

BENEFIT SUMMARY

VIRGINIA

DSM USA Insurance Company, Inc.
PPO Individual Pediatric High Option

DentaQuest: More Choices, More Value

DentaQuest is one of the most experienced dental insurance companies in the nation. We administer dental benefits on behalf of approximately 20 million individuals in 28 states. You can rely on our experience when it comes to your dental insurance needs.

To find a dentist, please visit DentaQuest.com/marketplace/VA or call us toll free at 877-453-8432.

You can receive more information about your benefits by visiting our website DentaQuest.com/marketplace/VA and downloading the Subscriber Policy. It includes everything you need to know about your dental plan, including how to use your benefits, how to find a dentist, how the claims and appeal processes work, and other helpful information.

Coverage Summary

| Coverage type | Calendar year deductible | DentaQuest will pay* |
|--------------------------------------|--|----------------------|
| Diagnostic and preventive services | None | 100% |
| Restorative and other basic services | \$50 per covered individual/\$150 per family | 80% |
| Complex dental services | \$50 per covered individual/\$150 per family | 50% |
| Orthodontics (up to age 19 only) | None | 50% |

Waiting Period: There are no waiting periods for members under the age of 19.

*Note: DentaQuest will pay the same percentage of the allowable charges for covered services received in and out of network. If you choose to see a non-contracting dentist (out of network), you will be responsible for the difference between the plan's allowable charges (what contracting dentists receive for payment from DentaQuest) and the dentist's usual and customary fees (what the dentist charges patients).

Is there an out-of-pocket maximum?

For members under 19, the maximum out of pocket expense is \$350 for each calendar year. A family with two or more members under 19 will have an aggregate maximum out of pocket expense of \$700 per calendar year.

Do I have out of network coverage?

Yes, DentaQuest will pay the same percentage for covered services received in and out of network. But if you choose to see a non-contracting dentist (out of network), you will be responsible for the difference between the plan's allowable charges (what contracting dentists receive for payment from DentaQuest) and the dentist's usual and customary fees (what the dentist charges cash-paying patients). This means that you'll save more by receiving care from a contracting dentist.

The information on this coverage summary should be used only as a guideline for your dental benefits plan. For detailed information on your plan, riders, terms and conditions, or limitations and exclusions, refer to your plan's Subscriber Policy, which is available through your benefits administrator. If you receive a treatment after you have exhausted your maximum or if you receive a treatment that will cause you to exceed your maximum, you may be billed at the dentist's normal rate rather than DentaQuest's negotiated rate.

Your Plan is administered by
DMS USA Insurance Company, Inc.

DentaQuest.com/marketplace/VA

877-453-8432

465 Medford Street
Boston, MA 02129-1454

DentaQuest 

| Category / Procedure | Benefit limits | DentaQuest will pay* |
|---|---|----------------------|
| Diagnostic | | |
| Comprehensive oral exam | Once every six months | 100% |
| Periodic oral exam | Twice every calendar year | 100% |
| Full mouth X-rays | Once every 60 months | 100% |
| Bitewing X-rays | Twice every calendar year | 100% |
| Single tooth X-rays | As needed | 100% |
| Study models and casts | Once every 60 months | 100% |
| Preventive | | |
| Routine cleaning | Once every six months | 100% |
| Fluoride varnish application | Once every six months | 100% |
| Space maintainers | Only for premature loss of teeth, once per year | 100% |
| Sealants | One per tooth | 100% |
| Restorative | | |
| Silver fillings | One filling for each tooth surface per year | 80% |
| White fillings (front teeth) | One filling for each tooth surface per year – front teeth only | 80% |
| Temporary fillings | Covered | 80% |
| Stainless steel crowns | Once every 24 months for baby teeth only | 80% |
| Major restorative | | |
| Crowns | Covered | 50% |
| Replacement crowns | Once each 36 months per tooth | 50% |
| Repair or recement crowns | Covered | 80% |
| Temporary crowns | Covered | 50% |
| Veneers | When medically necessary | 50% |
| Endodontics (root treatments) | | |
| Root canal treatment | Covered | 50% |
| Vital pulpotomy | Limited to baby teeth | 50% |
| Root surgery | Once per tooth per lifetime | 50% |
| Periodontics (gum treatments) | | |
| Periodontal cleaning | Subject to periodontal guidelines | 50% |
| Scaling and root planing | Subject to periodontal guidelines | 50% |
| Removal of calculus to aid in diagnosis | Once per year | 50% |
| Removal of diseased gum tissue | Once per two years per quadrant | 50% |
| Reshaping of diseased bone | Once per quadrant per 36 months | 50% |
| Treatment to stabilize tooth | | 50% |
| Dentures and bridges | | |
| Complete or partial dentures | Once each 60 months | 50% |
| Fixed bridges | Once every 60 months | 50% |
| Temporary partial dentures | Replace any six upper or lower front teeth, installed immediately following loss of teeth Replacement of permanent teeth for children under 16 years | 50% |
| Replacement dentures or fixed bridges | Covered | 50% |
| Rebase or reline dentures | Once every 24 months | 80% |
| Repair of dentures or fixed bridges | Covered | 80% |
| Adding teeth to existing dentures | Covered | 80% |
| Recementing fixed bridges | Covered | 80% |
| Oral surgery | | |
| Simple extractions | Once per tooth per lifetime | 80% |
| Surgical extractions | Once per tooth per lifetime | 50% |
| Orthodontics | | |
| Orthodontia | When medically necessary | 50% |
| Emergency dental care | | |
| Minor Pain relief treatment | Covered | 80% |
| Anesthesia | | |
| General anesthesia | Allowed with covered surgical services only | 80% |
| Local anesthesia | | 80% |

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Dependent children are covered up to and including age 26.