

Benefits for University of Richmond

Base Plan

Group Number: 00000001946 • Effective Date: January 1, 2023

	Delta Dental PPO™	Delta Dental Premier®	Out-of-Network
Calendar Deductible <i>(Applies to basic services)</i>	\$50 per person; \$150 per family	\$50 per person; \$150 per family	\$100 per person; \$300 per family
Calendar Maximum	\$1,250 per person	\$1,250 per person	\$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		
	Delta Dental PPO™	Delta Dental Premier®	Out-of-Network
Diagnostic and Preventive Services	100%	100%	70%
<ul style="list-style-type: none"> • Oral exams and cleanings — Twice in a calendar year. • Periodontal cleanings — Four times in a calendar year. • Fluoride applications — Once 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 three-year period. • Sealants — One per tooth in a 24-month period for members under age 16 on non-carious, non-restored first and second permanent molars. 			
Basic Services	80%	80%	50%
<ul style="list-style-type: none"> • Fillings — One per surface in a 24-month period. • Simple extractions 			

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Additional benefits included in your plan:

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.

Coverage is available for:

- The enrollee and their spouse.
- 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. Delta Dental PPO™ dentists have agreed to accept Delta Dental's PPO™ plan allowance, plus any required coinsurance and deductible (if applicable), as payment in full. Delta Dental Premier® dentists have not agreed to accept the Delta Dental PPO™ plan allowance as payment in full. Delta Dental PPO™ and Delta Dental Premier® dentists will submit claims directly to Delta Dental and we will issue the payment to the dentist. With the PPO plan, Premier dentists can bill you for the difference between the PPO and the Premier allowances. This means, members who go to Premier dentists may have higher out-of-pocket expenses under this plan. 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, unless state law requires otherwise.

	Delta Dental PPO™
Group Name:	Delta Dental of Virginia
Group Number:	000000000-00000000-0000
Subscriber Name:	Jane Doe
Identification No:	XXXXX000
Membership Type:	Subscriber
Effective Date:	XX/XX/XXXX
Benefit Services: 800-237-6060	
DeltaDentalVA.com	
<small>Delta Dental is a Registered Mark of Delta Dental Plans Association.</small>	

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.