Benefits for LOUISA COUNTY AND SCHOOLS

Group Number: 00000100541 • Effective Date: July 1st, 2026

Annual Deductible *(Applies to basic and major services)*	**$25** per person; **$75** per family, per contract year
Annual Maximum	**$1,250** per person, per contract 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*	Delta Dental Pays		
	In-Network		Out of Network
	Delta Dental PPO™	Delta Dental Premier®	
Diagnostic and Preventive Services	100%	100%	100%
• **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 first and second permanent molars.			
Basic Services	80%	80%	80%
• **Fillings** — One per surface in a 24-month period. ; composite (white) fillings are limited to upper and lower six front teeth. • **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%	50%
• **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 member's annual maximum to roll over to next year to use for future dental services.

Healthy Smile, Healthy You® — Provides additional cleanings, fluoride and/or sealants 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).

Special Health Care Needs Benefit — Provides additional benefits for members with special needs. To learn more about this benefit, visit DeltaDentalVA.com/special-health-care-needs-resources.

Coverage is available for:

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

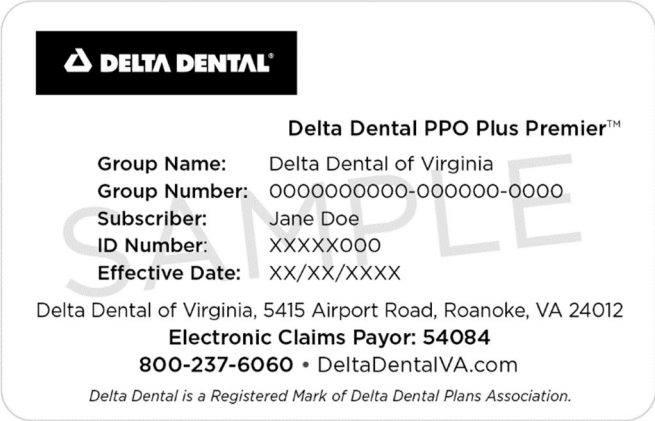
Convenient, eco-friendly options available:

At Delta Dental of Virginia, we are committed to taking actionable measures to minimize our environmental footprint.

Join us as we step toward reducing paper waste and promoting sustainability by signing up to receive your Delta Dental of Virginia explanation of benefits (EOB) digitally at **DeltaDentalVA.com/members**.

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 PPO Plus Premier™, 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, submit claims on your behalf and 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.