

**Benefits for Society of St. Andrew
Group Number: 6882
Effective Date: October 1, 2015**

Premier Dental Plan

Annual Deductible <i>(Applies to Basic and Major Services)</i>	\$50 per person; \$150 per family
Annual Maximum	\$1,250 per person
Orthodontic Lifetime Maximum	\$1,250 per person
MaxOver™ Carryover	Your plan allows a portion of an enrollee's annual maximum to be carried over to the next year.
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.

Coverage	Coinsurance	Benefit Limitations	Benefit Waiting Period
Diagnostic and Preventive Services <ul style="list-style-type: none"> Oral exams and cleanings Fluoride applications Bitewing X-rays Full mouth/panelpse X-rays Sealants Space maintainers Palliative (emergency) treatment 	100%	Twice in a 12-month period. Periodontal cleaning is considered a regular cleaning and is subject to the benefit limits for regular cleanings. Once in a 12-month period for enrollees under the age of 19 One set in a 12-month period Once in a 36 month period One application per tooth 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 Twice in a 12-month period	None
Basic Services <ul style="list-style-type: none"> Amalgam (silver) and composite (white) fillings Stainless steel crowns Simple extractions Endodontic services/root canal therapy Periodontic services Complex oral surgery Denture repair and recementation of crowns, bridges and dentures 	80%	Once per surface in a 24-month period; Composite (white) fillings are limited to the upper and lower 6 front teeth 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 Once in a 12-month period after 6 months from initial placement	None

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	Benefit Waiting Period
Major Services <ul style="list-style-type: none"> • Crowns • Prosthodontics, removable and fixed • Implants 	50%	Once per tooth in a 60-month period for enrollees over the age of 11 Once in a 60-month period for enrollees over the age of 15 Once per site for enrollees over the age of 15	None

COVERAGE IS AVAILABLE FOR

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

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 Virginia law requires otherwise.

Please visit DeltaDentalVA.com to find a participating dentist in your area.

The following chart illustrates how choosing a network dentist helps you save on out-of-pocket costs.

	PPO Network Dentist	Premier Network Dentist	Non-Participating Dentist
Dentist's Charge for Covered Procedure	\$1,200.00	\$1,200.00	\$1,200.00
Delta Dental's Plan Allowance	\$729.00	\$729.00	\$729.00
Coinsurance Percentage	50%	50%	50%
Delta Dental's Payment	\$364.50	\$364.50	\$364.50
Delta Dental's Premier Plan Allowance	N/A	925.00	N/A
Patient Payment*	\$364.50	\$560.50	\$835.50

The example shown is for illustrative purposes only. Payment structures may vary between plans.

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.