

**Benefits for Inserso Corporation/ High Plan**

Group Number: 00000000686 • Effective Date: September 1, 2024

	Delta Dental PPO™	Delta Dental Premier®	Out-of-Network
<b>Contract Deductible</b> <i>(Applies to basic and major services)</i>	\$50 per person; \$150 per family	\$50 per person; \$150 per family	\$50 per person; \$150 per family
<b>Contract Maximum</b>	\$1,500 per person	\$1,500 per person	\$1,500 per person
<b>Orthodontic Lifetime Maximum</b>	\$1,000 per person	\$1,000 per person	\$1,000 per person

For the services listed below, Delta Dental will pay the stated percentage of the plan allowance based on the dentist's participation with Delta Dental.

Benefits and Limitations	Coinsurances		
	Delta Dental PPO™	Delta Dental Premier®	Out-of-Network
<b>Diagnostic and Preventive Services</b>	100%	90%	90%
<ul style="list-style-type: none"> <li>• <b>Oral exams and cleanings</b> — Twice in a contract year. Periodontal cleaning is considered a regular cleaning and counts as a regular cleaning under your plan.</li> <li>• <b>Fluoride applications</b> — Once in a contract year for enrollees under age 19.</li> <li>• <b>X-rays</b> — Bitewing X-rays are limited to once in a contract year; limited to a maximum of four films or a set (seven to eight films) of vertical bitewings. Full-mouth X-rays are limited to once in a five-year period.</li> <li>• <b>Sealants</b> — One per tooth for members under age 16 on non-carious, non-restored first and second permanent molars.</li> </ul>			
<b>Basic Services</b>	80%	70%	70%
<ul style="list-style-type: none"> <li>• <b>Fillings</b> — One per surface in a 24-month period.</li> <li>• <b>Endodontic services</b> — Root canal therapy.</li> <li>• <b>Periodontic services</b> — Treatment for gum disease.</li> <li>• <b>Simple extractions</b></li> <li>• <b>Denture repair and recementation</b></li> </ul>			
<b>Major Services</b>	50%	40%	40%
<ul style="list-style-type: none"> <li>• <b>Oral surgery</b> — Surgical extractions and other surgical procedures.</li> <li>• <b>Crowns</b> — One per tooth in a 7-year period for members age 12 and older.</li> <li>• <b>Prostodontics/dentures and bridges</b> — Once in a 7-year period for members age 16 and older.</li> <li>• <b>Implants</b> — One per site for members age 16 and older.</li> </ul>			
<b>Orthodontic Services</b>	50%	50%	50%
<ul style="list-style-type: none"> <li>• <b>Treatment for the proper alignment of teeth</b> — For dependent children under age 19.</li> </ul>			

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**Additional benefits included in your plan:**

**Healthy Smile, Healthy You®** – Provides additional cleanings, fluoride and/or sealants for members with certain health conditions. Visit [DeltaDentalVA.com](https://deltadentalva.com) to learn more or to download an enrollment form.

**Special Health Care Needs Benefit** – Provides additional benefits for members with special needs. To learn more about this benefit please visit <https://deltadentalva.com/special-health-care-needs-resources.html>.

**Coverage is available for:**

- Dependent children, only to the end of the month when they reach age 26 (the “limiting age”).

**Convenient, Eco-Friendly Options Available:**

At Delta Dental of Virginia, we are committed to taking actionable measures to minimize our environmental footprint.

Join us as we step toward reducing paper waste and promoting sustainability by signing up to receive your Delta Dental of Virginia explanation of benefits (EOB) digitally at [DeltaDentalVA.com/members](https://deltadentalva.com/members).

**Choosing a dentist**

You may select the dentist of your choice. However, to get the most value from your dental benefits, make sure your dentist participates in the network listed at the top of your Delta Dental ID card. Delta Dental PPO™ dentists have agreed to accept Delta Dental’s PPO™ plan allowance, plus any required coinsurance and deductible (if applicable), as payment in full. Delta Dental Premier® dentists have not agreed to accept the Delta Dental PPO™ plan allowance as payment in full. Delta Dental PPO™ and Delta Dental Premier® dentists will submit claims directly to Delta Dental and we will issue the payment to the dentist. With the PPO plan, Premier dentists can bill you for the difference between the PPO and the Premier allowances. This means, members who go to Premier dentists may have higher out-of-pocket expenses under this plan. Visit [DeltaDentalVA.com](https://deltadentalva.com) to find a participating dentist in your area.

If you visit an out-of-network dentist, Delta Dental will pay its portion of the bill and you are responsible for any coinsurance and deductible (if applicable), as well as the difference between the nonparticipating dentist’s charge and Delta Dental’s payment. Payment will be made to you, unless state law requires otherwise.

This fact sheet is a brief description of dental services covered under your plan and is not designed to serve as an **Evidence of Coverage**. If you have questions about specific benefits or limitations under your plan, call Delta Dental’s Benefit Services at 800.237.6060 or visit [DeltaDentalVA.com/members](https://deltadentalva.com/members) to register for an account.

**Delta Dental PPO™**

**Group Name:** Delta Dental of Virginia  
**Group Number:** 0000000000-000000-0000  
**Subscriber:** Jane Doe  
**ID Number:** XXXXX000  
**Effective Date:** XX/XX/XXXX

Delta Dental of Virginia, 5415 Airport Road, Roanoke, VA 24012

**Electronic Claims Payor: 54084**

**800-237-6060 • [DeltaDentalVA.com](https://deltadentalva.com)**

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