



Benefits for Rockbridge County Public Schools

Group Number: 100374 • Effective Date: July 1, 2022

High Plan

Annual Deductible <i>(Applies to basic and major services)</i>	\$50 per person; \$150 per family, per calendar year
Annual Maximum	\$1,500 per person, per calendar year

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 Premier®	Out-of-Network
Diagnostic and Preventive Services	100%	100%
<ul style="list-style-type: none"> • Oral exams and cleanings — Twice in a 12-month period. Periodontal cleaning is considered a regular cleaning and counts as a regular cleaning under your plan. • Fluoride applications — Once in a 12-month period for enrollees under age 19. • X-rays — Bitewing X-rays are limited to once in a 12-month period; 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. • Sealants — One per tooth for members under age 16 on non-carious, non-restored first and second permanent molars. 		
Basic Services	80%	80%
<ul style="list-style-type: none"> • Fillings — One per surface in a 24-month period. • Endodontic services — Root canal therapy. • Periodontic services — Treatment for gum disease. • Simple extractions • Oral surgery — Surgical extractions and other surgical procedures. • Denture repair and recementation 		
Major Services*	50%	50%
<ul style="list-style-type: none"> • Crowns — One per tooth in a 60-month period for members age 12 and older. • Prosthodontics/dentures and bridges — Once in a 60-month period for members age 16 and older. • Implants — One per site for members age 16 and older. 		

*Waiting periods may apply. Benefit waiting periods may be waived for new enrollees if the account is replacing a prior dental plan that covered these services. The enrollee may need to provide proof of prior credible coverage to qualify.

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Additional benefits included in your plan:

MaxOver™ — Allows a portion of a members' annual maximum to rollover to next year to use for future dental services.

Healthy Smile, Healthy You® — Provides additional cleanings and/or fluoride for members with certain health conditions. Visit DeltaDentalVA.com to learn more or to download an enrollment form.

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).

Coverage is available for:

- The enrollee and their spouse.
- Dependent children, only to the end of the month when they reach age 26 (the "limiting age").

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. With Delta Dental Premier, your out-of-pocket costs may be lower if you see a Delta Dental Premier dentist and higher if you choose an out-of-network dentist. Premier dentists have agreed to discount their fees, submit claims on your behalf and will not bill you for the difference. Visit 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 to register for an account.