



Planning for Retirement

Know your dental health options







Know your Medicare health plan options

What’s covered and, more importantly, what’s not

One of the health benefits retirees miss the most is dental coverage. Many are surprised to discover that Original Medicare only pays for certain dental services performed in a hospital, and that the routine preventive care they’ve been receiving with their employee benefits costs \$200-\$350 without it. That adds up fast even without the thousands that uninsured services like crowns and implants can cost.

Some Medicare Advantage plans now offer dental, but the Medicare Advantage plan best suited to your medical needs may not offer the best dental coverage. Retirees may be disappointed to learn that their Medicare Advantage dental plan has a limited dentist network, high out-of-pocket fees and coverage only in specific service areas.

Medicare plan* coverage summary:

Part A Hospital	Part B Medical	Part C Advantage	Part D Prescription
Inpatient and skilled nursing facility stays	Regular doctor visits	Hospital and medical coverage through private insurance companies	Prescription drug coverage through private insurance companies
Home health and hospice care	Outpatient medical care like lab tests and physical therapy	Helps pay some of the out-of-pocket costs Medicare doesn't	Helps pay for medications not covered by traditional Medicare
Deductible and coinsurance vary by benefit	Some preventive services and medical supplies	Specific benefits vary by plan	Specific benefits and co-shares for medications vary by plan
Most retirees don't have to pay a premium for Part A	Monthly premium is based on retirement income	Monthly premium varies and is paid in addition to other Medicare premiums	Monthly premium varies and is paid in addition to other Medicare premiums

*This is only a summary of Medicare plan coverages intended to illustrate standard differences between plan designs. Visit Medicare.gov for more comprehensive details and information before selecting your plan. Delta Dental of Virginia is independent of the Medicare program and is neither associated with nor endorsed by the Centers for Medicare and Medicaid Services (CMS).

Stay with a company you trust — Delta Dental

For 60 years, members like you have trusted Delta Dental to provide affordable dental benefits, outstanding customer service, easy claims processing and access to the largest dental networks.¹ Visit [DeltaDentalCoversMe.com](https://www.DeltaDentalCoversMe.com) to enroll.

Delta Dental plans are a great option for retirement

Healthy smiles are essential to maintaining good overall health, and Delta Dental plans are a great way for you to protect both your smile and your pocketbook. Whatever your dental needs, Delta Dental has a plan to keep you smiling:

Premium Plan — Our most comprehensive option: \$2,000 per-person plan-year maximum, \$100 per-person lifetime deductible, 100% preventive coverage and cost sharing for restorative and major services.

Enhanced Plan — \$1,000 per-person plan-year maximum, \$50 per-person annual deductible, 100% preventive coverage and cost sharing for restorative and major services.

Progressive Plan — No waiting period, and rewards for keeping coverage. Your \$1,500 per-person plan-year maximum increases to \$2,000 by year three, and your share of the cost for restorative and major services decreases, with a \$50 per-person plan-year deductible and 100% preventive coverage.

Classic Plan — \$1,000 per-person plan-year maximum, \$50 per-person annual deductible, cost sharing for preventive, restorative and major services, and no 12-month commitment.

Basic Plan — Our economy option offers a \$1,000 per-person plan-year maximum and no per-person annual deductible. You pay only a \$15 office visit copay for most preventive services, but most restorative and major services aren't covered.

ClearPlus Plan — Fixed dollar amounts for all services with no plan-year maximum, no deductibles and no waiting period. Benefits are limited to in-network providers.

See pages 4-5 for an overview of plan options.

These are not Medicare plans and are not governed by the Centers for Medicare and Medicaid Services (CMS). Delta Dental of Virginia is independent of the Medicare program and is neither associated with nor endorsed by CMS.

Waiting periods will be waived if you were covered under another comprehensive plan for at least 12 months within two months of the plan's effective date, and you may be asked to supply proof of previous coverage.

¹Delta Dental Plans Association, 2022

Stay in-network and SAVE

Going out of network can greatly increase your out-of-pocket dental costs. But Delta Dental makes staying in-network easy. All of our individual and family plans use our Delta Dental PPO Plus Premier™ network, which gives you the widest selection of dentists. You can save the most on out-of-pocket costs by visiting a Delta Dental PPO™ dentist, or take advantage of our dual-network safety net by visiting a Delta Dental Premier® dentist at a slightly higher cost.

All Delta Dental Individual and Family Plans™ except ClearPlus offer some out-of-network coverage, but your out-of-pocket costs will likely be higher, as the dentist may balance-bill you for additional charges not covered under your dental plan. With any dentist, you will be responsible for any deductible and coinsurance, which may be due at the time of service.

The chart below explains how the right plan and visiting an in-network dentist may affect out-of-pocket costs.

Delta Dental PPO Plus Premier™ Plan

	Delta Dental PPO™	Delta Dental Premier®	Out-of-Network
Dentist charge for covered procedure	\$215	\$215	\$215
Plan allowance (the maximum amount Delta Dental will pay)	\$126	\$169	\$113
The percent Delta Dental pays after any deductible	80%	80%	80%
Plan payment (what Delta Dental pays)	\$100.80	\$135.20	\$90.40
Patient payment	\$25.20	\$33.80	\$124.60

NOTE: Payment examples are for illustrative purposes only and assume any applicable deductibles have been met. Payment structures may vary between plans. The ClearPlus plan does not cover out-of-network services.

Have a question?

Give us a call toll free at 855.657.7872. We're happy to help.

Delta Dental Individual and Family™ plans cover any smile and any budget.

	Premium Plan	Enhanced Plan <small>Most closely relates to an employer-sponsored plan.</small>	Progressive Plan			Classic Plan	Basic Plan	ClearPlus Plan
			Year 1	Year 2	Year 3			
Preventive services — No waiting period or deductible applies								
	Percent you pay							Flat fee
Simple Cleaning and Exam	0%	0%	0%	0%	0%	20%	0%	\$60
Bitewing X-ray	0%	0%	0%	0%	0%	20%	0%	Included in cleaning
Topical Fluoride	0%	0%	0%	0%	0%	20%	0%	Included in cleaning for children through age 14.
Basic and major services — Waiting period and deductible may apply								
	Percent you pay							Flat fee
Fillings	20%	50%	60%	40%	20%	50%	50%	\$90 (\$120 Northern Virginia)
Deep Cleaning for Gum Disease	50%	50%	70%	60%	50%	50%	100%	\$130 per quadrant (\$145 Northern Virginia)
Crown	50%	50%	70%	60%	50%	50%	100%	\$597+ (\$710+ Northern Virginia)
Implant	50%	50%	70%	60%	50%	50%	100%	\$2,850
Root Canals	50%	50%	70%	60%	50%	50%	100%	\$575* (\$635* Northern Virginia)
Non-Surgical Extraction	50%	50%	60%	40%	20%	50%	50%	\$79** (\$82** Northern Virginia)
Maximums, deductibles and contracts								
Dollar Maximum (per person, per plan year)	\$2,000	\$1,000	\$1,500	\$1,750	\$2,000	\$1,000	\$1,000	None
Deductible (per person)	\$100	\$50	\$50			\$50	None	None
Deductible Frequency	Once per lifetime	Once per plan year	Once per plan year			Once per plan year	N/A	N/A
Plan Year Contract Required	Yes	Yes	Yes			No	Yes	Yes

NOTE: This chart shows certain plans offered on [DeltaDentalCoversMe.com](https://www.DeltaDentalCoversMe.com). Visit [DeltaDentalCoversMe.com](https://www.DeltaDentalCoversMe.com) or call 855-657-7872 for the latest plan information and rates. Monthly premiums may differ based on plan choice, age, location, number of people insured, their age and their relationship to you. Plan designs and rates are subject to change. There may be limits on how many times you can use certain services in a year. *Porcelain/ceramic substrate, *molar, **extraction, erupted tooth or exposed root. View the ClearPlus plan details for a complete list of services and fixed dollar amounts. Benefits received from an out-of-network dentist are NOT covered under the ClearPlus plan.



Bundle your dental plan with a DeltaVision® plan to save on all your vision needs.

Essential Plan Benefits, Eyewear and Wellness	In-Network Coverage	Out-of-Network Coverage		
Copays	\$10 exam/\$10 lenses and/or frames			
Exam	Once per plan year			
Lenses				
Frame				
Examination				Fully covered after \$10 copay
Contact lens exam	Fully covered after \$40 copay	Shared with elective contact lens allowance		
Retinal imaging	Fully covered after \$39 copay	Not covered		
Frames	Covered up to \$150 (\$80 Walmart/Sam's Club and Costco)	Covered up to \$70		
Elective contact lenses*	Covered up to \$150	Covered up to \$105		
Necessary contact lenses*	Fully covered after \$10 copay	Covered up to \$210		
Lenses				
Single vision	Fully covered after copay	Covered up to \$30		
Lined bifocal	Fully covered after copay	Covered up to \$50		
Lined trifocal	Fully covered after copay	Covered up to \$65		
Lenticular	Fully covered after copay	Covered up to \$100		
Lens enhancements¹	Member cost			
	Single vision¹	Multifocal¹	Single vision¹	Multifocal¹
Anti-reflective coating	\$41		Not covered	
Scratch-resistant coating	\$17-\$33			
Solid and gradient tints	\$15-\$17			
UV protection	\$10-\$16			
Photochromics	\$75			
Polycarbonate lenses (children)	Fully covered			
Polycarbonate lenses (adults)	\$31	\$35		
Standard progressive lenses	N/A	\$55	N/A	Covered up to \$50
Premium progressive lenses	N/A	\$95-\$105	N/A	Covered up to \$50
Custom progressive lenses	N/A	\$150-\$175	N/A	Covered up to \$50
Other lens enhancements not listed	Average savings of 20-25%		Not covered	
Additional discounts				
Glasses and sunglasses	Extra \$20 to spend on featured frame brands. 20% savings on pairs of glasses and sunglasses, including lens enhancements, from an in-network provider within 12 months of last WellVision Exam®.		N/A	
Laser vision correction	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facilities. ²		N/A	

DeltaVision is underwritten by Stryden, Inc., an affiliate of Delta Dental of Virginia. Claims processing, claims service and provider network administration for DeltaVision are provided under contract by VSP®. *Contact lenses are in lieu of prescription glasses. ¹Prices reflect standard lens enhancement selections unless otherwise stated; premium or custom lens enhancements may also be available at an additional cost. ²A member would need to visit a VSP Network Laser Vision doctor first. This is a VSP provider who works with contracted centers or surgeons in the member's area — not all VSP providers are Laser Vision doctors. After that, the member would be referred to one of the VSP-contracted laser vision centers or surgeons. VSP and WellVision Exam® are registered trademarks of Vision Service Plan.

Brilliance Plan Benefits, Eyewear and Wellness	In-Network Coverage		Out-of-Network Coverage	
Copays	\$0 exam/\$0 lenses and/or frames			
Exam	Once per plan year			
Lenses				
Frame				
Examination	Fully covered		Covered up to \$45	
Contact lens exam	Fully covered		Shared with elective contact lens allowance	
Retinal imaging	Fully covered after \$39 copay		Not covered	
Frames	Covered up to \$200 (\$110 Walmart/Sam's Club and Costco)		Covered up to \$70	
Elective contact lenses*	Covered up to \$200		Covered up to \$105	
Necessary contact lenses*	Fully covered		Covered up to \$210	
Lenses				
Single vision	Fully covered		Covered up to \$30	
Lined bifocal	Fully covered		Covered up to \$50	
Lined trifocal	Fully covered		Covered up to \$65	
Lenticular	Fully covered		Covered up to \$100	
Lens enhancements¹	Member cost			
	Single vision¹	Multifocal¹	Single vision¹	Multifocal¹
Anti-reflective coating	\$41		Not covered	
Scratch-resistant coating	Fully covered			
Solid and gradient tints	Fully covered			
UV protection	Fully covered			
Photochromics	\$75			
Polycarbonate lenses (children)	Fully covered			
Polycarbonate lenses (adults)	\$31	\$35		
Standard progressive lenses	N/A	Fully covered	N/A	Covered up to \$50
Premium progressive lenses	N/A	\$95-\$105	N/A	Covered up to \$50
Custom progressive lenses	N/A	\$150-\$175	N/A	Covered up to \$50
Other lens enhancements not listed	Average savings of 20-25%		Not covered	
Additional discounts				
Glasses and sunglasses	Extra \$20 to spend on featured frame brands. 20% savings on pairs of glasses and sunglasses, including lens enhancements, from an in-network provider within 12 months of last WellVision Exam®.		N/A	
Laser vision correction	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facilities. ²		N/A	

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Don't delay!

Putting off a decision about dental insurance could trigger a waiting period. If you've had at least 12 months of coverage and are within 63 days of its termination date, you will not be subject to a waiting period. Avoid any break in coverage by enrolling at [DeltaDentalCoversMe.com](https://www.DeltaDentalCoversMe.com) or calling 855.657.7872 today. If you enroll by the 27th of the month, your coverage could start on the 1st of next month.

Coverage is available to all permanent residents of Virginia, and goes with you, in or out of state. If you are not a resident of Virginia, visit www.DeltaDental.com to see individual dental plan options in your state.

Have a question?

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