

Benefits at a Glance

	This is a summary of benefits that may be covered. Refer to Rate Summary for coverage levels, deductible and maximums. See quote documents for underwriting guidelines, limitations and exclusions.	
Annual Deductible	Per person, per benefit period. Limit of three per family. aXcess plans have a lifetime deductible, per person. Delta Dental EPO™ plans do not have a deductible.	
Annual Maximum	Per person, per benefit period.	
MaxOver™	Per person, per benefit period.	
Orthodontic Maximum	Per person, per lifetime.	
Type I — Diagnostic and Preventive Care	No deductible. No benefit waiting period.	
Oral exams and cleanings	Twice in a 12-month period.	
Fluoride applications	Once in a 12-month period for individuals under age 19.	
Sealants	For 1st and 2nd permanent molars for individuals under age 16, one application per tooth.	
Bitewing and full mouth X-rays	Bitewing — one set in a 12-month period. Full mouth — once in a 36-month period*.	
Space maintainers	Once per quadrant or arch, per lifetime, for individuals under age 14. Distal shoe space maintainers are limited to individuals under age nine.	
Healthy Smile, Healthy You® Program	Enrolled individuals who have certain high-risk cardiac conditions, are pregnant, diabetic, and/or undergoing radiation or chemotherapy treatment for cancer are entitled to an additional exam and cleaning (or periodontal maintenance visit, if there is a history of periodontal surgery). Cancer patients are also entitled to an additional fluoride application beyond the age limitation of the group contract.	
Type II — Basic Dental Care	Deductible applies (except for Delta Dental EPO plans). No benefit waiting period. aXcess plans cover endodontic, periodontic and complex oral surgery as Major Dental Care.	
Amalgam or composite fillings	Unless upgraded, composite (white) fillings limited to upper and lower six front teeth.	
Prefabricated stainless steel crowns	Once per quadrant or arch, per lifetime, for individuals under age 14.	
Simple extractions		
Denture repair and recementation of crowns, bridges and dentures	Once in a 12-month period after 6 months from initial placement.	
Endodontic	Retreatment of root canal therapy allowed after two years from initial root canal therapy; once in a lifetime.	
Periodontic	Once per quadrant in a 24-36 month period based on services rendered.	
Complex Oral Surgery		
Optional Type III — Major Dental Care	Deductible applies (except for Delta Dental EPO plans). Refer to Rate Summary for	
Crowns	applicable benefit waiting period. Once per tooth every 60 months when an existing crown, not related to an implant, cannot be rendered serviceable and tooth cannot be restored by an amalgam or composite restoration. Crowns are limited to individuals age 12 and older.	
Prosthodontics/dentures/bridges	Once every 60 months when an existing prosthesis, not related to an implant, cannot be rendered serviceable. Fixed bridges or removable partials are limited to individuals age 16 and older.	
Implants and implant-supported prosthetics	Once in a lifetime for individuals 16 and older. Implants are limited to two per quadrant and four per each arch with a maximum of eight for full mouth reconstruction. Delta Dental EPO plans do not offer implant coverage.	
Optional Type IV — Orthodontic Benefits**	No deductible. Refer to Rate Summary for applicable benefit waiting period.	

^{*}Voluntary plans cover full mouth X-rays once in a 60-month period. **Both Employer-paid and Voluntary plans allow for a choice of dependent-only or adult and dependent ortho coverage. This plan is underwritten by Delta Dental of Virginia.

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It's easy to sell Delta Dental with these additional benefits available for your clients. For more information about each benefit, scan the QR codes below.

Healthy Smile, Healthy You®

Healthy Smile, Healthy You provides additional benefits for certain health conditions connected to oral health. Members who have diabetes, highrisk cardiac conditions, weakened immune systems[†], kidney failure[†] or those who are undergoing cancer treatment⁺, or who are pregnant⁺, may qualify. Once enrolled, members are eligible for one additional cleaning and exam* beyond their regular benefit limitations.



Delta Dental of Virginia can help care for eligible members by providing additional benefits to those with special needs. Those with a qualifying need may receive additional consultations, additional cleanings each year or modifications to treatment, such as anesthesia.

Special Health Care Needs



Right Start 4 Kids®

Right Start 4 Kids is a benefit that helps remove cost barriers to dental care for children up to age 13. This program provides 100% coverage for diagnostic and preventive and basic and major services, with no deductible, when members visit an in-network dentist.**



MaxOver™

Members enrolled in the MaxOver program may roll over a portion of their annual maximum for future use if they meet certain criteria. If they need a procedure that costs more than their plan's annual maximum benefit, they can use funds in their MaxOver account to help cover the difference.



For questions, contact your Delta **Dental of Virginia sales representative** or visit DeltaDentalVA.com.

†Members may be eligible for an additional periodontal maintenance procedure if they have a history of periodontal treatment, such as surgery. They may also be eligible for sealants beyond the limitations of the group contract, *Members may also be eligible for fluoride applications beyond the age limitation of the group contract. **Right Start 4 Kids is subject to applicable limitations, exclusions, waiting periods and annual maximum. Check plan details for specific coverage. Orthodontic services are not eligible for the 100% coverage level.