOUR DELTA DENTAL PREMIER PROGRAM

To use the program, just call the dental office of your choice and make an appointment. Delta Dental Premier dentist offices will have claim forms in the office and will complete and submit the form to Delta Dental of Virginia (Delta Dental). A complete list of Delta Dental Premier dentists is included on our website at **www.deltadentalva.com** or can be obtained by calling **1-800-237-6060**.

The Delta Dental Premier program allows you to:

- change dentists at any time without pre-approval
- go to a specialist without pre-approval

During your first appointment, provide your dentist with the following information:

- the subscriber's identification number
- inform the dentist that your program is through Delta Dental of Virginia

CHOOSING A DENTIST

You may select the Dentist of your choice. However, you will receive the highest level of benefits available in your group's program by choosing a Delta Dental Premier Dentist. Delta Dental's payment will be based on the Delta Dental Premier Allowance for covered benefits. In addition, your out-of-pocket costs will usually be lower if you use a participating dentist.

If you choose a:

Delta Dental Premier Dentist	Non-Participating Dentist
• Payment will be made directly to the dentist. • Delta Dental's payment will be based on the Delta Dental Premier Allowance for covered benefits. • The dentist will accept Delta Dental's payment, plus any required coinsurance and deductible (if applicable) as payment in full for covered benefits.	• Payment will be made directly to you. • Delta Dental's payment will be based on the Non-Participating Dentist Allowance for covered benefits. • You will be 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 for covered benefits. • The amount you would owe a non-participating dentist may be higher than the amount you would owe a Delta Dental Premier Dentist for the same covered benefits.

EXCLUSIONS

The following are not covered benefits under any circumstances **unless specifically identified** as a covered benefit in the plan documents.

- Services or supplies that are not dental services; also services not specifically listed as covered in the plan documents.
- Services or treatment provided by someone other than a licensed dentist or a qualified licensed dental hygienist working under the supervision of a dentist.
- A dental service that Delta Dental, in its sole discretion (subject to any and all internal and external appeals available to an enrollee), determines is not necessary or customary for the diagnosis or treatment of your condition. In making this determination, Delta Dental will take into account generally accepted dental practice standards based on the dental services provided. In addition, each covered benefit must demonstrate dental necessity. Dental Necessity is determined in accordance with generally accepted standards of dentistry.
- Dental services for injuries or conditions that may be covered under workers compensation or similar employer liability laws or other medical plan coverage; also benefits or services that are available under any federal or state government program (subject to the rules and regulations of those programs) or from any charitable foundation or similar entity.
- Dental services for the diagnosis or treatment for illnesses, injuries or other conditions for which you are eligible for coverage under your hospital, medical/surgical, or major medical plan.
- Dental services started or rendered before the date enrolled under this dental plan. Also, except as otherwise provided in the plan documents, benefits for a course of treatment that began before you are enrolled under this dental plan.
- Except as otherwise provided in the plan documents, dental services provided after the date you are no longer enrolled or eligible for coverage under the plan documents.
- Except as otherwise provided in the plan documents, prescription and non-prescription drugs; pre-medications; preventive control programs, oral hygiene instructions, and relative analgesia.
- General anesthesia when less than three (3) teeth will be routinely extracted during the same office visit.
- Splinting or devices used to support, protect, or immobilize oral structures that have loosened or been reimplanted, fractured or traumatized.
- Charges for inpatient or outpatient hospital services; any additional fee that the dentist may charge for treating a patient in a hospital, nursing home or similar facility.
- Charges to complete a claim form, copy records, or respond to Delta Dental's requests for information; charges for failure to keep a scheduled appointment.
- Charges for consultations in person, by phone or by other electronic means.
- Charges for X-ray interpretation.
- Dental services to the extent that benefits are available or would have been available if the enrollee had enrolled, applied for, or maintained eligibility under Title XVIII of the Social Security Act (Medicare), including any amendments or other changes to that Act.
- Complimentary services or dental services for which you would not be obligated to pay in the absence of the coverage under the plan documents or any similar coverage.
- Services or treatment provided to an immediate family member by the treating dentist. This would include a dentist's parent, spouse or child.
- Dental services and supplies for the replacement device or repeat treatment of lost, misplaced or stolen prosthetic devices including space maintainers, bridges and dentures (among other devices).
- Dental services or other services that Delta Dental determines are for correcting congenital malformations; also, cosmetic surgery or dentistry for cosmetic purposes.
- Replacement of congenitally missing teeth by dental implant, fixed or removable prothesis whether the result of a medical diagnosis including but not limited to hereditary ectodermal dysplasia or not related to a medical diagnosis.
- Experimental or investigative dental procedures, services, supplies as well as services and/or procedures due to complications thereof. Experimental or investigative procedures, services or supplies are those which, in the judgment of the Delta Dental: (a) are in a trial stage; (b) are not in accordance with generally accepted standards of dental practice, or (c) have not yet been shown to be consistently effective for the diagnosis or treatment of the enrollee's condition.

- Dental services for restoring tooth structure lost from wear (abrasion, erosion, attrition, or abfraction), for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth. Such services include but are not limited to equilibration and periodontal splinting.

- Dental services, procedures and supplies that are needed because of harmful habits. An example of a harmful habit includes clenching or grinding of the teeth.

- Services billed under multiple dental service procedure codes that Delta Dental, in its sole discretion (subject to any and all internal and external appeals available to you), determines should have been billed under a single, more comprehensive dental service procedure code. Delta Dental bases its payment on the allowance for the more comprehensive code, not on the allowance(s) for the underlying component codes.

- Services billed under a dental service procedure code that Delta Dental, in its sole discretion (subject to any and all internal and external appeals available to you), determines should have been billed under a code that more accurately describes the dental service. Delta Dental's bases its payment on its determination of the more accurate dental service code.

- Amounts assessed on dental services and/or supplies by state or local regulation.

- Amounts that exceed the plan allowances as agreed to by the dentist for covered benefits.

The preceding information is offered as a brief description of the Delta Dental Premier program and what Delta Dental pays for services covered under the program. It is not intended for use as a summary plan description nor is it designed to serve as an Evidence of Coverage for the program. This Delta Dental Premier program is administered by Delta Dental of Virginia. 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.

Delta Dental of Virginia
Mission Statement

"To improve the public's health through market leadership as the dental experts by delivering quality dental benefits and superior service supported by evidence-based science and innovative technology."

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