

Benefits for PrimeLine Utility Services, LLC
Group Number: 600227
Effective Date: January 1, 2021

	PPO	Premier	Out-of-Network
Calendar Deductible <i>(Applies to basic and major services)</i>	\$50 per person; \$150 per family	\$50 per person; \$150 per family	\$50 per person; \$150 per family
Calendar Maximum	\$1,000 per person	\$1,000 per person	\$1,000 per person
Orthodontic Lifetime Maximum	\$1,000 per person	\$1,000 per person	\$1,000 per person
MaxOver™ Carryover	Your plan allows a portion of an enrollee's annual maximum to be carried over to the next year.		
Healthy Smile, Healthy You® 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 stated percentage of the plan allowance based on the dentist's participation with Delta Dental.				
Coverage	Coinsurance			Benefit Limitations
	PPO	Premier	Out-of-Network	
Diagnostic and Preventive Services	100%	100%	100%	
<ul style="list-style-type: none"> • Oral exams and cleanings • Fluoride applications • Bitewing X-rays • Full mouth/panelpipse X-rays • Sealants • Space maintainers 				<p>Twice in a calendar year. Periodontal cleaning is considered a regular cleaning and is subject to the benefit limits for regular cleanings.</p> <p>Once in a calendar year for enrollees under the age of 19.</p> <p>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.</p> <p>Once in a three-year period.</p> <p>One application per tooth for enrollees under the age of 16 on non-carious, non-restored first and second permanent molars.</p> <p>Once per quadrant per arch for enrollees under the age of 14.</p>
Basic Services	80%	80%	80%	
<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 				<p>Once per surface in a 24-month period; composite (white) fillings are limited to the upper and lower six front teeth.</p> <p>Primary (baby) teeth for enrollees under the age of 14.</p> <p>Retreatment only after 24 months from initial root canal therapy treatment.</p> <p>Once per quadrant in a 24-36-month period based on services rendered.</p> <p>Surgical extractions and other surgical procedures.</p>

Covered Benefits				
Delta Dental will pay the stated percentage of the plan allowance based on the dentist's participation with Delta Dental.				
Coverage	Coinsurance			Benefit Limitations
	PPO	Premier	Out-of-Network	
Basic Services (cont'd)	80%	80%	80%	
• Denture repair and recementation of crowns, bridges and dentures				Once in a 12-month period after six months from initial placement.
Major Services	50%	50%	50%	
• Crowns • Prosthodontics, removable and fixed				Once per tooth in a 60-month period for enrollees age 12 and older. Once in a 60-month period for enrollees age 16 and older.
Orthodontic Services	50%	50%	50%	
• Treatment for the proper alignment of teeth				For subscriber and covered dependents.

Coverage is Available for:

- Enrollee and spouse or domestic partner.
- Dependent children, only to the end of the month 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. With the Delta Dental PPO™ network, you have the option of visiting any dentist. However, your out-of-pocket costs may be lowest if you see a Delta Dental PPO™ network dentist and highest if you choose an out-of-network dentist. Delta Dental network dentists agree to discount their fees and submit claims on your behalf. Delta Dental PPO™ dentists have agreed to accept Delta Dental's PPO™ plan allowance, plus any required coinsurance and deductible (if applicable) as payment in full. Delta Dental Premier® dentists have not agreed to accept the Delta Dental PPO™ plan allowance as payment in full. You are responsible for any required coinsurance and deductible (if applicable), as well as the difference between the Delta Dental PPO™ and Delta Dental Premier® plan allowances. Visit DeltaDentalVA.com to find a participating dentist in your area.

Out-of-network 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.

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	\$126.00	\$126.00
Coinsurance Percentage	80%	80%	80%
Delta Dental's Payment	\$100.80	\$100.80	\$100.80
Delta Dental's Premier Plan Allowance	N/A	\$169.00	N/A
Patient Payment*	\$25.20	\$68.20	\$114.20

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.