Benefits for Newport News Public Schools

Group Number: 00000006097 • Effective Date: January 1, 2027

Annual Deductible	**None**
Annual Maximum	**None**
Orthodontic Lifetime Maximum	**$2,500** per person

For the services listed below, Delta Dental will pay the plan allowance less any copay. Your payment responsibility is listed on your Schedule of Benefits, which can be found online by logging into **DeltaDentalVA.com**, in addition to any amount over the benefit maximum.

Benefits and Limitations	Coinsurances		
	Delta Dental PPO™	Delta Dental Premier®	Out of Network
Diagnostic and Preventive Services	**Fixed copayment**	**0%**	**0%**
• **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 three-year period. • **Sealants** — One per tooth for members under age 16 on first and second permanent molars.			
Basic Services	**Fixed copayment**	**0%**	**0%**
• **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.			
Major Services	**Fixed copayment**	**0%**	**0%**
• **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. • **Denture repair and recementation**			

For the services listed below, Delta Dental will pay the plan allowance up to the benefit maximum. You will be responsible for your share of coinsurance, plus any amount over the benefit maximum.

Benefit and Limitations	Coinsurances		
	Delta Dental PPO™	Delta Dental Premier®	Out-of-Network
• **Orthodontic services** — Treatment for the proper alignment of teeth For subscriber and covered dependents.	**50%**	**0%**	**0%**

Additional benefits included in your plan:

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 calendar year 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

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. Under the Delta Dental EPO™ plan, a Delta Dental PPO™ dentist must provide the services. Delta Dental PPO™ 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 near you. In almost all cases, services performed by a dentist who is not in the Delta Dental PPO™ network are considered out of network ***and are not covered***. There is one exception: if you are having a dental emergency (severe pain, swelling, bleeding) and are at least 35 miles from a Delta Dental PPO dentist's office, dental services performed by an out-of-network dentist are covered. Your benefit maximum for emergency services performed by an out-of-network dentist is limited to $50 per benefit period.



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.