

With a choice of plans tailored to your needs and budget, you're sure to find one to make you smile!

### Premium Plan

Offers the highest per-person annual maximum (\$2,000)\* in the first year of coverage, a \$100 per-person lifetime deductible, 100% coverage of all preventive care and three cleanings per year. You pay nothing for exams, cleanings, X-rays or topical fluoride, and once the per-person \$100 lifetime deductible is satisfied, you pay only your share of the charges for non-preventive services, with no waiting period for fillings.

### Progressive Plan

This plan has no waiting periods and rewards you for maintaining dental coverage. Your share of the costs for some services decreases each year for up to three years, while the amount of your coverage increases.

### ClearPlus Plan

You pay a fixed dollar amount for each service with no annual maximum\*, no deductible, no waiting periods and no office visit copay.

These policies contain general and specific exclusions and limitations. Certain dental services may not be covered under the policy. Also, coverage for certain dental services is subject to conditions and other limitations, such as the number of times they may be covered in a given time period. You should obtain these exclusions and review them prior to enrollment. They are available during the quoting process at [DeltaDentalCoversMe.com](https://www.DeltaDentalCoversMe.com).

\*Annual maximums are the maximum amount Delta Dental will pay, per plan. Annual maximums vary by plan. Refer to your plan limitations and exclusions for specific language regarding the annual maximum. Annual maximums run during a 12-month benefit period, not the calendar year.

### Enhanced Plan

Offers the Premium Plan's 100% coverage of all preventive care with zero office visit copay, but with a lower per-person annual maximum (\$1,000)\* and a \$50 per-person annual deductible. This plan covers a higher percentage of the fees for certain services compared to the Classic Plan. Once the per-person deductible is satisfied, you pay only your share of the charges for non-preventive services, with no waiting period for fillings.

### Classic Plan

Offers the same per-person annual maximum (\$1,000)\*, per-person annual deductible (\$50) and zero office visit copay as the Enhanced Plan, but with 80% coverage of all preventive care. Once the per-person deductible is satisfied, you pay only your share of charges for services.

### Basic Plan

Offers the same per-person annual maximum (\$1,000)\* as the Enhanced and Classic Plans, but with a \$15 office visit copay and no per-person annual deductible. Pay only the \$15 office visit copay for cleanings, exams and X-rays, and 50% of topical fluoride and fillings. Unlike the other plans, the Basic Plan offers no coverage for crowns, implants or root canals.

### Vision Bundle

Add a vision plan to your dental plan! DeltaVision® lets you choose from two comprehensive vision plans for quality eye care and eyewear at a low out-of-pocket cost.



## FAQs

### Who can purchase a plan?

Coverage is available to all permanent residents of Virginia who are not enrolled in an employer-based dental plan or any other individual dental plan. Spouses and/or dependent children are also eligible. Coverage may be purchased by singles, two-person households or families.

### Can I get dental coverage if I am part of a Medicare plan?

Yes. Delta Dental plans fill dental coverage gaps in Medicare plans. Medicare Parts A and B exclude routine dental care, and Medicare Advantage plans vary in the amount of dental coverage they provide. Medicare annual enrollment periods don't apply to dental coverage from Delta Dental, so you can enroll with us any time.

### What happens when I travel?

Delta Dental goes where you go, in or out of state, or with college students as they travel.

### What services are not covered?

For a complete list of benefits, terms, limitations and exclusions, go to [DeltaDentalCoversMe.com](https://www.DeltaDentalCoversMe.com) or call **844-764-5391 (844-SMILE-91)**.

### How soon can I have coverage?

Your policy could be in effect on the first day of the month following approval of your application, if you apply before the 27th of the prior month.

### Is it easy to enroll?

Yes! The fastest way to enroll is at [DeltaDentalCoversMe.com](https://www.DeltaDentalCoversMe.com). You can also enroll by calling toll-free at **844-764-5391 (844-SMILE-91)**, 8 a.m. to 8 p.m., Monday through Friday, Eastern Time.

# Smile!

Here's your choice of quality dental plans from the nation's preferred dental benefits provider.



Delta Dental of Virginia  
Plans for Individuals  
and Families



For more information or to get a quote, visit [DeltaDentalCoversMe.com](https://www.DeltaDentalCoversMe.com) or call **844-764-5391 (844-SMILE-91)**.



# Comparison of Key Benefits Under Delta Dental Individual and Family™ Plans

| Plan benefit   | ★ Best seller<br>Premium Plan   | Progressive Plan   |         |         | Enhanced Plan                            | ClearPlus Plan   | Classic Plan                             | Basic Plan                              |
|--|---|--|---------|---------|--|--|--|---|
|  | The percent you pay after your deductible where required                  | The percent you pay after your deductible where required |         |         |  |  |  |   |
|  |   | Year 1   | Year 2  | Year 3  |  |  |  |   |
| Cleaning   | 0%  | 0%   | 0%      | 0%      | 0%                                       | \$60   | 20%                                      | 0%                                      |
| Exams  | 0%  | 0%   | 0%      | 0%      | 0%                                       | Included in cleaning   | 20%                                      | 0%                                      |
| Bitewing X-rays  | 0%  | 0%   | 0%      | 0%      | 0%                                       | Included in cleaning   | 20%                                      | 0%                                      |
| Topical Fluoride   | 0%  | 0%   | 0%      | 0%      | 0%                                       | Included in cleaning for children through age 14   | 20%                                      | 50%                                     |
| Fillings   | 20%<br>no waiting period  | 60%  | 40%     | 20%     | 50%<br>no waiting period                 | \$120 North VA, \$90 all other areas<br>Resin-based composite, posterior tooth, 3 surfaces | 50%<br>12-month waiting period may apply | 50%<br>6-month waiting period may apply |
| Crowns   | 50%<br>12-month waiting period may apply                                  | 70%  | 60%     | 50%     | 50%<br>12-month waiting period may apply | \$710 North VA, \$597 all other areas<br>Porcelain ceramic substrate                       | 50%<br>12-month waiting period may apply | N/A                                     |
| Implants   | 50%<br>12-month waiting period may apply                                  | 70%  | 60%     | 50%     | 50%<br>12-month waiting period may apply | \$2,850  | 50%<br>12-month waiting period may apply | N/A                                     |
| Root Canals  | 50%<br>12-month waiting period may apply                                  | 70%  | 60%     | 50%     | 50%<br>12-month waiting period may apply | \$635 North VA, \$575 all other areas<br>Molar   | 50%<br>12-month waiting period may apply | N/A                                     |
| Non-Surgical Extractions   | 50%<br>12-month waiting period may apply                                  | 60%  | 40%     | 20%     | 50%<br>12-month waiting period may apply | \$92 North VA, \$79 all other areas<br>Erupted tooth or exposed root                       | 50%<br>12-month waiting period may apply | 50%<br>6-month waiting period may apply |
| Office Visit Copayment   | None  | None   | None    | None    | None                                     | None   | None                                     | \$15                                    |
| Deductible<br><small>Does not apply to routine procedures such as cleanings, exams, X-rays and topical fluoride.</small> | \$100 per person<br>Once per lifetime as long as policy remains in force. | \$50   | \$50    | \$50    | \$50 per person<br>Per policy year       | None   | \$50 per person<br>Per policy year       | None                                    |
| Dollar Maximum<br><small>Maximum amount the plan will pay per person, per benefit period</small>                         | \$2,000   | \$1,500  | \$1,750 | \$2,000 | \$1,000                                  | None   | \$1,000                                  | \$1,000                                 |
| Annual Contract Required   | Yes   | Yes  | Yes     | Yes     | Yes                                      | Yes  | No                                       | Yes                                     |

This brochure shows certain plans offered on [DeltaDentalCoversMe.com](https://www.DeltaDentalCoversMe.com). Visit [DeltaDentalCoversMe.com](https://www.DeltaDentalCoversMe.com) or call 844-764-5391 (844-SMILE-91) for the latest plan information and rates. Monthly premiums may be different based on plan choice, age, location, number of people insured, their age and relationship to you. Plan designs and rates are subject to change. There may be limits on how many times you can use certain services in a year. On Premium, Enhanced, Classic and Basic plans, waiting periods may be waived when transferring from another qualifying dental plan. ClearPlus Plan fixed dollar amounts shown on the table are applicable to certain procedures and ZIP codes in Virginia. View plan details for a complete list of covered services and fixed dollar amounts. On the ClearPlus Plan, there is no coverage for services by dentists who do not participate in a Delta Dental network. Delta Dental of Virginia complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. DeltaVision® is underwritten by Stryden, Inc., an affiliate of Delta Dental of Virginia. Claims processing, claims service and provider network administration for DeltaVision are provided under contract by VSP®.