

Benefits for City of Hampton  
Group Number: 600163  
Effective Date: January 1, 2020

Annual Deductible	None
Annual Maximum	\$3,000 per enrollee, per calendar year
Orthodontic Lifetime Maximum	\$2,000 per person

**Covered Benefits**

Delta Dental will pay the Delta Dental PPO™ plan allowance less the patient copayment amount listed on the **Schedule of Benefits and Copayments/Coinsurance**. The patient will be responsible for the copayment listed on the **Schedule of Benefits and Copayments/Coinsurance**, plus any amounts over the Benefit Maximum.

Coverage	Coinsurance			Benefit Limitations	Benefit Waiting Period
	PPO	Premier	Out-of-Network		
<b>Diagnostic and Preventive Services</b> <ul style="list-style-type: none"> <li>• Oral exams and 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> </ul>	Fixed Copayment	0%	0%	Twice in a calendar year. Periodontal cleaning is considered a regular cleaning and is subject to the benefit limits for regular cleanings.  Once in a calendar yearfor enrollees under the age of 19.  Bitewing X-rays are limited to once in a calendar yearlimited to a maximum of 4 films or a set (7-8 films) of vertical bitewings.  Once in a 3-year period.  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.  Once per quadrant per arch for enrollees under the age of 14.	None
<b>Basic Services</b> <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> </ul>	Fixed Copayment	0%	0%	Once per surface in a 24-month period; Composite (white) fillings are limited to the upper and lower 6 front teeth.  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.	None

Covered Benefits					
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Coverage	Coinsurance			Benefit Limitations	Benefit Waiting Period
	PPO	Premier	Out-of-Network		
<b>Major Services</b> <ul style="list-style-type: none"> <li>Denture repair and recementation of crowns, bridges and dentures</li> <li>Crowns</li> <li>Prosthodontics, removable and fixed</li> </ul>	Fixed Copayment	0%	0%	Once in a 12-month period after 6 months from initial placement. 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.	None
Covered Benefits					
Delta Dental will pay the stated percentage of the Delta Dental PPO™ plan allowance up to the Benefit Maximum. The patient will be responsible for their share of the coinsurance, plus any amounts over the Benefit Maximum.					
Coverage	Coinsurance			Benefit Limitations	Benefit Waiting Period
	PPO	Premier	Out-of-Network		
<b>Orthodontic Services</b> <ul style="list-style-type: none"> <li>Treatment for the proper alignment of teeth</li> </ul>	50%	0%	0%	For subscriber and covered dependents.	None

**COVERAGE IS AVAILABLE FOR**

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

**CHOOSING A DENTIST**

A Delta Dental PPO™ dentist must provide covered benefits. In almost all cases, services rendered by a dentist that is not in the Delta Dental PPO™ network are not covered. There is one exception. You may receive covered benefits from a dentist that is not in the Delta Dental PPO™ network if the covered benefit(s) are emergency services and you are at least 35 miles from a Delta Dental PPO™ dentist's office. However, your benefit maximum for all emergency services provided by a dentist that is not in the Delta Dental PPO™ network is limited to \$50 per benefit period. **Emergency services** are covered benefits that require immediate attention to alleviate severe pain, swelling, bleeding or to avoid serious jeopardy to your health.

Delta Dental PPO™ dentists have agreed to accept the Delta Dental PPO™ plan allowance. Delta Dental PPO™ dentists will submit claims directly to Delta Dental and we will issue the payment to the dentist.

You are responsible for the dentist fee(s) when you receive dental services from a dentist who does not participate in the Delta Dental PPO™ network; unless, they are emergency services and a Delta Dental PPO™ dentist is at least 35 miles away.

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	\$.00	\$.00
Patient Copayment	\$25.00	\$.00	\$.00
Delta Dental's Payment	\$101.00	\$.00	\$.00
Patient Payment*	\$25.00	\$215.00	\$215.00
Amount Dentist Receives	\$126.00	\$215.00	\$215.00

*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.*