DELTA DENTAL®

Delta Dental PPO plus Premier™

Benefits for Analytic Solutions Group LLC
Group Number: 310955
Effective Date: July 01, 2020

aXcess™ Dental Plan

Lifetime Deductible *(Applies to Basic and Major Services)*	$50 per person
Annual Maximum	$2,000 per person
Orthodontic Lifetime Maximum	$500 per person
MaxOver™ Carryover	Your plan allows a portion of an enrollee's annual maximum to be carried over to the next year.
Healthy Smile, Healthy You® Program	Your plan provides additional cleanings and/or application of topical fluoride to enrollees with specific health conditions such as pregnancy, diabetes, high-risk cardiac conditions or who are undergoing cancer treatment via chemotherapy and/or radiation. Enrollment in the ***Healthy Smile, Healthy You* Program** is simple. Visit DeltaDentalVA.com to print an enrollment form.

Covered Benefits

Delta Dental will pay the stated percentage of the plan allowance based on the dentist's participation with Delta Dental.

Coverage	Coinsurance			Benefit Limitations
	PPO	Premier	Out-of-Network	
Diagnostic and Preventive Services	100%	100%	100%	
• Oral exams and cleanings				Twice in a 12-month period. Periodontal cleaning is considered a regular cleaning and is subject to the benefit limits for regular cleanings.
• Fluoride applications				Once in a 12-month period for enrollees under the age of 19.
• Bitewing X-rays				Bitewing X-rays are limited to once in a 12- month period limited to a maximum of 4 films or a set (7-8 films) of vertical bitewings.
• Full mouth/panelipse X-rays				Once in a 36-month period.
• Sealants				One application per tooth for enrollees under the age of 16 on non-carious, non-restored 1st and 2nd permanent molars.
• Space maintainers				Once per quadrant per arch for enrollees under the age of 14.
• Palliative (emergency) treatment				Twice in a 12-month period.
Basic Services	80%	80%	80%	
• Amalgam (silver) and composite (white) fillings				Once per surface in a 24-month period.
• Stainless steel crowns				Once in a 24-month period on primary (baby) teeth for enrollees under the age of 14.
• Simple extractions				
• Denture repair and recementation of crowns, bridges and dentures				Once in a 12-month period after 6 months from initial placement.

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Coverage	Coinsurance			Benefit Limitations
	PPO	Premier	Out-of-Network	
Major Services	25%	25%	25%	
• Endodontic services/root canal therapy				Retreatment only after 24 months from initial root canal therapy treatment.
• Periodontic services				Once per quadrant in a 24-36 month period based on services rendered.
• Complex oral surgery				Surgical extractions and other surgical procedures.
• Crowns				Once per tooth in a 60-month period for enrollees age 12 and older.
• Prosthodontics, removable and fixed				Once in a 60-month period for enrollees age 16 and older.
• Implants				Once per site for enrollees age 16 and older.
Orthodontic Services	25%	25%	25%	
• Treatment for the proper alignment of teeth				For subscribers and covered dependents.

COVERAGE IS AVAILABLE FOR

- Enrollee and spouse
- Dependent children to the end of the month they reach age 26 (the "limiting age").

CHOOSING A DENTIST

You may select the dentist of your choice. However, to get the full advantage of your Delta Dental coverage, you should choose a dentist who participates in the Delta Dental network(s) covered by your plan.

Delta Dental PPO™ and Delta Dental Premier® dentists have agreed to accept Delta Dental's plan allowance, plus any required coinsurance and deductible (if applicable) as payment in full. In addition, Delta Dental PPO™ and Delta Dental Premier® dentists will submit claims directly to Delta Dental and we will issue the payment to the dentist.

Non-Participating dentists have not agreed to accept Delta Dental's plan allowance as full payment. After Delta Dental pays its portion of the bill, you are responsible for any required coinsurance and deductible (if applicable), as well as the difference between the non-participating dentist's charge and Delta Dental's payment. Payment will be made to you, unless state law requires otherwise.

Please visit DeltaDentalVA.com to find a participating dentist in your area.

The following chart illustrates how choosing a network dentist helps you save on out-of-pocket costs.

	PPO Network Dentist	Premier Network Dentist	Non-Participating Dentist
Dentist's Charge for Covered Procedure	$215.00	$215.00	$215.00
Delta Dental's Plan Allowance	$126.00	$126.00	$126.00
Coinsurance Percentage	80%	80%	80%
Delta Dental's Payment	$100.80	$100.80	$100.80
Delta Dental's Premier Plan Allowance	N/A	$169.00	N/A
Patient Payment*	$25.20	$68.20	$114.20

The example shown is for illustrative purposes only. Payment structures may vary between plans.

The preceding information is a brief description of the services covered under your plan. It is not intended for use as a summary plan description nor is it designed to serve as an Evidence of Coverage. If you have specific questions regarding benefit structure, limitations or exclusions, consult the plan document or call Delta Dental's Benefit Services Department at 800-237-6060.