

**Benefits for Virginia Union University**

Group Number: 00000700100      Effective Date: January 1, 2024

Annual Deductible	None
Annual Maximum	None
Orthodontic Lifetime Maximum	\$2,000 per person

For the services listed below, Delta Dental will pay the plan allowance less any copay. Your payment responsibility is listed on your Schedule of Benefits, which can be found online by logging into [DeltaDentalVA.com](http://DeltaDentalVA.com), in addition to any amount over the benefit maximum.

Benefits and Limitations*	Coinsurances		
	Delta Dental PPO™	Delta Dental Premier®	Out-of-Network
<b>Diagnostic and Preventive Services</b>	Fixed copayment	0%	0%
<ul style="list-style-type: none"> <li>• <b>Oral exams and cleanings</b> — Twice in a calendar 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 calendar year for enrollees under age 19.</li> <li>• <b>X-rays</b> — Bitewing X-rays are limited to once in a calendar 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 three-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> <li>• <b>Space maintainers</b> — Once per quadrant per arch for enrollees under the age of 14.</li> </ul>			
<b>Basic Services</b>	Fixed copayment	0%	0%
<ul style="list-style-type: none"> <li>• <b>Fillings</b> — One per surface in a 24-month period; composite (white) fillings are limited to upper and lower six front teeth.</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>Oral surgery</b> — Surgical extractions and other surgical procedures.</li> </ul>			
<b>Major Services</b>	Fixed copayment	0%	0%
<ul style="list-style-type: none"> <li>• <b>Denture repair and recementation</b></li> <li>• <b>Stainless steel crowns</b> — Primary (baby) teeth for enrollees under the age of 14.</li> <li>• <b>Crowns</b> — One per tooth in a 60-month period for members age 12 and older.</li> <li>• <b>Prosthetics/dentures and bridges</b> — Once in a 60-month period for members age 16 and older.</li> </ul>			

For the services listed below, Delta Dental will pay the plan allowance up to the benefit maximum. You will be responsible for your share of coinsurance, plus any amount over the benefit maximum.

Benefit and Limitations*	Coinsurances		
	Delta Dental PPO™	Delta Dental Premier®	Out-of-Network
<ul style="list-style-type: none"> <li>• <b>Orthodontic services</b> — Treatment for the proper alignment of teeth For subscriber and covered dependents.</li> </ul>	50%	0%	0%

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## Additional benefits included in your plan:

**Right Start 4 Kids®** — Covers children up to age 13 at 100% with no deductible when you visit an in-network dentist. (For services outlined in the plan, up to the annual maximum. Subject to any limitations, exclusions and waiting periods).

**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>.

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## Coverage is available for:

- The enrollee and their spouse.
- Dependent children, only to the end of the calendar year when they reach age 26 (the “limiting age”).

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## Choosing a dentist

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. Under the Delta Dental PPO™ — EPO Plan Design, a Delta Dental PPO™ dentist must provide the services. 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](http://DeltaDentalVA.com) to find a participating dentist near you. In almost all cases, services performed by a dentist who is not in the Delta Dental PPO™ network are considered out of network **and are not covered**. There is one exception: if you are having a dental emergency (severe pain, swelling, bleeding) and are at least 35 miles from a Delta Dental PPO dentist’s office, dental services performed by an out-of-network dentist are covered. Your benefit maximum for emergency services performed by an out-of-network dentist is limited to \$50 per benefit period.



Delta Dental PPO™ —  
EPO Plan Design

Group Name:	Delta Dental of Virginia
Group Number:	000000000-00000000-0000
Subscriber Name:	Jane Doe
Identification No:	XXXXX000
Membership Type:	Subscriber
Effective Date:	XX/XX/XXXX

**Benefit Services: 800-237-6060**  
DeltaDentalVA.com

*Delta Dental is a Registered Mark of Delta Dental Plans Association.*

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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](http://DeltaDentalVA.com/members) to register for an account.