DELTA DENTAL®

Delta Dental PPO
Plus Premier™

Benefits for Roanoke College - Low Plan

Group Number: 00000700100 Effective Date: January 1, 2025

Annual Deductible *(Applies to basic services)*	**$50** per person; **$150** per family, per calendar year
Annual Maximum	**$1,000** per person, per calendar year

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. • **Periodontal cleanings** — Twice in a calendar year. • **Fluoride applications** — Twice in a calendar year for enrollees under age 19. • **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 five-year period. • **Sealants** — One per tooth in a five-year period for members under age 16 on non-carious, non-restored first and second permanent molars. • **Space maintainers** — Once per quadrant per arch for enrollees under the age of 14.			
Basic Services	80%	80%	80%
• **Fillings** — One per surface in a 24-month period. • **Stainless steel crowns** — Primary (baby) teeth for enrollees under the age of 14. • **Endodontic services** — Root canal therapy. • **Periodontic services** — Treatment for gum disease. • **Simple extractions** • **Oral surgery** — Surgical extractions and other surgical procedures. • **Denture repair and recementation** • **Occlusal guards for bruxism**			

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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 and/or fluoride for members with certain health conditions. Visit DeltaDentalVA.com to learn more or to download an enrollment form.

Right Start 4 Kids® — Covers children up to age 13 at 100% with no deductible when you visit an in-network dentist. (For services outlined in the plan, up to the annual maximum. Subject to any limitations, exclusions and waiting periods).

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 calendar year 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.