

Benefits for BAE Systems
Group Number: 700052
Effective Date: January 1, 2022

Annual Deductible <i>(Applies to Basic, Major & Implant Services)</i>	\$50 per person; per calendar year (High Plan) \$100 per person; per calendar year (Low Plan)
Annual Maximum	\$2,000 per enrollee, per calendar year (High Plan) \$1,000 per enrollee, per calendar year (Low Plan)
Orthodontic Lifetime Maximum	\$2,000 per person (High Plan only)
Prevention First	Visits to the dentist for diagnostic and preventive services will not count against the annual maximum.
<i>Healthy Smile, Healthy You</i> ® 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 download and print an enrollment form.
LifeSmile®	Your plan provides a program that will help educate and empower you to make smart oral health decisions. To participate in LifeSmile, log into the member portal from DeltaDentalVA.com to take the LifeSmile assessment. You will receive email messages based on the results that you can take to your dentist to have a conversation about your oral health.

Covered Benefits

Delta Dental will pay the stated percentage of the plan allowance based on the dentist's participation with Delta Dental.

	Coinsurance		
	High Plan	Low Plan	
Diagnostic and Preventive Services	100%	100%	
<ul style="list-style-type: none"> o Oral exams o Periodontal/regular cleanings o Fluoride applications o Bitewing X-rays o Full mouth/panelpipse X-rays o Sealants o Space maintainers 			<p>Twice in a calendar year.</p> <p>Four cleanings per calendar year (maximum of 2 regular cleanings).</p> <p>Twice in a calendar year.</p> <p>Bitewing X-rays are limited to once in a calendar year limited to a maximum of four films or a set (seven to eight films) of vertical bitewings.</p> <p>Once in a five-year period.</p> <p>One application per tooth every 3 years for enrollees under the age of 17 on non-carious, non-restored first and second permanent molars.</p> <p>Once per quadrant per arch.</p>
Basic Services	80%	50%	
<ul style="list-style-type: none"> o Amalgam (silver) and composite (white) fillings o Stainless steel crowns o Simple extractions 			<p>Once per surface in a 24-month period.</p> <p>Primary (baby) teeth for enrollees under the age of 14.</p>

Covered Benefits

Delta Dental will pay the stated percentage of the plan allowance based on the dentist's participation with Delta Dental.

	Coinsurance		
	High Plan	Low Plan	
Basic Services	80%	50%	
<ul style="list-style-type: none"> o Endodontic services/root canal therapy o Periodontic services o Complex oral surgery o Denture repair and recementation of crowns, bridges and dentures 			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.
Other Basic Services	80%	N/A	
<ul style="list-style-type: none"> o Bruxism (occlusal guard) o TMJ (occlusal orthotic device) 			
Major Services	80%	50%	
<ul style="list-style-type: none"> o Crowns o Prosthodontics, removable and fixed 			Once per tooth every 7 years for enrollees age 12 and older. Once every 7 years for enrollees age 16 and older.
Implant Services	80%	N/A	
Orthodontic Services	50%	N/A	
<ul style="list-style-type: none"> o Treatment for the proper alignment of teeth 			For subscriber and covered dependents.

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/adult dependent

Choosing a Dentist

To ensure services are covered and that you receive the greatest value for your dental benefits, it is important that 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.

Out-of-network 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.