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How to Estimate



The Evidence of Coverage (EOC) is part of your Group's Contract. The agreement consists of: the Evidence of Coverage, the Group Contract, any amendments and attachments. In all cases, the Evidence of Coverage, including the Schedule of Benefits and Benefit Limitations, will be the controlling document. All provisions in this EOC are subject to the terms, conditions and limitations of your Group's contract.

Delta Dental of Virginia provides your coverage. Delta Dental's plans are designed to make the cost of your Covered Benefits more affordable. In most cases, this plan will pay a portion of your Covered Benefits' costs. The plan does not pay all your costs. You may be responsible for [Deductibles, Coinsurances, and some Dentists' charges that exceed what Delta Dental pays/the Copayments listed on the Schedule of Benefits

Delta Dental of Virginia's service area is the Commonwealth of Virginia. As a Managed Care Health Insurance Plan operating in the Commonwealth of Virginia, Delta Dental is subject to regulation by both the Virginia State Corporation — Bureau of Insurance (pursuant to Title 38.2 of the Code of Virginia) and the Virginia Department of Health (pursuant to Title 32.1 of the Code of Virginia).

Note: Words that are capitalized indicate that they are a defined term. Refer to the Common Dental Terminology section of the Member Handbook or Definitions section in the Evidence of Coverage, for information on defined terms. Other definitions may be defined in sections where they are first used.



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Member Handbook

This Member Handbook is meant to help you get the most from your dental plan. It highlights key things you need to know and answers questions about your Covered Benefits.

Included in the Member Welcome Kit is your Evidence of Coverage (EOC). The EOC explains your Covered Benefits. While this handbook is a general guide to using your benefits, the EOC is the best source of information about Covered Benefits, exclusions, benefit limitations and membership provisions, and is a part of your Group's contract.

Member Account

Member Account

Visit [DeltaDentalVA.com](#) and create an account to access your benefits and eligibility information, specifics on any claims filed and remaining benefit balances for the individuals covered under your policy. You can also print copies of your ID card to use when visiting your Dentist, estimate costs for dental procedures and more.

Member Care

Call Delta Dental of Virginia's Benefit Services department at 800-237-6060 or at the toll-free number on the bottom of your ID card. Individuals with special hearing requirements may call 877-287-9039 to reach the Delta Dental of Virginia TTY/TDD member care line. Representatives are available Monday through Thursday, 8:15 a.m. to 6 p.m. and Friday 8:15 a.m. to 4:45 p.m. EST to help with:

- € General questions
- € Claims questions
- € Information about network Dentists and specialists
- € Complaints and problem resolution

Delta Dental also offers a 24-hour automated phone system which can be used to:

- € Check the status of a claim
- € Determine how much of your Deductible is remaining
- € Locate a provider
- € Get updates on available benefits

Mail

Correspondence should be addressed to:

Delta Dental of Virginia
 ATTN: Benefit Services
 4818 Starkey Road
 Roanoke, VA 24018-8510





Coordination of Benefits

If you are covered under another dental plan, Delta Dental will coordinate your Covered Benefits as described in your EOC. Coordination of Benefits (COB) eliminates duplicate payments for the same dental or orthodontic services. Check your EOC for details regarding which insurance plan would be considered primary and which would be considered secondary for payment purposes.

Definitions

Below are definitions for commonly-used dental terms. For a more comprehensive list, visit [DeltaDentalVA.com](#). Also see the Definitions at the end of this handbook for defined, contractual terms.

Abfraction — Tooth wear caused by forces other than chewing such as improper brushing or holding objects between the teeth.

Abscess — Localized buildup of pus in an area of infection, usually around the tooth or in the gums, that can ultimately destroy oral tissue.

Abutment — A natural tooth or implanted tooth substitute used to support a removable partial denture or bridge work.

Adhesive — A process that prepares tooth surface for bonding to fillings or sealants by toughening enamel with a weak acid solution.

Alveolar bone — The bone structure that contains tooth sockets and supports the teeth.

Alveoplasty — A surgical procedure that reshapes the jawbone.

Amalgam — A single surface silver filling.

Apical — The visible part of a natural tooth covered by enamel.

Anesthesia — Medication administered to an individual prior to a procedure with the purpose of dulling pain or sedating the individual. Dentists most commonly use local anesthesia to numb the area where pain is likely to occur without changing the awareness of the individual undergoing the procedure.

Annual maximum — The total dollar amount that a plan will pay for dental care for an individual member or family member (under a family plan) for a specified benefit period, typically a calendar year.

Apicectomy — A minor surgical procedure that removes the apex, or top, of the root of a tooth.

Arch — An upper or lower denture.

Assignment of benefits — When a member authorizes the dental plan to forward payment for a covered procedure directly to a member's dentist.

Avulsion — When a tooth is knocked out of its socket due to trauma.

Balance billing — When a participating dentist bills a member for amounts disallowed by Delta Dental that are also not allowed to be charged to the member. Participating dentists agree to accept the fee approved by Delta Dental as payment in full and cannot bill a member for any difference.

Band — A metal ring cemented around a tooth as part of orthodontic treatment. Bands can hold various attachments used to assist with tooth movement and alignment.

Biofilm — A routine professional teeth cleaning to remove plaque build-up, tartar, and stains. This is a regularly scheduled preventative treatment for individuals with healthy gum tissue.

Benefit period — The 12-month period a member's dental plan covers, which is not always a calendar year.



- incisal** — A premolar tooth or a tooth with two cusps.
- incision** — The process of removing tissue for histologic evaluation, an important tool in the accurate diagnosis of cancer and other diseases.
- in-office bleaching** — A cosmetic procedure that whitens teeth with a bleaching solution.
- inlay** — A procedure in which a tooth-colored plastic material is applied with a special light, and ultimately “bonds” the material to the tooth to improve a person’s smile.
- bone loss** — A decrease in the amount of bone that supports a tooth or implant.
- fixed partial denture** — An appliance that replaces missing teeth by securely attaching an artificial tooth to the natural teeth. This is also known as a fixed partial denture.
- bruxism** — An unconscious habit of grinding or clenching the teeth.
- cheek** — The cheek area.
- calculus** — A hard deposit of mineralized material sticking to the crowns and/or roots of teeth. This substance cannot be brushed off and is removed during a professional cleaning.
- caries** — Tooth decay. Tooth surfaces are slowly destroyed by acid-producing bacteria.
- carious** — An area of the tooth that is damaged by caries, abrasion, or erosion.
- cast** — Material sometimes used to replace a missing tooth structure.
- cementum** — Hard connective tissue covering the tooth root.
- benefit booklet** — A booklet received from Delta Dental that explains a member’s benefits coverage in detail.
- claim form** — Information a dentist submits to the dental plan to get paid for services performed for a member. A dentist is responsible for the accuracy of all information on a claim form.
- craniofacial cleft** — A birth defect that occurs when the tissues that make up the roof of the mouth do not join together completely.
- coinsurance** — The percentage of the costs of services paid by the patient. For example, a benefit that is paid at 80% by the plan creates a 20% coinsurance obligation for a member.
- composite filling** — A single surface filling material made of tooth-colored plastic used to repair teeth. The most common type of filling. Usually performed on a tooth in the front of the mouth.
- copayment** — The fee for each single procedure that a dentist has agreed to accept as payment in full for covered services provided to a member.
- coordination of benefits** — When a member has more than one dental plan, this is the process that the plans use to determine the amount that each will pay.
- copayment** — The member’s share of payment for a given service. The copayment is usually expressed as a percentage of a dentist’s contracted fee, but can be expressed as a member’s preset share of payment for a given service.
- covered dental procedure** — A dental treatment for which payment is provided under the terms of a member’s dental plan.
- credentialing** — A process designed to ensure a dentist is properly trained and licensed to treat members before becoming a part of a Delta Dental network. This includes the review of documentation pertaining to



a dentist, including verification of licenses, specialty certification, malpractice insurance, infection control procedures, and OSHA requirements.

Crown — A cover that is put over a tooth to help restore the tooth's normal shape, size, and function. These are typically applied when individuals have a cavity too large for filling, a cracked or weakened tooth, or want to conceal a discolored or poorly shaped tooth.

Crown Lengthening — A surgical procedure that recontours gum tissue, and sometimes bone, to expose more of the tooth for a crown.

Cusp — The pointed portion of the tooth.

Canine — A tooth with one cusp located between the incisors and premolars. It is also known as a canine tooth.

DDS — Doctor of Dental Surgery.

Debridement — A procedure for removing calculus (tartar) and plaque.

Decay — The decomposition of the tooth structure.

Deciduous — The first set of teeth a child gets, also known as primary teeth or baby teeth. There are 20 deciduous teeth which are usually all in place around age 2.

Deductible — A dollar amount that each member must pay toward covered services before Delta Dental's benefits are paid. This is often referred to as the member's out-of-pocket costs.

Dental Scaling — A scaling and polishing procedure used to remove plaque and stains.

Dental Implant — An artificial device that replaces missing teeth.

Dental Specialist — A dentist who has received postgraduate trainings in one of the recognized dental specialties — endodontics, orthodontics, oral surgery, pediatric dentistry, periodontics, and prosthodontics.

Dentin — The portion of the tooth found beneath the enamel and cementum. A hard, calcified material that makes up the bulk of the tooth.

Dependent — Anyone other than the primary member that is covered by a dental plan. This could be a child or spouse.

DDM — Doctor of Dental Medicine.

Dry Mouth — A condition caused by lack of saliva and moisture in the mouth. If untreated, it can lead to increased levels of tooth decay and infections.

Dry Socket — Severe pain inside and around the tooth socket which can occur one to three days after a tooth extraction. This issue usually requires post-operative care.

Dual Coverage — When a member has coverage under two different dental plans. Primary and secondary carriers must coordinate the two plans.

Effective Date — The date the coverage under a dental plan begins.

Enamel — Hard calcified tissue covering dentin on the crown of the tooth.

Endodontist — A dental specialist who treats diseases of the pulp and nerve of the tooth.

Erosion — The wearing down of tooth structure, caused by chemicals and acid.

Excisional — The surgical removal of bone or tissue.

Excluded — Dental services that are not covered by a dental plan.



Delta Dental Invoice — A paper or electronic document provided by Delta Dental detailing the dental treatments and services that were paid for on a member's behalf. It is different from a bill.

Extraction — The act of removing a tooth or portions of a tooth.

Implant — The act of restoring a lost tooth structure using materials such as metal, plastic, alloy, or porcelain.

Fluoride Varnish — A liquid containing fluoride that is painted onto the teeth and hardens. It is used to prevent or reduce the risk of cavities.

Avulsion — The breaking of a tooth.

Full Mouth Radiograph — The combination of 14 or more periapical and bitewing films of the back teeth that reveals all of the teeth including the crowns, roots, and alveolar bone.

General Dentist — A primary dental care provider that performs preventive care as well as restorative procedures such as fillings, crowns, implants, and more.

Gingiva — Soft tissues that lay over the crowns of unerupted teeth, also known as gum tissue.

Gingivectomy — A surgical procedure for removing gingiva (gum tissue) in order to restore gum health.

Gingivitis — Inflammation of gingival tissue.

Gingivoplasty — A surgical procedure for reshaping gingiva (gum tissue).

Graft — A piece of tissue or alloplastic material placed in contact with tissue in order to repair a deficiency.

Group Term Life Insurance — A company or organization that provides dental plans to its employees. The group works with Delta Dental to select the plan type, maximums, benefit levels, and member eligibility.

Fee Schedule — A list of charges for specific dental treatments used to reimburse dentists on a fee-for-service basis.

ACA — The "Health Insurance Portability and Accountability Act of 1996," a Federal law intended to improve access to health coverage, limit fraud and abuse, protect personal health information, and control administrative costs. See the Administrative Simplification section of the Department of Health and Human Services' website for more information at <http://aspe.os.dhhs.gov/admsimp/>.

Immediate Denture — A prosthesis constructed and placed immediately after the removal of natural teeth.

Impacted Tooth — A partially erupted tooth positioned against another tooth, bone, or soft tissue, making complete eruption unlikely.

Intraoral Implant — A device placed within or on the bone of the jaw or skull to support either a crown, bridge, denture, facial prosthesis, or to act as an orthodontic anchor.

Network Dentist — A dentist who has agreed to be a part of Delta Dental's network and accept pre-established fees for his or her professional dental services.

Interdental — Between the teeth.

Intraoral — Inside the mouth.

Lip — The area of or around the lip.

Lesion — An area of diseased tissue.

Lifetime Maximum — The maximum amount a plan will pay over the course of a lifetime. It may apply to an individual or a family and typically applies to specific treatments such as orthodontic treatment



Alarage — A procedure performed on tooth roots to remove dentin, bacteria, calculus, and diseased surfaces.

Alig — The removal of plaque, calculus, and staining from teeth.

Amalgam — Plastic resin placed on the biting surfaces of molars in order to prevent bacteria from attacking the enamel.

Amalgam extraction — This type of extraction does not require sectioning of the tooth or any other elaborate procedures for removal.

Amalgam — Under the tongue.

Amalgam glands — Salivary glands located beneath the tongue.

Amalgam — A stitch used to repair an incision or wound.

Amalgam removable denture — An interim prosthesis designed to be used for a limited period of time.

Amalgam joint — The connecting hinge between the base of the skull and the lower jaw.

Amalgam date — The date a member's dental coverage ends or when a member is no longer eligible for benefits.

Amalgam — Teeth that have not penetrated into the oral cavity.

Amalgam — Thin coverings placed over the front part of teeth made to look like natural teeth.

Amalgam waiting period — A period of time before a member is eligible to receive benefits for all or certain treatments. It typically applies to expensive services such as.



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Delta Dental of Virginia Evidence of Coverage

Delta Dental of Virginia
Member of Delta Dental



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Service Description	Delta Dental			Delta Dental			Delta Dental		
	Delta Dental	Delta Dental	Delta Dental	Delta Dental	Delta Dental	Delta Dental	Delta Dental	Delta Dental	Delta Dental
Sealants and preventive resin restorations	100%	100%	100%	N	N	N	N/A	N	N
Space maintainers – fixed (unilateral and bilateral), including distal shoe space maintainers	100%	100%	100%	N	N	N	N/A	N	N
Space maintainers – removable (unilateral and bilateral)	100%	100%	100%	N	N	N	N/A	N	N



Delta Dental

Delta Dental



Procedure	Delta Dental			Delta Dental			Effectiveness		
	Delta Dental	Delta Dental	Delta Dental	Delta Dental	Delta Dental	Delta Dental	Effectiveness	Effectiveness	Effectiveness
Bone replacement graft — retained natural tooth (does not include bone replacement graft for ridge preservation)	80%	80%	80%	Y	Y	Y	N/A	N	N
Pedicle and free soft tissue graft procedures	80%	80%	80%	Y	Y	Y	N/A	N	N
Autogenous and non-autogenous connective tissue graft procedures; mesial/distal wedge procedure; combined connective tissue and double pedicle graft	80%	80%	80%	Y	Y	Y	N/A	N	N
Periodontal scaling and root planing	80%	80%	80%	Y	Y	Y	N/A	N	N
Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	80%	80%	80%	Y	Y	Y	N/A	N	N



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Delta Dental	Delta Dental	Delta Dental	Delta Dental	Delta Dental	Delta Dental	Delta Dental	Delta Dental
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Procedure	Delta Dental			Delta Dental			Delta Dental		
	Delta Dental	Delta Dental	Delta Dental	Delta Dental	Delta Dental	Delta Dental	Delta Dental	Delta Dental	
	Delta Dental	Delta Dental	Delta Dental	Delta Dental	Delta Dental	Delta Dental	Delta Dental	Delta Dental	
Surgical placement of implant body; endosteal implant and surgical placement; eposteal and transosteal implant, prefabricated and custom abutment; remove broken implant retaining screw; and implant removal, by report	50%	50%	50%	Y	Y	Y	12	Y	N
Bone graft for repair of peri-implant defect; bone graft at time of implant placement	50%	50%	50%	Y	Y	Y	12	Y	N
Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	50%	50%	50%	Y	Y	Y	12	Y	N



Procedure	Delta Dental			Delta Dental			Effectiveness		
	Delta Dental	Delta Dental	Delta Dental	Delta Dental	Delta Dental	Delta Dental	Effectiveness	Effectiveness	Effectiveness
Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	50%	50%	50%	Y	Y	Y	12	Y	N
Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	50%	50%	50%	Y	Y	Y	12	Y	N
Surgical placement of mini implant	50%	50%	50%	Y	Y	Y	12	Y	N



Benefit Limitations

The following benefit limitations apply to all contracts and contain Dental Services that may not be a Covered Benefit under this Evidence of Coverage (EOC). Refer to the Schedule of Benefits for a complete listing of Covered Benefits under this EOC.

- € Oral exams are limited to twice in a Calendar Year.
- € Consultations and evaluations for deep sedation or general anesthesia are limited to twice in a Calendar Year and are subject to the benefit limitation for regular exams.
- € Cleanings are limited to twice in a Calendar Year.
- € Periodontal cleaning is considered a regular cleaning and subject to the benefit limitation for regular cleaning.
- € Scaling in presence of generalized moderate or severe gingival inflammation is subject to the benefit limitation of a regular cleaning or periodontal maintenance.
- € Full mouth debridement is a Covered Benefit when an Enrollee has not had a cleaning or scaling and root planing within 36 months of the full mouth debridement.
- € Full mouth debridement is limited to once in a lifetime.
- € Fluoride applications are limited to once in a Calendar Year for Enrollees under the age of 19.
- € Bitewing X-rays are limited to once in a Calendar Year; limited to a maximum of 4 bitewing films in one visit or a set of (7-8) vertical bitewing films.
- € Full mouth/panoramic X-rays are limited to once in a 3 year period.
- € Sealants and preventive resin restorations are limited to non-carious, non-restored 1st and 2nd permanent molars for Enrollees under the age of 16, one application per tooth.
- € Amalgam (silver) and composite (white) fillings are limited to once per tooth per surface in a 24 month period.
- € Space maintainers, not including distal shoe space maintainers, are limited to once per quadrant per arch per lifetime for Enrollees under the age of 14.
- € Distal shoe space maintainers are limited to once per quadrant per arch per lifetime for Enrollees under the age of 9.
- € Retreatment of root canal therapy is a Covered Benefit 2 years after initial root canal therapy and is limited to once in a lifetime.
- € Replacement of an existing crown not related to an implant is a Covered Benefit once every 5 years per tooth and when the existing crown is not serviceable.
- €



- € Denture repair is limited to once in a 12 consecutive month period and only if performed more than six (6) months after the placement of the initial denture.
- € Implants and implant supported prosthetics are limited to once in a life-time per site for Enrollees age 16 and older.
- € Implants are limited to 2 per quadrant and 4 per each arch with a maximum of 8 for full mouth reconstruction.
- € A full mouth X-ray includes bitewing X-rays; panoramic X-ray in conjunction with any other X-ray is considered a full mouth X-ray.
- € Stainless steel crowns are limited to primary (baby) teeth for Enrollees under the age of 14.
- € Gingivectomy or gingivoplasty is limited to once per quadrant in a 36 month period.
- € Gingival flap procedures are limited to once per quadrant in a 36 month period.
- € Osseous surgery is limited to once per quadrant in a 36 month period.
- € Periodontal scaling and root planing is limited to once per quadrant in a 24 month period.
- € Autogenous and non-autogenous connective tissue graft procedures; distal or proximal wedge procedure; combined connective tissue and double pedicle graft procedures are limited to once per site in a 36 month period.
- € Fixed bridges or removable partials are limited to Enrollees age 16 and older.
- € Crowns are a Covered Benefit when the tooth damaged by decay or fracture cannot be restored by amalgam or composite restoration.
- € Crowns are limited to Enrollees age 12 and older.
- € Temporary prosthetic devices are not a separate benefit. Any charge for these devices is included in the fee for the permanent device.
- € Orthodontic services are limited to Enrollees age 5 and older.
- € Bone harvesting is limited to once in a lifetime per tooth.
- € Adjustment, maintenance or cleaning of a maxillofacial prosthetic appliance is limited to once per year.

Delta Dental Affiliates

Delta Dental Insurance

Delta Dental PPO™ Dentists

Delta Dental PPO™ Dentists have an agreement with Delta Dental to accept our PPO Plan Allowance for Covered Benefits they perform. This means you only pay any Deductibles and Coinsurances for Covered Benefits. In molnfvered ycfits theymolntis6c64(ntl P(ts:)]1ent)9(ists h68.3(ce8any)5.9dire aly 25.6. Und.8(rv)f 14.)



Delta Dental of Virginia



Eligibility

As determined to be eligible by the Group.

Military Leave

Delta Dental will cover any Subscriber who is on active duty as required under the Uniformed Services Employment and Reemployment Act of 1994 (USERRA). Subscribers performing military duty of more than 30 days may elect to continue employer sponsored health care for up to 24 months. However, the Subscriber may be required to pay for this coverage. For military service of less than 31 days, health care coverage is provided as if the service member had remained employed.

Even if you do not continue coverage through your employer during military leave, Delta Dental will reinstate coverage if you are eligible under the Group's Contract. To enroll under Delta Dental you can no longer be on active duty with the armed services. Delta Dental must be notified that the returning Subscriber (and dependents, if applicable) is eligible to re-enroll under the Contract. Any Benefit Waiting



3. Administering oral anesthetics topically,



waived. The waiver does not apply to new hires enrolling after the initial effective date of the Group dental plan.

If the Group adds a new Covered Benefit or offers another Delta Dental benefit plan where a Benefit Waiting Period applies, you will receive credit for the entire length of time enrolled under this Contract

Exclusions

The following are not Covered Benefits unless specifically identified as a Covered Benefit in the Schedule of Benefits:

- € Services or supplies that are not related to a Dental Service or supply; also includes services or supplies not specifically listed as covered in the Schedule of Benefits.
- € Services or treatment provided by someone other than a licensed Dentist or a qualified licensed dental hygienist working under the supervision of a Dentist.
- € A Dental Service that Delta Dental, in its sole discretion after consultant review by a licensed Dentist, determines is not necessary or customary for the diagnosis or treatment of your condition. In making this determination, Delta Dental will take into account generally accepted dental practice standards based on the Dental Services provided. In addition, each Covered Benefit must demonstrate Dental Necessity. Dental Necessity is determined in accordance with generally accepted standards of dentistry. All Dental Services are subject to established internal and external appeal processes available to you.
- € Dental Services for injuries or conditions that may be covered under workers' compensation, similar employer liability laws or other medical plan coverage; also benefits or services that are available under any federal or state government program (subject to the rules and regulations of those programs) or from any charitable foundation or similar entity.
- € Dental Services for the diagnosis or treatment of illnesses, injuries or other conditions for which you are eligible for coverage under your hospital, medical/surgical or major medical plan.
- € Dental Services started or rendered before the date enrolled under this EOC. Also, except as otherwise provided for in this EOC, benefits for a course of treatment that began before you were enrolled under this EOC.
- € Dental Services provided before the date you enrolled under this EOC.
- € Except as otherwise provided for in this EOC, Dental Services provided after the date you are no longer enrolled or eligible for coverage under this EOC.
- € Except as otherwise provided for in this EOC, prescription and non-prescription drugs, pre-medications, preventive control programs, oral hygiene instructions and relative analgesia.
- € General anesthesia when less than three (3) teeth will be routinely extracted during the same office visit.
- € Splinting or devices used to support, protect or immobilize oral structures that have loosened or been reimplanted, fractured or traumatized.
- € Charges for inpatient or outpatient hospital services; any additional fee that the Dentist may charge for treating a patient in a hospital, nursing home or similar facility.
- € Charges to complete a claim form, copy records, or respond to Delta Dental's requests for information.
- € Charges for failure to keep a scheduled appointment.
- € Charges for consultations in person, by phone or by other electronic means.



- € Charges for X-ray interpretation.
- € Dental Services to the extent that benefits are available or would have been available if you had enrolled, applied for, or maintained eligibility under Title XVIII of the Social Security Act (Medicare), including any amendments or other changes to that Act.
- € Complimentary services or Dental Services for which you would not be obligated to pay in the absence of the coverage under this EOC or any similar coverage.
- € Services or treatment provided to an immediate family member by the treating Dentist. This would include a Dentist's parent, spouse or child.
- € Dental Services and supplies for the replacement device or repeat treatment of lost, misplaced or stolen prosthetic devices including space maintainers, bridges and dentures (among other devices).
- € Dental Services or other services that Delta Dental determines are for correcting congenital malformations; also, cosmetic surgery or dentistry for cosmetic purposes.
- € Replacement of congenitally missing teeth by dental implant, fixed or removable prosthesis whether the result of a medical diagnosis including but not limited to hereditary ectodermal dysplasia or not related to a medical diagnosis.
- € Experimental or investigative dental procedures, services or supplies, as well as services and/or procedures due to complications thereof. Experimental or investigative procedures, services or supplies are those which, in the judgment of Delta Dental: (a) are in a trial stage; (b) are not in accordance with generally accepted standards of dental practice, or (c) have not yet been shown to be consistently effective for the diagnosis or treatment of the Enrollee's condition.
- € Dental Services for restoring tooth structure lost from wear (abrasion, erosion, attrition or abfraction),



Least Expensive Alternative

Least Expensive

We will pay the Plan Allowance for the least expensive Dental Service that is necessary to restore the tooth or dental arch to contour and function, but only if that Dental Service is a Covered Benefit. You, or your Dependent, will be responsible for the remainder of the Dentist's fee if a more expensive Dental Service is selected. For each Covered Benefit, the applicable Deductible and Coinsurance will apply regardless of which Dental Service is selected.

Multiple Visits

Some Dental Services take multiple visits to complete. Examples include crowns, bridges, removable prosthetics and endodontic services. Delta Dental only pays for Covered Benefits that require multiple visits after the entire course of treatment is completed. Your date of service is the completion date for all of these



Definition

Dental Services are not Covered Benefits if you receive the service after your coverage under this Contract ends. However, there are exceptions for Dental Services that require multiple visits. The only exceptions to this general rule are:

- € Fixed bridgework and a full or partial denture, only if the Dentist takes first impressions or fully prepares the abutment teeth before the date your coverage under this EOC ends;
- € A crown, only if the Dentist fully prepares the tooth to be treated before the date your coverage under this EOC ends; and
- €



- € Continuous Group coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA), if your company is subject to COBRA; or
- € Continuous Group coverage under state law.

Qualifying Events for COBRA

If your employer had 20 or more employees in the previous calendar year, you and your covered Dependents may elect to continue coverage if you meet the Qualifying Events described under COBRA. If you or your covered Dependents would normally lose eligibility for coverage because of a Qualifying Event, you may choose to continue coverage under your employer's Group dental plan. You must pay for this coverage on your own. The period a COBRA beneficiary (including you) would be eligible to continue coverage depends on the type of Qualifying Event the Enrollee has experienced.

Continuation of Coverage under State Law

You may be able to continue coverage under your Group's dental plan for a period of 12 months after losing eligibility under the Group's dental plan. For those covered under COBRA, the 12-month state continuation is not applicable. Benefits under a continuation dental plan will match your current Group dental plan benefits. Delta Dental will continue coverage for the 12-month period without further evidence of insurability, if:

- € the Enrollee meets enrollment requirements for the state continuation plan, and
- € the Enrollee applies within 60 days from the last day of coverage under the Group plan.

Under the state continuation, you will make monthly premium payments to the Group for as long as the coverage is active during the 12-month period. Your employer must provide written notice with information regarding how to obtain continuation coverage within 14 days after losing eligibility under the Group's dental plan.

How to File a Claim

The following is a description of how a claim is processed. A claim is any request for coverage of Dental Services. The times listed are maximum times only. A period begins when you file the claim. Days mean calendar days.

Submitting a Claim

If you visit a Delta Dental Participating Dentist, the Dentist will file a claim on your behalf. If you visit a Non-Participating Dentist, you may have to submit the claim. Submit claims to:

Delta Dental of Virginia
 4818 Starkey Road
 Roanoke, VA 24018-8510

You must submit all claims for dental benefits within twelve (12) months of the date services are completed. This is called the timely filing limitation. If orthodontic services are listed as a Covered Benefit on the Schedule of Benefits, a claim for benefits should be filed at the time of the banding. New Enrollees who are already in orthodontic treatment when this coverage becomes effective or after a Benefit Waiting Period (if applicable) is met, should file a claim upon enrollment or once the Benefit Waiting Period has been satisfied.

There are different types of claims and each one has a specific timetable for either approval of the claim, a request for more information to process the claim, or denial of the claim.



Following the submission of a claim, you may receive an adverse benefit determination. Adverse benefit determinations are decisions Delta Dental makes that result in denial, reduction or termination of a benefit or amount paid. An appeal is a complaint about a denied claim or an adverse benefit determination.

Claim, Adverse Benefit Determination, and Appeal

You have the right to appeal a denied claim or adverse benefit determination. Adverse benefit determinations can result from one or more of the following:

- € The individual is not eligible to participate in the dental plan; or
- € Delta Dental determines that a benefit or service is not a Covered Benefit because:
 - € it is not included in the list of Covered Benefits,
 - € it is specifically excluded,
 - € a benefit limitation under the dental plan has been reached, or
 - € it is not necessary or customary for the diagnosis or treatment of your condition [Dental Necessity].

Delta Dental will provide you with written notices of adverse benefit determinations within the periods shown in the chart on the following few pages.

Claim	Appeal	Appeal
<p>Initial Claim</p> <p>A claim that is a request for payment under the plan for covered services already received.</p>	<p>Step 1:</p>	<p>Delta Dental has 30 days after receiving your initial claim to notify you of the benefit determination.</p> <p>Delta Dental can take a one-time extension of 15 days for matters beyond its control. Delta Dental must notify you within the initial 30-day period of the extension and the reason for the extension.</p>

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Notice to Claimant of Adverse Benefit Determinations	
	Step 2: You have 45 days after receiving the extension notice to provide additional information or complete the claim.
	Step 3: For a denied claim, you have 180 days to appeal the adverse benefit determination and 60 days from receipt of notice to appeal any subsequent determinations.
	Step 4: Delta Dental has 60 days after receiving your appeal (30 days if the Group allows two (2) levels of appeal) to notify you of the appeal decision. Both levels of appeal must be complete within the 60-day deadline.

Notice to Claimant of Adverse Benefit Determinations

Delta Dental will provide written or electronic notification of any denial or adverse benefit determination.

For more information, please contact your agent.



We will conduct the appeal without deferring to the original adverse decision. The individual who conducts the appeal will not be the person who made the initial decision or that person's subordinate. If dental judgment is required, we will consult a dental care professional who has appropriate training and experience in the field of dentistry involved. The dental care professional we consult for the appeal will not be the person we consulted in making the initial decision or that person's subordinate. Upon request, we will identify the dental professional we consulted, whether or not we relied on his or her advice in reaching our adverse decision.

Send your request for appeal of an adverse benefit determination to:

Delta Dental of Virginia
Attn: Appeal Review
4818 Starkey Road
Roanoke, VA 24018-8510

File a Grievance

Delta Dental would like Enrollees to be completely satisfied with the dental care and services they receive, but recognize that there are times an Enrollee may have questions, concerns or complaints. If you are dissatisfied with the service received from Delta Dental or a Participating Dentist, you may file a grievance with Delta Dental. A grievance is a complaint about quality of care, billing or operational issues such as waiting times at provider offices, adequacy of participating provider facilities and network adequacy.

Complaints may be submitted in the following ways:

Website: <https://deltadentalva.com/members/fraud-abuse-form.html>
Email: DDVACCU@deltadentalva.com
Address: Delta Dental of Virginia
Clinical Professional Services/CCU
Attn: Complaints
4818 Starkey Road
Roanoke, VA 24018-8510



Virginia

If you are unable to contact or obtain a resolution from Delta Dental, you may contact the following state agencies for assistance. You may contact the offices in the following ways.

Office of the Attorney General

Address: Virginia Department of Health
9960 Mayland Drive, Suite 401
Richmond, VA 23233-1463
Toll-Free: 800-955-1819
Richmond: 804-367-2106
Fax: 804-527-4503
Email: mchip@vdh.virginia.gov
Website: http://www.vdh.virginia.gov

Virginia Bureau of Insurance

Address: Virginia Bureau of Insurance
PO Box 1157
Richmond, VA 23218
Toll-Free: 800-552-7945
Richmond: 804-371-9691
Fax: 804-371-9954



Accessibility

Delta Dental of Virginia complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Delta Dental of Virginia

Helps people with disabilities communicate more effectively with us by providing free aids and services, such as:

- € Qualified sign language interpreters

- €



Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>

Such complaints must be filed within 180 days of the date of the alleged discrimination. Delta Dental of Virginia will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>



- € The Plan of the parent whose birthday falls earlier in the year is Primary and the Plan of the parent whose birthday falls later in the year is secondary.
- € If both parents have the same birthday, the Plan that covered the parent longer is Primary.
- € If the other Plan does not have this “birthday rule,” then the above will not apply and other Plan’s COB provision will determine the order of benefits.
- €



Oral Health and Oral Care

As a result of mouth and throat diseases ranging from cavities to cancer, millions of Americans suffer pain and disability. Almost all oral diseases can be prevented. Your dental plan covers a wide range of dental benefits to help you maintain your oral health. Having a healthy lifestyle, brushing properly and visiting your Dentist can improve your oral health. Delta Dental is committed to becoming a leader in quality dental care programs. As part of that commitment, Delta Dental provides you access to information regarding oral health on our website: [DeltaDentalVA.com](#).

Delta Dental Member Companies

Delta Dental Member Companies collectively form the nation's largest and most experienced dental benefits organization. Committed to offering access to quality dental care, Delta Dental covers millions of workers and their families. The federal government's development of a Consumer Bill of Rights and Responsibilities establishes a clear set of unifying standards and is an important step forward for those involved in the health care system. Delta Dental of Virginia is providing you with the below "Statement of Consumer Rights and Responsibilities" to show its commitment to establishing a stronger relationship of trust among consumers, dental professionals and dental plans.

Delta Dental of Virginia Consumer Bill of Rights and Responsibilities



DELTA DENTAL OFFERS OUR PROVIDER DIRECTORY ONLINE

Delta Dental recognizes the importance of providing you with the most current listing of Dentists available to you. Therefore, Delta Dental has a directory of Participating Dentists available at [DeltaDentalVA.com](#). If you do not have access to the internet, you can request a hard copy by calling Delta Dental of Virginia at



protect this information and allow access to confidential records to the limited parties necessary for treatment purposes, patient knowledge, claim needs and/or as legally required.

DELTA DENTAL ENCOURAGES CONSUMER INVOLVEMENT IN BENEFITS PLAN POLICY

Delta Dental is committed to consumer participation in the development and refinement of the policies for our programs. Therefore, the governing bodies of all Delta Dental member companies include representatives from the business and dental communities, as well as our consumers. Such involvement assures that Delta Dental member companies meet the needs in both the design and the administration of our programs to foster improved dental health.

DELTA DENTAL BELIEVES CONSUMERS OF DENTAL PLANS ALSO HAVE RESPONSIBILITIES

Improved oral health is a primary objective of Delta Dental. To achieve this goal requires the cooperation of the individuals covered by our programs. It is each individual's responsibility to engage in a dental health program that includes a regimen of personal dental hygiene, self-examination and regular professional care. Avoidance of substances and behaviors that place oral health in jeopardy should also be a component of each individual's personal care.

We believe it is also our consumers' responsibility to become familiar with their specific plan's coverage. It is also the consumers' responsibility to meet any financial obligation incurred because of treatment, including paying the appropriate Copayments, Coinsurances or Deductibles required by the plan. It is the Enrollee's responsibility to cooperate with their Dentist on treatment plans to achieve a satisfactory result.

The designs of Delta Dental's programs encourage Enrollees to fulfill their responsibilities, primarily through the emphasis on regular, preventive care. In addition, Delta Dental provides informational materials that can assist individuals in achieving optimum oral health by utilizing their dental programs effectively.

Definitions

This is the Definitions section. The following terms used in the Contract, including this EOC, have these meanings:

Benefit Maximum — the total dollar amount that Delta Dental will pay for the listed Covered Benefits during the specified Benefit Period.

Benefit Period — a specified period to incur Covered Benefits in order for them to be eligible for payment. This is also the specified period of time that your Deductible (if any) and your Benefit Maximum (if any) is calculated.

Benefit Waiting Period — the period of time that must pass after enrolling under the plan before an Enrollee can start receiving Covered Benefits.

Contract — the Group's Dental Care Contract, including this EOC and EOC schedules, addenda and amendments made as part of the Group's Dental Care Contract.

Coordination of Benefits (COB) — a method of integrating benefits payable under more than one dental plan so that the insured persons benefit from all sources so that the total benefit a person receives from all sources does not exceed the Delta Dental Plan Allowance.

Copayment — a portion of the Dental Services the Enrollee is responsible for paying. It is usually a



Plan Allowance — the amount used to determine reimbursement by Delta Dental for each Covered Benefit and the amount from which subscriber liability (Coinsurance, etc.), if any, and Benefit Maximums are based. Unless state law requires otherwise, Participating Dentists have agreed to accept the Plan Allowance as full payment for services (plus any applicable Deductible, Coinsurance, or Copayment). Non-Participating Dentists have not agreed to accept the Plan Allowance and you will be responsible for any difference between the Dentist's submitted charges in excess of the Plan Allowance for services received from Non-Participating Dentists in addition to any applicable Deductible, Coinsurance, or Copayment. The Plan Allowance for Non-Participating Dentists may be lower than the Plan Allowance for Participating Dentists for the same Covered Benefit. In all cases, the Plan Allowance is determined by Delta Dental in its sole discretion.

Predetermination Plan — a detailed description of Dental Services that your Dentist prepares and Delta Dental reviews, before you receive Dental Services. A Predetermination Plan helps to determine which Dental Services are Covered Benefits and informs you what your liability may be.

Qualifying Event — a change in your family, employment or Group coverage status which would affect your benefits under the Group's dental plan due to one or more of the following:

- € Marriage;
- € Birth, adoption or placement for adoption of a Dependent child;
- € Divorce or marriage annulment;
- € Death of a Dependent;
- € A change in your or your Dependent's employment status if it causes you or your dependent to gain or lose eligibility for coverage. Such as beginning or ending employment, strike, lockout, taking or ending a leave of absence, changes in worksite or work schedule.

Summary of Benefits and Coverage — the document outlining the Covered Benefits under your dental plan.

Spouse — your legally married spouse under state or federal law including civil unions.

Subscriber — the Group's employee who is entitled to coverage under the Group's dental plan and has properly enrolled.

Terms



Delta Dental Virginia | *Healthy Smile, Healthy You* | [DeltaDentalVA.com](#)



Infective endocarditis — a form of endocarditis, or inflammation of the inner tissue of the heart, such as its valves, caused by infectious agents. The agents are usually bacterial, but other organisms can also be responsible.

Mitral or aortic valve prolapse — A valve prolapse is a heart problem in which the valve that separates the chambers of the heart does not close properly allowing blood to flow back into the atria of the heart.

Periodontal maintenance — procedures and protocols employed to clean and maintain the teeth and gums following a diagnosis of periodontal disease. Periodontal disease is not “cured,” only “arrested.”

Periodontal surgery — surgical procedure involving the gums and jawbone.

Progressive periodontal disease — an infection that, if left untreated, can destroy the tissues and supporting bone that holds the teeth in place.

Pulmonary shunts — a physiological condition which results when the alveoli (a tiny thin-walled air sac found in large numbers in each lung, through which oxygen enters and carbon dioxide leaves the blood) of the lung are perfused (to introduce a liquid into tissue or an organ by circulating it through blood vessels or other channels within the body) with blood as normal, but ventilation (the supply of air) fails to supply the perfused region. In other words, the ventilation/perfusion ratio (the ratio of air reaching the alveoli to blood perfusing them) is zero. A pulmonary shunt often occurs when the alveoli fill with fluid, causing parts of the lung to be unventilated although they are still perfused. A pulmonary conduit restores pulmonary valve function enabling blood to flow from the right ventricle to the lungs.

It's easy to receive benefits under the *Healthy Smile, Healthy You*® program. Ask your benefits administrator for an enrollment form or visit [DeltaDentalVA.com](#).

Delta Dental of Virginia | Virtual Visits | eRx | eReferrals | eDental

To increase access to care when you most need it, Delta Dental of Virginia includes access to teledentistry services with your existing dental plan*. Members can use Delta Dental – Virtual Visits when they:

- € Have a dental emergency and do not have a dentist;
- € Need access to a dentist after hours;
- € Need to consult a dentist without leaving home or while traveling.

Members can conveniently access the teledentistry service by a smartphone, tablet or computer with audiovisual capabilities. Or members may call the dedicated phone number at 866-256.2101. TeleDentistry.com dentists provides the initial consultation and can write prescriptions** when appropriate.

After the initial consultation, the TeleDentistry.com dentist will email consultation notes to the member's Participating (Par) Dentist for further treatment. If the member has not established care with a Par Dentist, TeleDentistry.com will refer them to one.***

* Delta Dental of Virginia dental plans may vary in the scope of services covered. Please refer to your plan documents for details.
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How to Contact Delta Dental of Virginia

To contact someone about your dental coverage for any reason, use the following address and phone number:

Delta Dental of Virginia
4818 Starkey Road
Roanoke, VA 24018-8510
Telephone: 800-237-6060
TTY/TDD: 877-287-9039

If you have been unable to contact or obtain satisfaction from Delta Dental of Virginia, you may contact the Virginia State Corporation Commission's Bureau of Insurance at:

Address: Consumer Service Section
Virginia Bureau of Insurance
PO Box 1157
Richmond, VA 23218

Toll-Free: 800-552-7945

Richmond: 804-371-9691

Fax: 804-371-9944

Email: bureauofinsurance@scc.virginia.gov

Written correspondence is preferable so a record of your inquiry is maintained. When contacting Delta Dental of Virginia or the Bureau of Insurance, have your policy number available.



K a g a g e _ i a e e i e

Language assistance services are available to enrollees with limited English proficiency.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-237-6060 (TTY: 1-877-287-9039).

1-800-237-6060 (TTY: 1-877-287-9039)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-237-6060 (TTY: 1-877-287-9039).

1-800-237-6060 (TTY: 1-877-287-9039).

1-800-237-6060 (TTY: 1-877-287-9039)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-237-6060 (TTY: 1-877-287-9039).

1-800-237-6060 (TTY: 1-877-287-9039)

