DELTA DENTAL®

Delta Dental PPO
Plus Premier™

Benefits for Genuine Financial Holdings LLC dba HireRight/Premium Plan

Group Number: 00000600253 • Effective Date: January 1, 2027

Annual Deductible *(Applies to basic and major services)*	**$50** per person; **$150** per family, per calendar year
Annual Maximum	**$2,000** per person, per calendar year **(PPO & Premier)** **$750** per person, per calendar year **(Out-of-Network)**
Orthodontic Lifetime Maximum	**$2,000** per person **(PPO & Premier)** **$1,000** per person **(Out-of-Network)**

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%	80%
• **Oral exams and cleanings** — Twice in a calendar year. • **Fluoride applications** — Twice in a calendar year for enrollees under age 19. • **X-rays** — Bitewing X-rays are limited to twice in a calendar year; 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 every 3 years for members under age 16 on non-carious, non-restored first and second permanent molars.			
Basic Services	90%	80%	80%
• **Fillings** — One per surface in a 24-month period. • **Endodontic services** — Root canal therapy. • **Periodontic services** — Treatment for gum disease. • **Simple extractions** • **Oral surgery** — Surgical extractions and other surgical procedures. • **Periodontal cleanings** — Twice in a calendar year.			
Major Services	60%	50%	50%
• **Denture repair and recementation** • **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 every 5 years for members age 16 and older.			
Orthodontic Services	50%	50%	50%
• **Treatment for the proper alignment of teeth** — For dependent children under age 19.			

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Additional benefits included in your plan:

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.

Coverage is available for:

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

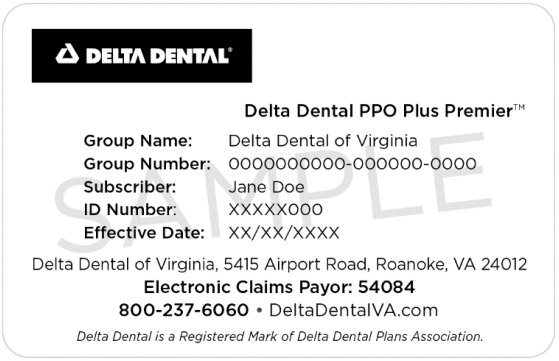
Convenient, eco-friendly options available:

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.


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Group Name: Delta Dental of Virginia
Group Number: 0000000000-000000-0000
Subscriber: Jane Doe
ID Number: XXXXX000
Effective Date: XX/XX/XXXX

SAMPLE

Delta Dental of Virginia, 5415 Airport Road, Roanoke, VA 24012
Electronic Claims Payor: 54084
800-237-6060 • DeltaDentalVA.com
Delta Dental is a Registered Mark of Delta Dental Plans Association.

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.

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.