

Benefits for Genuine Financial Holdings LLC DBA HireRight
Premium Plan
Account Number: 600253
Effective Date: January 1, 2022

	In-Network		Out-of-Network
	PPO	Premier	
Calendar Year 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 Year Maximum	\$2,000 per person	\$2,000 per person	\$750 per person
Lifetime Orthodontic Maximum	\$2,000 per person	\$2,000 per person	\$1,000 per person
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 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		
Diagnostic and Preventive Services	100%	100%	80%	
<ul style="list-style-type: none"> Oral exams and cleanings Fluoride applications Bitewing X-rays Full mouth/panelpipse X-rays Sealants Space maintainers 				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 st and 2 nd permanent molars. Once per quadrant per arch for enrollees under the age of 14.
Basic Services	90%	80%	80%	
<ul style="list-style-type: none"> Amalgam (silver) and composite (white) fillings Periodontal cleanings Stainless steel crowns Simple extractions Endodontic services/root canal therapy Periodontic services Complex oral surgery 				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.

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Coverage	Coinsurance			Benefit Limitations
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Major Services	60%	50%	50%	
<ul style="list-style-type: none"> • Denture repair and recementation of crowns, bridges and dentures • Crowns • Prosthodontics, removable and fixed • Implants 				Once in a 12-month period after 6 months from initial placement. 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. Once every 5 years.
Orthodontic Services	50%	50%	50%	
<ul style="list-style-type: none"> • Treatment for the proper alignment of teeth 				For dependent children under the age of 19.

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, unless state law requires otherwise.

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.