



Delta Dental PPO™ — EPO Plan Design

Benefits for City of Portsmouth
Account Number: 6260
Effective Date: January 1, 2022

Annual Deductible	None
Annual Maximum	\$2,000 per enrollee, per calendar year
Orthodontic Lifetime Maximum	\$2,000 per person
Prevention First	Visits to the dentist for diagnostic and preventive services will not count against the annual maximum.
<i>Healthy Smile, Healthy You</i> ® 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 <i>Healthy Smile, Healthy You</i> ® is simple. Visit DeltaDentalVA.com to download and print an enrollment form.

Covered Benefits

Delta Dental will pay the Delta Dental PPO™ plan allowance less the patient copayment amount listed on the Schedule of Benefits and copayments/coinsurance. The patient will be responsible for the copayment listed on the Schedule of Benefits and copayments/coinsurance, plus any amounts over the benefit maximum.

Coverage	Coinsurance			Benefit Limitations	Benefit Waiting Period
	PPO	Premier	Out-of-Network		
Diagnostic and Preventive Services	Fixed Copayment	0%	0%		None
<ul style="list-style-type: none"> • Oral exams and cleanings • Periodontal cleaning • Fluoride applications • Bitewing X-rays • Full mouth/panelpipse X-rays • Sealants • Space maintainers 				Twice in a 12-month-consecutive period Twice in a 12-month-consecutive period Twice in a 12-month-consecutive period for enrollees under the age of 19. Bitewing X-rays are limited to once in a 12-month-consecutive period limited to a maximum of four films or a set (seven to eight films) of vertical bitewings. Once in a five-year period. One application per tooth for enrollees under the age of 16 on non-carious, non-restored first and second permanent molars, once in five years. Once per quadrant per arch for enrollees under the age of 14.	
Basic Services	Fixed Copayment	0%	0%		None
<ul style="list-style-type: none"> • Amalgam (silver) and composite (white) fillings • Stainless steel crowns • Simple extractions • Endodontic services/root canal therapy • Periodontic services • Complex oral surgery 				Once per surface in a 24-month period; Composite (white) fillings are limited to the upper and lower six front teeth. Primary (baby) teeth for enrollees under the age of 14. Retreatment only after 24 months from initial root canal therapy treatment. Once per quadrant in a 24-36-month period based on services rendered. Surgical extractions and other surgical procedures.	

Covered Benefits

Delta Dental will pay the Delta Dental PPO™ plan allowance less the patient copayment amount listed on the Schedule of Benefits and copayments/coinsurance. The patient will be responsible for the copayment listed on the Schedule of Benefits and copayments/coinsurance, plus any amounts over the benefit maximum.

Coverage	Coinsurance			Benefit Limitations	Benefit Waiting Period
	PPO	Premier	Out-of-Network		
Major Services	Fixed Copayment	0%	0%		None
<ul style="list-style-type: none"> Denture repair and recementation of crowns, bridges and dentures Crowns Prosthodontics, removable and fixed 				Once in a 12-month period after six months from initial placement. Once per tooth in an 84-month period for enrollees age 12 and older. Once in an 84-month period for enrollees age 16 and older.	

Covered Benefits

Delta Dental will pay the stated percentage of the Delta Dental PPO™ plan allowance up to the benefit maximum. The patient will be responsible for their share of the coinsurance, plus any amounts over the benefit maximum.

Coverage	Coinsurance			Benefit Limitations	Benefit Waiting Period
	PPO	Premier	Out-of-Network		
Orthodontic Services	50%	0%	0%		None
<ul style="list-style-type: none"> Treatment for the proper alignment of teeth 				For subscriber and covered dependents.	

Coverage is Available for:

- Enrollee and spouse
- Dependent children, only to the end of the Calendar Year they reach age 26 (the “limiting age”).

Choosing a Dentist

To ensure services are covered and that you receive the greatest value for your dental benefits, it is important that your dentist participates in the network listed at the top of your Delta Dental ID card. **Under the Delta Dental PPO™ — EPO Plan Design, a Delta Dental PPO™ dentist must provide covered benefits.** All other dentists are considered out-of-network. In almost all cases, services rendered by a dentist who is not in the Delta Dental PPO™ network are not covered. If you receive dental services from a dentist who does not participate in the Delta Dental PPO™ network, you are responsible for the dentist fees. There is one exception. You may receive covered benefits from a dentist that is not in the Delta Dental PPO™ network if the covered benefit(s) are emergency services and you are at least 35 miles from a Delta Dental PPO™ dentist’s office. However, your benefit maximum for all emergency services provided by a dentist that is not in the Delta Dental PPO™ network is limited to \$50 per benefit period. Emergency services are covered benefits that require immediate attention to alleviate severe pain, swelling, bleeding, or to avoid serious jeopardy to your health. Delta Dental PPO™ network dentists agree to discount their fees, submit claims on your behalf and not bill you for the difference. Visit DeltaDentalVA.com to find a participating dentist in your area.

The chart below illustrates how choosing an in-network dentist may help you save on out-of-pocket costs.

	Delta Dental PPO™	Delta Dental Premier®	Out-of-Network
Dentist’s Charge for Covered Procedure	\$215.00	\$215.00	\$215.00
Delta Dental’s Plan Allowance	\$126.00	\$.00	\$.00
Patient Copayment	\$25.00	\$.00	\$.00
Delta Dental’s Payment	\$101.00	\$.00	\$.00
Patient Payment*	\$25.00	\$215.00	\$215.00
Amount Dentist Receives	\$126.00	\$215.00	\$215.00

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.