

Benefits for Prince George County Government
Low Option
Group Number: 600449
Effective Date: July 1, 2019

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|--|--|
| Annual Deductible (<i>Applies to Basic and Major Services</i>) | \$75 per person; \$225 per family, per contract year |
| Annual Maximum | \$1,250 per enrollee, per contract year |
| MaxOver™ Carryover | Your plan allows a portion of an enrollee's annual maximum to be carried over to the next year. |
| <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 the <i>Healthy Smile, Healthy You Program</i> 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 | Coinsurances | | | Benefit Limitations | Benefit Waiting Period |
| | In-Network | | Out-of-Network | | |
| | PPO | Premier | | | |
| Diagnostic and Preventive Services | 100% | 100% | 100% | | None |
| <ul style="list-style-type: none"> Oral exams and cleanings Periodontal cleanings Fluoride applications Bitewing X-rays Full mouth/panellipse X-rays Sealants Space maintainers | | | | Twice in a 12 consecutive month period. Twice in a 12 consecutive month period. Twice in a 12 consecutive month period for enrollees under the age of 19. Bitewing X-rays are limited to once in a 12 consecutive month period limited to a maximum of 4 films or a set (7-8 films) of vertical bitewings. Once in a 5-year period. One application per tooth every 5 years for enrollees under the age of 16 on non-carious, non-restored 1 st and 2 nd permanent molars. Once per quadrant per arch for enrollees under the age of 14. | |
| Basic Services | 50% | 50% | 50% | | None |
| <ul style="list-style-type: none"> Amalgam (silver) and composite (white) fillings Stainless steel crowns Simple extractions Denture repair and recementation of crowns, bridges and dentures | | | | Once per surface in a 24-month period; Composite (white) fillings are limited to the upper and lower 6 front teeth. Primary (baby) teeth for enrollees under the age of 14. Once in a 12-month period after 6 months from initial placement. | |

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| | In-Network | | Out-of-Network | | |
| | PPO | Premier | | | |
| Other Basic Services | 50% | 50% | 50% | | 12 months |
| <ul style="list-style-type: none"> Complex oral surgery Endodontic services/root canal therapy Periodontic services | | | | Surgical extractions and other surgical procedures. Retreatment only after 24 months from initial root canal therapy treatment. Once per quadrant in a 24-36 month period based on services rendered. | |
| Major Services | 50% | 50% | 50% | | 12 months |
| <ul style="list-style-type: none"> Crowns Prostodontics, removable and fixed Implants | | | | Once per tooth in a 7 year period for enrollees age 12 and older. Once in a 7 year period for enrollees age 16 and older. Once per site for enrollees age 16 and older. | |

Employees hired after the initial enrollment may have the waiting period waived by providing proof of credible coverage.

COVERAGE IS AVAILABLE FOR

- Enrollee, spouse
- Dependent children, only 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 | \$169.00 | \$113.00 |
| Coinsurance Percentage | 80% | 80% | 80% |
| Delta Dental's Payment | \$100.80 | \$135.20 | \$90.40 |
| Patient Payment* | \$25.20 | \$33.80 | \$124.60 |

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.