

Benefits for HireRight  
Basic Plan  
Account Number: 600253  
Effective Date: January 1, 2021

	In-Network		Out-of-Network
	PPO	Premier	
<b>Calendar Year Deductible</b> <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
<b>Calendar Year Maximum</b>	\$1,000 per person	\$750 per person	\$750 per person
<b>Healthy Smile, Healthy You® Program</b>	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 <a href="http://DeltaDentalVA.com">DeltaDentalVA.com</a> to 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
	In-Network		Out-of-Network	
	PPO	Premier		
<b>Diagnostic and Preventive Services</b>	100%	50%	50%	
<ul style="list-style-type: none"> <li>Oral exams and cleanings</li> <li>Fluoride applications</li> <li>Bitewing X-rays</li> <li>Full mouth/panelpulse X-rays</li> <li>Sealants</li> <li>Space maintainers</li> </ul>				Twice in a calendar year. Twice in a calendar year for enrollees under the age of 19. Bitewing X-rays are limited to twice in a calendar year limited to a maximum of 4 films or a set (7-8 films) of vertical bitewings. Once in a 5-year period. One application per tooth every 3 years for enrollees under the age of 16 on non-carious, non-restored 1 <sup>st</sup> and 2 <sup>nd</sup> permanent molars. Once per quadrant per arch for enrollees under the age of 14.
<b>Basic Services</b>	80%	50%	50%	
<ul style="list-style-type: none"> <li>Amalgam (silver) and composite (white) fillings</li> <li>Periodontal cleanings</li> <li>Stainless steel crowns</li> <li>Simple extractions</li> <li>Endodontic services/root canal therapy</li> <li>Periodontic services</li> <li>Complex oral surgery</li> </ul>				Once per surface in a 24-month period. Twice in a calendar year. Primary (baby) teeth for enrollees under the age of 14. Retreatment only after 24 months from initial root canal therapy treatment. Once per quadrant in a 24-36 month period based on services rendered. Surgical extractions and other surgical procedures.

Coverage	Coinsurance			Benefit Limitations
	In-Network		Out-of-Network	
	PPO	Premier		
<b>Major Services</b>	50%	50%	50%	
<ul style="list-style-type: none"> <li>• Denture repair and recementation of crowns, bridges and dentures</li> <li>• Crowns</li> <li>• Prosthodontics, removable and fixed</li> <li>• Implants</li> </ul>				<p>Once in a 12-month period after 6 months from initial placement.</p> <p>Once per tooth in a 60-month period for enrollees age 12 and older.</p> <p>Once in a 60-month period for enrollees age 16 and older.</p> <p>Once every 5 years.</p>

**COVERAGE IS AVAILABLE FOR**

- Enrollee and spouse
- Dependent children, only to the end of the month they reach age 26 (the “limiting age”).
- Domestic partner

**CHOOSING A DENTIST**

You may select the dentist of your choice. However, to get the full advantage of your Delta Dental coverage, you should choose a dentist who participates in the Delta Dental network(s) covered by your plan.

Delta Dental PPO™ and Delta Dental Premier® dentists have agreed to accept Delta Dental's plan allowance, plus any required coinsurance and deductible (if applicable) as payment in full. In addition, Delta Dental PPO™ and Delta Dental Premier® dentists will submit claims directly to Delta Dental and we will issue the payment to the dentist.

Non-Participating 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.

*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.*