

# 2024 Delta Dental Individual and Family Plans™ plans offered through the Virginia Insurance Marketplace

This chart shows certain plans offered on [marketplace.virginia.gov](https://marketplace.virginia.gov). Visit [marketplace.virginia.gov](https://marketplace.virginia.gov) for the latest plan information and rates. Monthly premiums may differ based on plan choice, age, location, number of people insured, their age and their relationship to you. Plan designs and rates are subject to change. Service limitations and exclusions may apply. **Under the Essential Plan, you must see a Delta Dental PPO™ network dentist to receive benefits.**

	Basic Plus Major Adult Coverage	Basic Plus Major Child Coverage	Basic Adult Coverage	Basic Child Coverage	Essential Adult Coverage	Essential Child Coverage
<b>Maximums, deductibles and contracts</b>						
Dollar Maximum Out of Pocket	Not applicable	\$350 per person \$700 per family	Not applicable	\$350 per person \$700 per family	Not applicable	\$350 per person \$700 per family
Deductible	\$50 per person \$150 per family	\$50 per person \$150 per family	\$50 per person \$150 per family	\$50 per person \$150 per family	Not applicable	\$50 per person \$150 per family
Plan Year Maximum Benefit	\$1,000	No maximum	\$1,000	No maximum	\$1,000	No maximum
<b>Preventive services — No waiting period or deductible applies</b>						
<b>Percent you pay</b>						
Simple Cleaning and Exam	0%	0%	0%	0%	0%	0%
X-rays	0%	0%	0%	0%	0%	0%
Fluoride	0%	0%	0%	0%	0%	0%
<b>Basic and major services — Waiting period and deductible may apply</b>						
<b>Percent you pay</b>						
Fillings	50%	50%	50%	50%	100%	50%
Deep Cleaning for Gum Disease	50%	50%	100%	50%	100%	50%
Crown	50%	50%	100%	50%	100%	50%
Root Canals	50%	50%	100%	50%	100%	50%
Non-Surgical Extraction	50%	50%	100%	50%	100%	50%
Medically-Necessary Orthodontic	100%	50%	100%	50%	100%	50%