



It's easy to sell Delta Dental

DENTAL BROKER KIT





Why sell Delta Dental?

IT'S EASY!

When you recommend a dental carrier to a client, your reputation is on the line. Our award-winning service, Quote to Covered™ implementation tool and access to the largest networks* means you will never have to apologize for recommending Delta Dental.

- **A streamlined process** — Our Quote to Covered™ process takes you from paper-free quoting all the way through implementation and enrollment, all in one online tool.
- **Broker portal capabilities** — Along with Quote to Covered, the broker portal allows access to existing accounts for eligibility maintenance.
- **Service beyond the sale** — Dedicated client specialists and customer service teams make benefits administration easier than ever.
- **Customized plans** — Our dental plans are flexible, include a variety of benefit combinations and come with additional features to reward employees who practice preventive care.
- **Additional benefits** — Right Start 4 Kids® and the Special Health Care Needs benefit are additional benefits included with all small business plans.
- **The benefits of experience** — We've been administering dental benefits for more than 60 years.
- **Customer focus** — Our number one goal is to create a great customer experience. We provide that through accurate claims processing, easy administration and personalized service.
 - Average speed of answer = 14 seconds**
 - Claims turnaround = 99.9% within 15 days**
 - First call resolution = 99%**
 - Customer satisfaction = 98.6%**

A survey of our brokers showed an incredibly high favorability score — 98% overall satisfaction.*** Combine that with the country's largest network of dentists, a focus on preventive care, award-winning customer service and fast and accurate claims processing,** and that means you can feel confident recommending Delta Dental of Virginia every time.

For questions about selling small group business, or to get appointed, call your Delta Dental of Virginia sales representative.

*Delta Dental Plans Association, 2025. **Delta Dental of Virginia, 2023 Broker Satisfaction survey. ***Delta Dental of Virginia, 2025.



Delta Dental plans

Our dental plans are designed to meet the needs of your clients. Our products are flexible, allowing you to customize plans with a choice of deductibles, annual maximums, coinsurance options and network access.

DELTA DENTAL PPO

Delta Dental PPO™ provides a unique combination of price and benefit. PPO members will receive the best discount when they visit a PPO dentist, but they still have access to one of the largest networks in the nation through Delta Dental Premier®. However, if a member visits a Premier or out-of-network dentist, they may be balance-billed. They will not be balance-billed when visiting a PPO dentist.

DELTA DENTAL PPO PLUS PREMIER

Delta Dental PPO Plus Premier™ also provides outstanding value and options. We offer a variety of plans in the Delta Dental PPO Plus Premier design, allowing groups to choose a plan that suits their needs. Members may be balance-billed when visiting an out-of-network provider but will not be balance-billed when they see a Delta Dental in-network PPO or Premier dentist.

DELTA DENTAL AXCESS

Delta Dental aXcess™ plans provide access to both the Delta Dental PPO and Premier networks, which gives your clients more access to dentists. Benefits include no waiting periods for any services — even orthodontic — a lifetime deductible and coverage for implants. And plans are available for groups as small as just two employees.

DELTA DENTAL INDIVIDUAL AND FAMILY PLANS

Tens of thousands of business owners and employees are in the market for our Individual and Family plan options. You could do them a great service by presenting Delta Dental Individual and Family™ plans, and these sales could add up to significant commissions over time. Visit DeltaDentalCoversMe.com to learn more!

ADDITIONAL, INCLUDED BENEFITS!

Healthy Smile, Healthy You®, MaxOver™, Right Start 4 Kids® and the Special Health Care Needs benefit are included in all small business plans.



Delta Dental PPO plans

EMPLOYER-PAID FOR 5-99 EMPLOYEES OR VOLUNTARY (EMPLOYEE-PAID) FOR 5-300 EMPLOYEES

NETWORK	DELTA DENTAL PPO™			
Plan name	Active — Option A*	Active — Option B*	Active — Option C*	Passive*
Deductible**	Choice of \$0, \$25 or \$50 annual per person; limited to three per family			
Annual maximum benefit	Choice of \$1,000, \$1,250, \$1,500, \$2,000, \$2,500 or \$5,000 per person			
Networks	PPO Premier OON			
TYPE I — DIAGNOSTIC AND PREVENTIVE — No deductible. No benefit waiting period.				
Exams and cleanings	100% 80% 80%	100% 80% 80%	100% 90% 90%	100% 100% 100%
Fluoride applications	100% 80% 80%	100% 80% 80%	100% 90% 90%	100% 100% 100%
Sealants	100% 80% 80%	100% 80% 80%	100% 90% 90%	100% 100% 100%
X-rays	100% 80% 80%	100% 80% 80%	100% 90% 90%	100% 100% 100%
TYPE II — BASIC DENTAL — Deductible applies. No benefit waiting period.				
Amalgam or composite fillings — choice of all teeth or six front only	90% 70% 70%	80% 60% 60%	50% 30% 30%	80% 80% 80%
Simple extractions	90% 70% 70%	80% 60% 60%	50% 30% 30%	80% 80% 80%
Denture repair and recementation of crowns and bridges	90% 70% 70%	80% 60% 60%	50% 30% 30%	80% 80% 80%
Endodontic/periodontic/complex oral surgery***	Choice of 90% 70% 70% or move to Type III 60% 50% 50%	Choice of 80% 60% 60% or move to Type III 50% 30% 30%	50% 30% 30%	Choice of 80% 80% 80% or move to Type III 50% 50% 50%
OPTIONAL TYPE III — MAJOR DENTAL — Deductible applies. Choice of 0-, 6- or 12-month benefit waiting period.				
Crowns	60% 50% 50%	50% 30% 30%	50% 30% 30%	50% 50% 50%
Prosthodontics/dentures/bridges	60% 50% 50%	50% 30% 30%	50% 30% 30%	50% 50% 50%
Implant Coverage	60% 50% 50%	50% 30% 30%	50% 30% 30%	50% 50% 50%
OPTIONAL TYPE IV — ORTHODONTIC BENEFITS[†] — No deductible. Choice of 0-, 6-, or 12-month benefit waiting period for contributory. 12-month waiting period applies for voluntary.				
Orthodontic services	50% 50% 50%			
Lifetime maximum benefit	Matches annual maximum (up to \$2,500)			

OON = Out-of-network

*Members may visit any dentist but reimbursement will be based on Delta Dental's PPO allowance. Premier dentists may balance bill the difference between the PPO and Premier allowances. **Voluntary plans do not have the choice of a \$0 deductible. ***If moved to Type III, selected benefit waiting period applies. †Orthodontic coverage is available to groups with 10 or more employees enrolled. If orthodontic benefits are selected, you have the choice of coverage for dependent children up to age 19, or adults and dependent children.



Delta Dental PPO Plus Premier plans

EMPLOYER PAID 5-99, VOLUNTARY 5-300 EMPLOYEES

NETWORK	DELTA DENTAL PPO PLUS PREMIER™		
Plan name	Passive	Active — Option 1	Active — Option 2
Deductible*	Choice of \$0, \$25 or \$50 annual per person; limited to three per family		
Annual maximum benefit	Choice of \$1,000, \$1,250, \$1,500, \$2,000, \$2,500 or \$5,000 per person		
Networks	PPO Premier OON		
TYPE I — DIAGNOSTIC AND PREVENTIVE — No deductible. No benefit waiting period.			
Exams and cleanings	100% 100% 100%	100% 100% 100%	100% 90% 90%
Fluoride applications	100% 100% 100%	100% 100% 100%	100% 90% 90%
Sealants	100% 100% 100%	100% 100% 100%	100% 90% 90%
X-rays	100% 100% 100%	100% 100% 100%	100% 90% 90%
TYPE II — BASIC DENTAL — Deductible applies. No benefit waiting period.			
Amalgam or composite fillings — choice of all teeth or six front only	80% 80% 80%	90% 80% 80%	80% 70% 70%
Simple extractions	80% 80% 80%	90% 80% 80%	80% 70% 70%
Denture repair and recementation of crowns and bridges	80% 80% 80%	90% 80% 80%	80% 70% 70%
Endodontic/periodontic/complex oral surgery**	Choice of 80% 80% 80% or move to Type III 50% 50% 50%	Choice of 90% 80% 80% or move to Type III 60% 50% 50%	Choice of 80% 70% 70% or move to Type III 50% 50% 50%
OPTIONAL TYPE III — MAJOR DENTAL — Deductible applies. Choice of 0-, 6- or 12-month benefit waiting period.			
Crowns	50% 50% 50%	60% 50% 50%	50% 50% 50%
Prosthetics/dentures/bridges	50% 50% 50%	60% 50% 50%	50% 50% 50%
Implants	50% 50% 50%	60% 50% 50%	50% 50% 50%
OPTIONAL TYPE IV — ORTHODONTIC BENEFITS*** — No deductible. Choice of 0-, 6-, or 12-month benefit waiting period for contributory. 12-month waiting period applies for voluntary.			
Orthodontic services	50% 50% 50%		
Lifetime maximum benefit	Match annual max (up to \$2,500)		

OON = Out-of-network

*Voluntary plans do not have the choice of a \$0 deductible. **If moved to Type III, selected benefit waiting period applies. ***Orthodontic coverage is available to groups with 10 or more employees enrolled. If orthodontic benefits are selected, you have the choice of coverage for dependent children up to age 19, or adults and dependent children.



aXcess plans

EMPLOYER PAID FOR 2-49 EMPLOYEES

NETWORK	DELTA DENTAL PPO PLUS PREMIER™	
Plan name	aXcess™ 25*	aXcess 50**
Deductible	\$50 lifetime, per person	
Annual maximum benefit	\$2,000 per person	
Networks	PPO Premier OON	
TYPE I – DIAGNOSTIC AND PREVENTIVE – No deductible. No benefit waiting period.		
Exams and cleanings	100% 100% 100%	
Fluoride applications	100% 100% 100%	
Sealants	100% 100% 100%	
X-rays	100% 100% 100%	
TYPE II – BASIC DENTAL – Deductible applies. No benefit waiting period.		
Amalgam or composite fillings – all teeth	80% 80% 80%	
Simple extractions	80% 80% 80%	
Denture repair and recementation of crowns and bridges	80% 80% 80%	
TYPE III – MAJOR DENTAL – Deductible applies. No benefit waiting period.		
Endodontic/periodontic/complex oral surgery	25% 25% 25%	50% 50% 50%
Crowns	25% 25% 25%	50% 50% 50%
Prosthodontics/dentures/bridges	25% 25% 25%	50% 50% 50%
Implants	25% 25% 25%	50% 50% 50%
TYPE IV – ORTHODONTIC BENEFITS* – No deductible. No benefit waiting period.		
Orthodontic services	25% 25% 25%	N/A
Lifetime maximum benefit	\$500	N/A

OON = Out-of-network

*aXcess 25 covers orthodontic services for adults and dependent children. **aXcess 50 is only available to groups with two to four eligible employees.



Rollover benefits that grow with your clients

Delta Dental’s MaxOver™ program lets unused employee annual maximums roll over each year, effectively increasing the value of the group’s dental plan over time — **and potentially doubling a member’s annual maximum in four years!**

WHAT IS MAXOVER?

Members are eligible for MaxOver if they meet the following criteria:

- At least one preventive exam during their benefit period.
- Claims paid during the benefit period are less than the MaxOver claims threshold.
- Waiting periods on major services (if applicable) are met.
- Members with natural teeth must have at least one cleaning during their benefit period.*

Once the criteria are met, the appropriate MaxOver™ amount will be carried forward. That means the level of coverage to which members have access may increase over time. So, when members need a procedure that costs more than the plan’s annual maximum, the funds in the MaxOver account can help meet the difference.*

HOW DOES MAXOVER WORK?***

The plan’s annual maximum\$1,500
 Member submits claims up to..... \$750
 MaxOver amount added to the next benefit period..... \$375
 Total annual maximum for the next benefit period.....\$1,875

In this example, if the employee does not exceed \$750 in claims during the benefit period, \$375 will be added to their annual maximum in the next benefit period.

For each benefit period during which the criteria are met, the employee can continue to add \$375 toward future benefit periods, up to a maximum carryover of an additional \$1,500. *That means members under this plan could have a \$3,000 annual maximum after four years.*

MaxOver comes standard on small business dental plans.

The chart below represents Delta Dental’s annual maximum and correlating MaxOver amounts.

ANNUAL MAXIMUM BENEFIT	CLAIMS THRESHOLD	ANNUAL MAXOVER AMOUNT	MAXOVER ACCOUNT LIMIT
\$1,000	\$500	\$250	\$1,000
\$1,250	\$625	\$300	\$1,250
\$1,500	\$750	\$375	\$1,500
\$2,000	\$1,000	\$500	\$2,000
\$2,500	\$1,250	\$625	\$2,500
\$5,000	\$2,500	\$1,250	\$5,000

*Waived for members with no natural teeth. Members who do not have natural teeth must have at least one preventive exam during their benefit period. **The MaxOver amount is determined for each family member covered under the dental plan. Orthodontic services, if covered, are excluded from MaxOver. Members cannot use another family member’s MaxOver benefit to fund their claims. MaxOver amounts are based on a percentage of the annual maximum and vary by plan. The total carryover amount cannot exceed the annual maximum amount.

Preventive care is better care

Delta Dental of Virginia makes it easy for your clients to care for their employees with included additional benefits that work to keep small dental problems from becoming big issues and help keep out-of-pocket costs low.

HEALTHY SMILE, HEALTHY YOU

Healthy Smile, Healthy You® provides members with additional benefits if they have the following health conditions:

- Pregnancy**
- Diabetes
- Certain high-risk cardiac conditions
- Cancer treatment**
- Weakened immune systems**
- Kidney failure or dialysis**

Members with these conditions are eligible for one additional cleaning and exam per benefit period beyond their regular plan limitations.*** For pregnant members, the additional benefit is available during pregnancy.

Delta Dental can provide employers with Healthy Smile, Healthy You materials, or members can sign up by logging in at DeltaDentalVA.com/members.

RIGHT START 4 KIDS

Childhood dental issues can mean time out of school for kids, and lost work hours for parents. Delta Dental of Virginia's Right Start 4 Kids® benefit makes it easier to protect children's oral health by removing barriers to care for children up to age 13. Right Start 4 Kids provides 100% coverage for diagnostic and preventive, and basic and major services, with no deductible, when members visit an in-network dentist.†

SPECIAL HEALTH CARE NEEDS

Delta Dental provides additional covered benefits for members and dependents who have a special health care need. Benefits can include additional exams and consultations with a dentist, additional cleanings each benefit period and delivery modifications for treatment.††

These additional programs are included in all small business dental plans. For additional information, visit DeltaDentalVA.com/brokers/resources.

*Healthy Smile, Health You benefits are subject to applicable annual maximum. **Members may be eligible for fluoride and sealants beyond the age limitations of the group contract. ***Members may be eligible for an additional periodontal maintenance procedure if you have a history of periodontal treatment, such as surgery. †Right Start 4 Kids is subject to applicable limitations, exclusions, waiting periods and annual maximum. Orthodontic services are not eligible for the 100% coverage level. ††Additional Special Health Care Needs benefits are covered at 100% with no deductible. Some benefits may be subject to the annual maximum based on your group benefit plan. The Special Health Care Needs benefit is not currently available under Delta Dental of Virginia's Individual and Family™ plans.



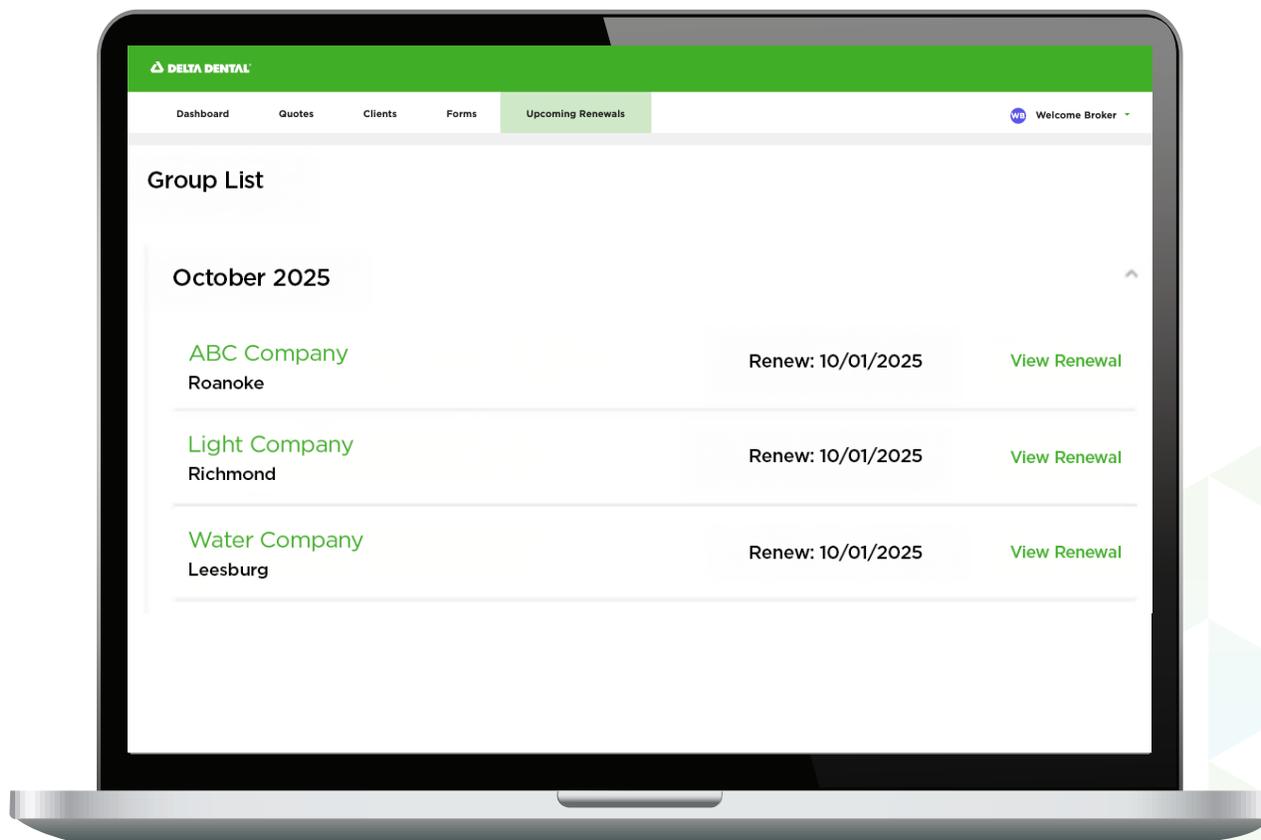
Enrolling a group

FROM QUOTE TO COVERED, TO DONE!

Delta Dental of Virginia is excited to offer a completely online implementation process. Quote to Covered® lets you go from quote to DONE in just a few minutes — completely paper free! Through the broker portal, you can also pull your clients' dental renewals and add DeltaVision® with just a few clicks.

Our tools are designed to save you time, reduce errors and make your processes easy!

For questions, email smallbizsupport@deltadentalva.com.





Eligibility and contribution requirements

Employees who work 20 hours or more per week are eligible. Ineligible and part-time employees, and employees who have other group dental coverage, may be removed from the eligible total. If the employer chooses a Voluntary plan, the employer must agree to submit enrollment and collect premiums from subscribers for Delta Dental. Minimum group contribution and participation requirements are below:

EMPLOYER-PAID PLANS				
Eligible employees	2-4	5-9	10-49	50-99
Minimum participation requirement	100%	80%	75%	75%
Minimum employer contribution	25%	25%	25%	>0%
VOLUNTARY PLANS				
Eligible employees	5-300			
Minimum participation requirement	Minimum of 5 employees or 25% of eligibles, whichever is greater			
Minimum employer contribution	0%			



Dental underwriting guidelines and plan provisions

1. Coverage is offered on an employer-sponsored basis only. An employer/employee relationship must exist; individuals who are not employees are not eligible for coverage. If the primary subscriber enrollment is fewer than five, dependents/spouse of the primary subscriber may not enroll in a separate contract to increase the group size. For example, an individual and spouse may not enroll as two separate “subscriber” contracts, or as “subscriber/child(ren)” contracts, even if both are employees. Association groups require Delta Dental Underwriting Department approval.

2. Virginia-based businesses enrolling 2-99 employees who are engaged in bona fide trade or commerce in the commonwealth are eligible. However, the following organizations are not eligible for coverage: fraternal organizations, sales groups, independent contractors and membership groups. A North American Industry Classification System (NAICS) number is required for rating purposes.

3. All Voluntary groups of up to 300 eligible employees are rated together in a product pool. Groups with more than 300 eligible employees require Delta Dental Underwriting Department approval.

4. All plans utilize a five-tier rating structure consisting of subscriber, subscriber/spouse, subscriber/child(ren) and family. No other rating structures are available.

5. For rate guarantee, please refer to the rate page included in your quote documents. Underwriting Guidelines include, but are not limited to,

minimum enrollment and employee participation levels. Coverage begins the first day of the month after the contract is issued. Please submit the group’s data at least 15 days prior to the desired start date.

6. The eligibility waiting period for newly hired employees will be the first day of the month following 90 days from the date of hire. Coverage ends on the last day of the month that the member ceases to be eligible under the group dental plan. If a group’s existing medical plan benefits have a different eligibility requirement, then Delta Dental will match it for this coverage (for example: first day of the month following the date of hire).

7. Employees and their dependents NOT included in the initial enrollment may be eligible for coverage on the first day of the month following a qualifying event such as marriage or divorce, death of a spouse, birth of a child, legal adoption or loss of other group coverage. Otherwise, they may enroll only during the group’s annual open enrollment period.

8. If an employee covered under one of the Voluntary plans drops coverage, he/she is not eligible to re-enroll until the second group open enrollment period after the date of termination. In addition, if the employee cancels after less than one year of enrollment, he/she must remit the balance of the first year’s premium before re-enrolling.

9. Group acceptance is not guaranteed. Approval of coverage is contingent upon underwriting acceptance and verification of employee participation. Groups with more than 20% of their employees

residing outside of Virginia require special underwriting approval and may require a premium adjustment.

10. Delta Dental coverage must be the only employer-sponsored group dental plan offered to the group’s employees.

11. Children are eligible for coverage until the end of the month following their 26th birthday under subscriber/child(ren) or family plans.

12. Premiums are based on the number of employees enrolled. For example, a group of 52 eligible employees that only enrolls 39 employees will be rated in the 10-49 pool.

13. Waiting periods may be waived for initial enrollees if the group is replacing a prior group dental plan that covered these services for at least 12 consecutive months. Please submit dated, current carrier group bills and benefit description with the application. Anything less than 12 months of prior coverage will not be considered toward waiting period waivers for initial enrollees. Employees hired after initial enrollment require proof of credible coverage to receive credit for a waiting period for both Employer-Paid and Voluntary plans.

14. Please check with your Delta Dental sales representative for questions and availability of dual option dental plans. Contributory groups enrolling 10-99 employees or Voluntary groups enrolling 10-299 may elect a High/Low Benefit Plan at standard pool rates subject to the following conditions: (1) The Low Plan and High Plan must either both include orthodontic coverage

Dental underwriting guidelines and plan provisions

or exclude orthodontic coverage, (2) If waiting periods are elected, they must be applied to both plans and remain the same (0, 6 or 12 months), (3) Endodontics, periodontics and oral surgery must remain in the same category on both plans (4) If posterior composite coverage is elected, it must be applied to both plans (5) If orthodontic coverage is elected on both plans, the lifetime maximum and coverage level (child only or adult/child coverage) must remain consistent on both plans and (6) A minimum of 25% of those enrolling must elect the High Plan. Deductibles, predefined coinsurance levels and benefit maximums may vary from the Low Plan to the High Plan; the combined participation level and employer contribution level must still meet Delta Dental's requirement for this product. All employees must elect a plan at their initial enrollment and may only change plans during the group's annual open enrollment period (unless a qualifying event has occurred). A dual-option scenario with a High Plan covering orthodontics and a Low Plan that does not cover orthodontic coverage can be achieved under parameters determined on a case-by-case basis by Underwriting. If this scenario is desired or if any questions arise concerning the dual-option availability, please contact your Delta Dental sales representative.

15. Major services are optional coverage for all Delta Dental traditional products except aXcess[™] and Delta Dental EPO[™]. If major benefits are selected, diagnostic and preventive/basic coverage are required.

16. Orthodontic services are optional coverage for all Delta Dental traditional products except aXcess 25 and Delta Dental EPO[™]. Orthodontic services are not covered under aXcess 50. A minimum enrollment of 10 is required for all Delta Dental products except aXcess 25 or an EPO plan. The minimum enrollment for aXcess 25 is two. There is no minimum enrollment requirement for an EPO plan. Orthodontic benefits are available to all enrollees, if selected. If orthodontic benefits are selected, diagnostic and preventive, basic and major coverage are required.

BENEFIT LIMITATIONS

Annual deductible — group choice of deductible. Limit of three per family per contract year (deductible does not apply to Type I or Type IV services). The aXcess[™] product features a lifetime deductible. Under aXcess, once a covered member meets the required deductible, future covered services will be paid as though there is no deductible for the lifetime of the contract.

- Oral exams and cleanings are covered twice each 12-consecutive-month period. This includes problem-focused teledentistry exams.
- Sealants: only for noncarious, nonrestored first and second permanent molars for enrollees under the age of 16, one application per tooth.
- Bitewing radiographic images (X-rays) are covered once each 12-consecutive-month period, limited to four films in one visit.

- Full mouth (panelipse) X-rays: limit of one every three years for Employer-Paid plans, one every five years for Voluntary (Employee-Paid) plans. Full mouth X-ray includes bitewing X-rays. Panoramic X-ray in conjunction with any other X-ray is considered a full mouth X-ray.
- Space maintainers, not including distal shoe space maintainers, are limited to once per quadrant or arch per lifetime for enrollees under the age of 14.
- Distal shoe space maintainers are limited to once per quadrant per lifetime for enrollees under the age of nine.
- Fluoride applications are limited to once each 12-consecutive-month period for enrollees under the age of 19.
- Full mouth debridement is limited to once in a lifetime and is only a covered benefit when an enrollee has not had a cleaning or scaling and root planing within 36 months of the full mouth debridement.
- Amalgam and composite fillings: except as otherwise provided in the plan documents, composite (white) fillings limited to upper six and lower six anterior (front) teeth; once in a 24-month period per tooth, per surface.
- Stainless steel crowns: limited to primary/baby teeth for enrollees under the age of 14.
- Denture repair and recementation of crowns, bridges and dentures: limited to once in a 12-month period after six months from initial placement.

Dental underwriting guidelines and plan provisions

- Endodontic services/root canal therapy: retreatment only after 24 months from initial root canal therapy treatment and is limited to once in a lifetime.
- Periodontic services: Periodontal cleaning is considered a regular cleaning and is subject to the benefit limits for regular cleanings. Limitations of 24 to 36 months apply based on services rendered.
- Crowns: once per tooth every 60 months, and only when an existing crown cannot be rendered serviceable. Benefit is available only when the tooth is damaged by decay or fractured to the point that it cannot be restored by an amalgam or composite restoration. Crowns are limited to enrollees age 12 and older.
- Prosthodontics/dentures/bridges not related to an implant: once every 60 months, and only when an existing prosthesis cannot be rendered serviceable. Temporary prosthetic devices are not a separate benefit. Any charge for these devices is included in the fee for the permanent device. Fixed bridges or removable partials are limited to enrollees age 16 and older.
- Implants and implant-supported prosthetics are limited to once in a lifetime per site and are also limited to two per quadrant and four per arch, with a maximum of eight for full mouth reconstruction for enrollees age 16 and older.
- Adjustment, maintenance or cleaning of a maxillofacial prosthetic appliance is limited to once per year.

- Orthodontic benefits are limited to enrollees age five and older.

MAXOVER

Eligibility for MaxOver™ benefits is determined three months after the end of the plan benefit period. Any claims processed or adjusted after a member's annual MaxOver eligibility is determined will not alter the individual's eligibility for the benefit. Orthodontic benefits (if covered) are excluded from the MaxOver program. MaxOver benefits end when a member's coverage under the group contract terminates.

EXCLUSIONS

The following are not covered, unless specifically identified as a covered benefit in Delta Dental's plan documents:

- Services or supplies that are not dental services; also services not specifically listed as covered in the group's Schedule of Benefits.
- 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, at its sole discretion (subject to any and all internal and external appeals available to you), 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, 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 of 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 the group contract. Also, except as otherwise noted, benefits for a course of treatment that began before you are enrolled under the group contract.
- Except as otherwise provided for in the plan documents, dental services provided after the date you are no longer enrolled or eligible for coverage.
- Except as otherwise provided for in the plan documents, prescription and nonprescription drugs, pre-medications, preventive control programs, oral hygiene instructions and relative analgesia.

Underwriting guidelines and plan provisions

- General anesthesia when fewer than three 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 and 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 for non-problem teledentistry exams.
- Charges for X-ray interpretation.
- Dental services to the extent that benefits are available or would have been available if you 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 this plan 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 prosthesis, 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 and supplies, as well as services and/or procedures due to complications thereof, which, in the judgment of 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 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, which Delta Dental, at 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 negotiated fee for the more comprehensive code, not on the negotiated fee for the underlying component codes.
- Services billed under a dental service procedure code that Delta Dental, at 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 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 negotiated fee as agreed to by the dentist for covered benefits.



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DeltaDentalVA.com | DeltaDentalVABlog.com

