

# Henrico County General Government and Public Schools

## Summary of Plan Benefits

Effective January 1, 2025

Plan Features for High and Low Option Plans	Delta Dental High and Low Option plans						EPO Plan
	High Option			Low Option			
	PPO Network	Premier Network	Out-of-Network	PPO Network	Premier Network	Out-of-Network	
<p><b>DIAGNOSTIC &amp; PREVENTIVE CARE/ PREVENTION FIRST</b>  <i>These services are exempt from deductible and calendar year maximum.</i></p> <ul style="list-style-type: none"> <li>– Oral exams &amp; cleanings - 2/calendar yr</li> <li>– Periodontal cleanings- 2/calendar yr</li> <li>– Fluoride treatment - 2/calendar yr (under age 19)</li> <li>– Bitewing x-rays - 2/calendar yr</li> <li>– Full mouth/panellipse x-rays - 1/ 5years</li> <li>– Space maintainers - dependents under age 14</li> <li>– Sealants - only non-carious, non-restored 1<sup>st</sup> &amp; 2<sup>nd</sup> permanent molars (under age 16; limited to one application per tooth every 3 years)</li> <li>– Healthy Smile, Healthy You <sup>™</sup>–Enrolled pregnant members and/or enrolled diabetic members are entitled to an additional cleaning or periodontal maintenance visit</li> </ul>	100%	100%	80%	75%	75%	75%	100%*
<p><b>BASIC DENTAL CARE</b></p> <ul style="list-style-type: none"> <li>– Restorative - amalgam (silver) fillings; composite (white) fillings</li> <li>– Stainless steel crowns - baby/primary teeth only for dependents under age 14</li> <li>– Oral surgery - simple extractions, impactions &amp; other minor surgical procedures</li> <li>– Endodontics (root canal therapy) - repeat treatment covered only after 2 years from initial treatment</li> <li>– Periodontics (scaling &amp; root planing, soft tissue &amp; bony surgery, including grafts) - limitation of 2-3 years apply based on services rendered; periodontal cleaning subject to benefit limitation for regular cleaning</li> <li>– Denture repair &amp; recementation of existing crowns, bridges &amp; dentures - cost limited to ½ cost of new denture or prosthesis</li> </ul>	80%	50%	50%	50%	50%	50%	Fixed Copayment
<p><b>MAJOR DENTAL CARE</b></p> <ul style="list-style-type: none"> <li>– Crowns - (single crowns) - once per tooth every 5 years &amp; only when existing crown cannot be rendered serviceable; benefit available only if the tooth is damaged by decay or fractured to the point it cannot be restored by an amalgam or composite restoration; crowns for dependents under the age of 12 not covered</li> <li>– Prosthodontics (partial or complete dentures &amp; fixed bridges) - once every five years &amp; only when existing prosthesis cannot be rendered serviceable; fixed bridges or removable partials are not benefits for dependents under age 16</li> <li>– Implants</li> </ul>	50%	50%	50%	50%	50%	50%	Fixed Copayment
<p><b>ORTHODONTICS</b>  <i>These services are exempt from deductible.</i></p> <ul style="list-style-type: none"> <li>– For subscribers &amp; covered dependents</li> </ul>	50%	50%	50%	NOT COVERED			50%
<b>Lifetime Orthodontic Maximum</b>	\$1,500 per patient			NOT COVERED			\$2,000/patient
<b>OUT-OF-POCKET EXPENSES</b>	Lowest	Low	Highest	Lowest	Low	Highest	
<b>DENTIST NETWORK</b>	You may use any dentist. Your out-of-pocket expenses will vary based on which, if any, network your Dentist is in.			You may use any dentist. Your out-of-pocket expenses will vary based on which, if any, network your Dentist is in.			A Delta Dental PPO dentist must be utilized for care. In almost all cases, services rendered by a dentist that is not in the Delta Dental PPO network are not covered.
<b>CALENDAR YEAR MAXIMUM</b>	\$1,500 per patient per calendar year						\$3,000/patient
<b>ANNUAL DEDUCTIBLE</b>	\$50 per patient per calendar year: \$150 per family unit						No annual deductible

# Delta Dental High and Low Option Plans and Delta Dental PPO™- EPO Plan Design

## Examples of Payments

Dentist charges below are estimates and used *only* to illustrate the potential difference in your out-of-pocket costs with each of the three Delta Dental Options and with dentists in different networks. These examples do not include any applicable deductible amounts.

### Example 1: Periodic oral evaluation (D0120) and prophylaxis (cleaning) - adult (D1110)

#### *Delta Dental High Option Plan*

	Delta Dental PPO™	Delta Dental Premier®	Out-of-Network Dentist
Dentist Charges	\$136.00	\$136.00	\$136.00
Delta Dental's Allowable Charges	\$80.00	\$104.00	\$78.00
Plan Coverage Percentage	100%	100%	80%
Delta Dental's Payment	\$80.00	\$104.00	\$62.40
Network Savings	\$56.00	\$32.00	\$0.00
<b>Estimated Out-of-Pocket Expenses</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$73.60</b>

#### *Delta Dental Low Option Plan*

	Delta Dental PPO™	Delta Dental Premier®	Out-of-Network Dentist
Dentist Charges	\$136.00	\$136.00	\$136.00
Delta Dental's Allowable Charges	\$80.00	\$104.00	\$78.00
Plan Coverage Percentage	75%	75%	75%
Delta Dental's Payment	\$60.00	\$78.00	\$58.50
Network Savings	\$56.00	\$32.00	\$0.00
<b>Estimated Out-of-Pocket Expenses</b>	<b>\$20.00</b>	<b>\$26.00</b>	<b>\$77.50</b>

#### *Delta Dental PPO™- EPO Plan*

	Delta Dental PPO™	Delta Dental Premier®	Out-of-Network
Dentist's Charge for Covered Procedures	\$136.00	\$136	\$136
Delta Dental's Plan Allowance	\$80.00	\$0	\$0
Patient Copayment	\$0	N/A	N/A
Delta Dental's Payment	\$80.00	\$0	\$0
Patient Payment	\$0	\$0	\$0
<b>Amount Dentist Receives</b>	<b>\$80.00</b>	<b>\$136</b>	<b>\$136</b>

### Example 2: Resin-based composite filling, one surface posterior (2391)

#### *Delta Dental High Option Plan*

	Delta Dental PPO™	Delta Dental Premier®	Out-of-Network Dentist
Dentist Charges	\$168.00	\$168.00	\$168.00
Delta Dental's Allowable Charges	\$100.00	\$132.00	\$96.00
Plan Coverage Percentage	80%	50%	50%
Delta Dental's Payment	\$80.00	\$66.00	\$48.00
Network Savings	\$68.00	\$36.00	\$0.00
<b>Estimated Out-of-Pocket Expenses</b>	<b>\$20.00</b>	<b>\$66.00</b>	<b>\$120.00</b>

**Delta Dental Low Option Plan**

	Delta Dental PPO™	Delta Dental Premier®	Out-of-Network Dentist
Dentist Charges	\$168.00	\$168.00	\$168.00
Delta Dental's Allowable Charges	\$100.00	\$132.00	\$96.00
Plan Coverage Percentage	50%	50%	50%
Delta Dental's Payment	\$50.00	\$66.00	\$48.00
Network Savings	\$68.00	\$36.00	\$0.00
<b>Estimated Out-of-Pocket Expenses</b>	<b>\$50.00</b>	<b>\$66.00</b>	<b>\$120.00</b>

**Delta Dental PPO™ - EPO Plan**

	Delta Dental PPO™	Delta Dental Premier®	Out-of-Network Dentist
Dentist's Charge for Covered Procedures	\$168.00	\$168.00	\$168.00
Delta Dental's Plan Allowance	\$100.00	\$0	\$0
Patient Copayment	\$35	N/A	N/A
Delta Dental's Payment	\$65.00	\$0	\$0
Patient Payment	\$35.00	\$0	\$0
<b>Amount Dentist Receives</b>	<b>\$100.00</b>	<b>\$168.00</b>	<b>\$168.00</b>

**Example 3: Crown, porcelain fused to high-noble metal (2750)****Delta Dental High Option Plan**

	Delta Dental PPO™	Delta Dental Premier®	Out-of-Network Dentist
Dentist Charges	\$1,050.00	\$1,050.00	\$1,050.00
Delta Dental's Allowable Charges	\$694.00	\$882.00	\$685.00
Plan Coverage Percentage	50%	50%	50%
Delta Dental's Payment	\$347.00	\$441.00	\$342.50
Network Savings	\$356.00	\$168.00	\$0.00
<b>Estimated Out-of-Pocket Expenses</b>	<b>\$347.00</b>	<b>\$441.00</b>	<b>\$707.50</b>

**Delta Dental Low Option plan**

	Delta Dental PPO™	Delta Dental Premier®	Out-of-Network Dentist
Dentist Charges	\$1,050.00	\$1,050.00	\$1050.00
Delta Dental's Allowable Charges	\$694.00	\$882.00	\$685.00
Plan Coverage Percentage	50%	50%	50%
Delta Dental's Payment	\$347.00	\$441.00	\$342.50
Network Savings	\$356.00	\$168.00	\$0
<b>Estimated Out-of-Pocket Expenses</b>	<b>\$347.00</b>	<b>\$441.00</b>	<b>\$707.50</b>

**Delta Dental PPO™ - EPO Plan**

	Delta Dental PPO™	Delta Dental Premier®	Out-of-Network Dentist
Dentist's Charge for Covered Procedures	\$1,050.00	\$1,050.00	\$1,050.00
Delta Dental's Plan Allowance	\$694.00	\$0	\$0
Patient Copayment	\$405.00	N/A	N/A
Delta Dental's Payment	\$289.00	\$0	\$0
Patient Payment	\$405.00	\$0	\$0
<b>Amount Dentist Receives</b>	<b>\$694.00</b>	<b>\$1,050.00</b>	<b>\$1,050.00</b>

# Questions & Answers

## Henrico County General Government and Public Schools

### Group Number 600084

**1. Are there any changes to the Delta Dental plans this year?**

Yes, the Special Health Care Needs (SHCN) benefit is added to all plans. Special Health Care Needs (SHCN) 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>.

**2. Who needs to enroll?**

New enrollees or current subscribers who wish to make any changes to their dental coverage. Current subscribers who are not making changes to their coverage do not need to re-enroll.

**3. Is there a choice of dental plans?**

Yes, there are three plan options. You may choose from the Delta Dental High Option, Delta Dental Low Option, or Delta Dental PPO™- EPO Plan Design (“EPO Plan”). The “Summary of Plan Benefits” chart will help you make your decision on which dental plan is right for you.

**4. What is the difference between the EPO Plan and the Delta Dental Comprehensive and Basic Option plans?**

With the exception of orthodontic services, the EPO Plan is a fixed copayment plan. Under the EPO Plan, you must visit a Delta Dental PPO dentist for your dental care. This very large network is local, statewide, and national. The EPO Plan allows you to reference your **Schedule of Benefits and Copayments** to know exactly what you will be paying for Diagnostic & Preventive, Basic and Major services.

**5. What are the differences between the Delta Dental High and Low Option plans?**

The Delta Dental High and Low Option plans differ in the percentage of your dentist’s charges that Delta Dental will pay. Under the High Option, dental services are covered at a higher level than the Low Option. In addition, orthodontics is a covered benefit under the High Option. The Low Option *does not* cover orthodontics. If you or any of your covered dependents are considering orthodontic treatment you should strongly consider the High Option.

**6. What is the difference between Delta Dental PPO Network dentists and Delta Dental Premier Network dentists?**

There are two types of network dentists under the Delta Dental High and Low Option plans – Delta Dental PPO and Delta Dental Premier dentists. Both networks have agreed to accept Delta Dental’s reimbursement allowance. However, you will receive the maximum plan benefits (and pay the lowest out-of-pocket costs) when you obtain services from a Delta Dental PPO dentist. A dentist in either network will file your claim for you and will accept Delta Dental’s payment, plus any required employee coinsurance and any applicable deductible as payment in full.

***It is important to determine the network (Delta Dental PPO or Delta Dental Premier) in which your dentist participates so that you can know your out-of-pocket costs.***

**7. What will happen if I go to a dentist not in the Delta Dental PPO or Delta Dental Premier networks if I have chosen the High or Low Option plan?**

Payment is made directly to you and is based on the out-of-network reimbursement schedule. You will be responsible for paying the difference between out-of-network dentists’ charges and Delta Dental’s payment. You may also have to pay the out-of-network dentists in advance for the entire bill and may have to file the claim with Delta Dental. Benefits are lower when visiting an out-of-network dentist.

**8. How can I find out if my dentist participates with Delta Dental's networks if I have chosen a Delta Dental High or Low Option plan?**

There are several ways to determine if your dentist participates in Delta Dental's networks:

- ❖ Visit the 'Find A Dentist' section of our website at [DeltaDentalVA.com](http://DeltaDentalVA.com).
- ❖ Ask your dentist if they participate in the Delta Dental network. If yes, be sure also to ask whether they participate in both the Delta Dental PPO and Premier networks or the Delta Dental Premier® network only.
- ❖ Call Delta Dental's Benefit Services Representatives at 1-800-237-6060. They are available Monday through Thursday from 8:15 a.m. to 6:00 p.m. EST and Friday from 8:15 a.m. to 4:45 p.m. EST.

**9. How can my dentist enroll in Delta Dental's networks?**

Ask your dentist to contact the local Delta Dental in your state or have the dentist contact Delta Dental's Provider Relations Department at 1-855-474-5644.

**10. Will I receive an ID card?**

All employees who enroll in a Delta Dental plan will receive two new ID cards in the mail. Other ways to access ID cards include:

- ❖ Printing a copy after login to the Members section our website at [DeltaDentalVA.com](http://DeltaDentalVA.com).
- ❖ Viewing and emailing from the free Delta Dental mobile app.
- ❖ Calling Delta Dental's Benefit Services Department at 800-237-6060

To protect your privacy, Delta Dental ID cards only display the subscriber's name and assigned ID number.

**11. What should I do for my first dental appointment if I have chosen a Delta Dental High or Low Option plan?**

All employees who enroll in a Delta Dental plan will receive two new ID cards in the mail. Other ways to access ID cards include:

- ❖ Present your new ID card or give the dentist your Social Security Number.
- ❖ Tell the dentist your Dental Plan is administered by Delta Dental of Virginia.
- ❖ Claim forms are generally filed directly by the dental offices. Delta Dental will accept any standard ADA approved claim form. Claim forms are available at [DeltaDentalVA.com](http://DeltaDentalVA.com) or by calling Delta Dental's Benefit Services Department at 800-237-6060.

**12. How can I avoid unexpected charges for dental care if I choose the Delta Dental High or Low Option plan?**

- ❖ See a dentist who participates in the Delta Dental PPO and/or Premier network.
- ❖ Ask your dentist to file a Predetermination/Preauthorization before treatment begins (it is not required but recommended for services over \$250).
- ❖ Call Delta Dental's Benefit Services Representatives with any benefit clarification questions.

**13. What is pre-determination and is it required under Delta Dental's High and Low Option plans?**

Pre-determination is a process that helps you find out what your potential costs may be for a particular dental procedure. Your dentist can file a claim for pre-determination of benefits with Delta Dental to determine what your plan will cover and what you may have to pay. Pre-determination is not required but is recommended for any procedures that are expected to cost \$250 or more.

**14. Will the Delta Dental High and Low Option plans pay for all treatment options for my dental condition?**

Not in every situation. If you and your dentist agree on a procedure that is more expensive than the standard ADA recommended service to restore a tooth to contour and function, then Delta Dental will usually pay only the amount for the standard procedure. You would then be responsible for the entire balance of the dentist's fee for the more expensive service.

**15. How will Delta Dental pay orthodontia claims for individuals who are currently receiving orthodontia benefits from their previous dental carrier?**

If you are a new subscriber in the High Option plan or EPO plan, Delta Dental will calculate the amount the plan would normally pay, then deduct the amount already paid by the previous carrier and complete the normal claim payment process for the duration of orthodontic treatment. Orthodontia is not covered under the Low Option Plan.