Smile:

Let the individual in you shine with a dental plan from the most trusted name in dental benefits.
Individual dental insurance keeps you and your smile healthy!

Why is a healthy mouth so important? Besides giving you a beautiful smile, research shows that oral health can also impact your overall health. Many conditions, such as diabetes, leukemia and other types of cancer, heart disease, kidney disease and others, can be diagnosed and treated much sooner when discovered during a simple oral examination. That’s why it’s so important to have dental benefits that provide coverage for ongoing preventive care that can assist in the early detection of medical conditions that could affect your overall health.

If you can’t get dental insurance through an employer or a health benefits program, Delta Dental of Virginia has the answer.

Individual dental insurance from Delta Dental of Virginia has it all

• Coverage for you and your entire family.
• The freedom to see any dentist.
• Affordable rates with automatic monthly payments.
• Outstanding customer service and plan administration by Delta Dental, the nation’s leader in dental benefits.
• 24/7 online access to your benefits.

Dentist choices and cost savings for every individual need

With Delta Dental individual coverage, you will have access to the nation’s largest dental networks, which means your regular dentist probably already participates with us. More than 86% of all dentists in Virginia* are in the Delta Dental network, and when you visit one of our participating dentists, you will save money with lower out-of-pocket costs. Of course, you can choose to visit any dentist, even if they are not in our network, and still receive benefits from your dental plan. However, your share of the cost will likely be higher than if you visit a dentist that participates with Delta Dental. See if your dentist participates with us through our Find a Dentist search at deltadentalva.com/individual.

When you travel, Delta Dental travels with you. Over 223,000 dental offices across the country** participate with Delta Dental. So you’ll never be far from dental care when you need it.

* Delta Dental of Virginia, September, 2010
** Delta Dental Plans Association, June, 2010
An individual plan designed with you in mind...

More choice...more savings from the network expert
• Only Delta Dental offers an individual plan with a choice of two dental networks – Delta Dental PPO℠ and Delta Dental Premier®.
• In most cases, your out-of-pocket expenses are lower when you visit a participating dentist.
  • You will receive the greatest value when you visit a Delta Dental PPO dentist.
  • The Delta Dental Premier network offers you the largest choice of participating providers; however, the amount you would owe a Delta Dental Premier dentist may be higher than the amount you would owe a Delta Dental PPO dentist for the same covered benefits.
• To see if your dentist participates with Delta Dental, visit the Find a Dentist section of our website at deltadentalva.com/individual.

Full range of covered services
• Diagnostic and Preventive Care – Oral exams, cleanings, sealants and X-rays.
• Basic Dental Care – Fillings, simple extractions, repair of dentures, bridges and crowns.
• Major Dental Care – Endodontic and periodontic services, complex oral surgery, root canals and crowns.

See the Benefit Summary for details on the coverage available to you.

Easy to use
• No paperwork when you visit a participating dentist.
• No hassle - participating dentists file claims to Delta Dental on your behalf.
  • When seeing a non-participating dentist you may have to file your own claims and can be asked to pay for your dental visit in full at the time of service. Once your claims are filed and processed by Delta Dental, payment is mailed directly to you.
• Our automatic draft program deducts your premium from your checking account so you don’t have to worry about missing a payment.
• 24/7 access to your personal benefits information, claims tracking, replacement ID cards or finding a participating dentist via deltadentalva.com/individual.
• Toll-free access to experienced and knowledgeable customer service representatives.

* Delta Dental PPO is available in the following areas of Virginia: Hampton Roads/Tidewater, Richmond, and Northern Virginia Metropolitan.
## Individual plan benefits summary

### Deductibles and Maximums

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum benefit per person per calendar year</td>
<td>$1,000</td>
</tr>
<tr>
<td>Deductible per calendar year (Does not apply to Diagnostic and Preventive benefits)</td>
<td>$50 per person, $150 per family</td>
</tr>
</tbody>
</table>

Once you meet your deductible (where applicable), Delta Dental will pay the percentage of the maximum plan allowance* indicated below for services provided by your dentist. You will be responsible for the remaining portion of charges, also known as your “coinsurance”.

### Covered Services

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic and Preventive Care</strong> - No deductible</td>
<td>Oral exams and cleanings - twice each 12 consecutive month period; periodontal cleaning is considered a regular cleaning</td>
</tr>
<tr>
<td></td>
<td>Bitewing X-rays - once each 12 consecutive month period, limited to 4 films per visit</td>
</tr>
<tr>
<td></td>
<td>Full mouth/panelipe X-rays - limited to once every three years</td>
</tr>
<tr>
<td></td>
<td>Topical fluoride - once each 12 consecutive month period, under age 19</td>
</tr>
<tr>
<td></td>
<td>Sealants - one application per tooth for 1st and 2nd permanent molars, under age 16</td>
</tr>
<tr>
<td></td>
<td>Space maintainers - under age 14</td>
</tr>
<tr>
<td><strong>Basic Dental Care</strong> - Deductible applies</td>
<td>Amalgam (silver) fillings</td>
</tr>
<tr>
<td></td>
<td>Composite (white) fillings - limited to upper six and lower six front teeth, alternate benefit equal to amalgam allowance on all other teeth.</td>
</tr>
<tr>
<td></td>
<td>Denture repair and recementation of crowns, bridges and dentures - limited to 1/2 the allowance of a new denture or prosthesis</td>
</tr>
<tr>
<td></td>
<td>Stainless steel crowns - limited to primary (baby) teeth, under age 14</td>
</tr>
<tr>
<td></td>
<td>Simple extractions</td>
</tr>
<tr>
<td></td>
<td>Endodontic services/root canal treatment and retreatment - retreatment only after 2 years from initial root canal therapy treatment</td>
</tr>
<tr>
<td></td>
<td>Periodontic services - limited to 2-3 years based on services rendered</td>
</tr>
<tr>
<td><strong>Major Dental Care</strong> - Deductible applies</td>
<td>Crowns - once every seven years when teeth cannot be restored with amalgam or composite fillings</td>
</tr>
<tr>
<td></td>
<td>Fixed bridges - once every seven years, age 16 and older</td>
</tr>
<tr>
<td></td>
<td>Removable dentures - once every seven years, age 16 and older</td>
</tr>
<tr>
<td></td>
<td>Complex oral surgery procedures</td>
</tr>
</tbody>
</table>

**PPO, Premier or Out-of-network**

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral exams and cleanings</td>
<td>80%</td>
</tr>
<tr>
<td>Bitewing X-rays</td>
<td>60%</td>
</tr>
<tr>
<td>Full mouth/panelipe X-rays</td>
<td>50%</td>
</tr>
<tr>
<td>Topical fluoride</td>
<td>50%</td>
</tr>
<tr>
<td>Sealants</td>
<td>50%</td>
</tr>
<tr>
<td>Space maintainers</td>
<td>50%</td>
</tr>
<tr>
<td>Simple extractions</td>
<td>50%</td>
</tr>
</tbody>
</table>
| Endodontic services/root canal treatment and retreatment | 50% (12 months**)
| Periodontic services | 50% |
| Crowns | 50% (12 months**)
| Fixed bridges | 50% |
| Removable dentures | 50% |
| Complex oral surgery procedures | 50% |

### FOR ILLUSTRATION PURPOSES ONLY

This is only a brief summary of the benefits offered under the individual plan. Complete coverage details, including limitations and exclusions, are detailed in the policy. In the event of discrepancies, the policy shall govern.

*The “maximum plan allowance” is the negotiated fee that Delta Dental participating providers have agreed to accept as payment in full for the services they provide to you. The dollar amount of the maximum plan allowance for services may be different depending upon the network in which the dentist participates. Plus, dentists who do not participate in our networks (out-of-network dentists) may not accept our reimbursement as payment in full, and may charge you for the balance of the bill.

**Indicates a waiting period of 12 months of continuous enrollment in the plan before the plan will provide benefit coverage for these services. Enrollees who had prior comprehensive dental insurance for 12 or more consecutive months, and whose coverage begins no more than 63 days after the end of the prior coverage, will have the benefit waiting periods waived.

**IMPORTANT INFORMATION ABOUT WAITING PERIODS**

There are no waiting periods for diagnostic and preventive services, basic restorative services, extractions and oral surgery. For all other services there is a 12-month benefit waiting period. The waiting period may be waived if you were previously covered by another comprehensive dental plan. To be considered for a waiting period waiver, you must have had coverage for at least 12 continuous months prior to the effective date of the Delta Dental individual plan, with no more than a 63 day gap between the old coverage and the effective date of your new Delta Dental individual plan.
Frequently asked questions

Who is eligible to purchase Delta Dental of Virginia’s individual plan?
Delta Dental of Virginia’s individual plan is available to all residents of Virginia who do not have access to group dental coverage through an employer or health benefits program. For eligible individuals, coverage is also available for your spouse and/or dependent children. Coverage types are: individual, individual and spouse, individual and child(ren), and family. Children are eligible through the end of year in which they turn 25.

Do I have coverage outside of Virginia?
Yes, your Delta Dental coverage travels with you. Common examples are:
- Traveling outside the state of Virginia, including international travel.
- Full-time students attending college in another state.
- A secondary residence outside of Virginia.

What if I permanently move out of Virginia?
Your coverage will terminate on your renewal date, unless you contact Delta Dental in writing to cancel your policy prior to that date.

When will my dental policy be effective?
Completed applications received by Delta Dental prior to the 12th day of the month will be effective the first day of the following month. For example, applications received prior to September 12 will be effective October 1. Completed applications received by Delta Dental on or after September 12 will be effective November 1.

How long are the rates guaranteed?
Rates are guaranteed for twelve months after your effective date of coverage. We will notify you of any rate changes at least 30 days prior to when those changes will take effect.

How does visiting a network dentist affect my out-of-pocket costs?
With Delta Dental’s individual plan, you can choose from our Delta Dental PPO* network, our Delta Dental Premier network, or a non-participating dentist. The chart below shows an example of how you can save on out-of-pocket costs by choosing a Delta Dental participating dentist.

<table>
<thead>
<tr>
<th>Out-of-pocket cost savings example</th>
<th>Delta Dental PPO Dentist</th>
<th>Delta Dental Premier Dentist</th>
<th>Out-of-Network Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td>A: Initial Fee Charged by a Dentist</td>
<td>$ 100.00</td>
<td>$ 100.00</td>
<td>$ 100.00</td>
</tr>
<tr>
<td>B: Our Maximum Plan Allowance</td>
<td>$ 75.00</td>
<td>$ 95.00</td>
<td>$ 72.00</td>
</tr>
<tr>
<td>C: % Allowance Paid by Delta Dental</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>D: Delta Dental Pays (B X C =)</td>
<td>$ 60.00</td>
<td>$ 76.00</td>
<td>$57.60</td>
</tr>
<tr>
<td>E: Patient Pays: PPO/Premier (B – D =)</td>
<td>$ 15.00</td>
<td>$19.00</td>
<td>—</td>
</tr>
<tr>
<td>Out-of-Network (A – D =)</td>
<td>—</td>
<td>—</td>
<td>$42.40</td>
</tr>
</tbody>
</table>

* Delta Dental PPO is available in the following areas of Virginia: Hampton Roads/Tidewater, Richmond, and Northern Virginia Metropolitan.

More questions?
If you have any additional questions about Delta Dental’s individual plan, call us at 877.56DELTA.

Are you ready to enroll?
Getting started with Delta Dental of Virginia’s individual plan is a snap -- or a click! You can enroll online to get your benefits coverage as quickly as possible. Here’s how:

- Go to deltadentalva.com/individual.
- Enter your ZIP code in the box at the bottom of the page and click the green arrow button.
- Review the plan benefit summary and click on “Enroll Now”.
- Follow the instructions to complete the enrollment form and submit your first month’s premium payment.

You can also receive a rate quote and/or talk to a sales representative by calling 877.56DELTA. You will receive your ID card and policy from Delta Dental of Virginia after we receive and process your completed enrollment application.
EXCLUSIONS AND LIMITATIONS

LIMITATIONS
Please refer to the Schedule of Benefits for a complete listing of Covered Benefits under this Policy.

• Oral exams are limited to twice in a 12 consecutive month period.
• Cleanings are limited to twice in a 12 consecutive month period.
• Full mouth debridement is a Covered Benefit when an Enrollee has not had a cleaning or scaling and root planing within 36 months of the full mouth debridement.
• Full mouth debridement is limited to once in a lifetime.
• Fluoride applications are limited to once in a 12 consecutive month period for dependents under the age of 12.
• Bitewing X-rays are limited to once in a 12 consecutive month period; limited to a maximum of 4 films in one visit.
• Full mouth/panelipse X-rays are limited to once in a 3 year period.
• A full mouth X-ray includes bitewing X-rays; panoramic X-ray in conjunction with any other X-ray is considered a full mouth X-ray.
• Space maintainers are limited to one per lifetime per arch for dependent children under the age of 14.
• Amalgam (silver) and composite (white) fillings are limited to once per surface in a 24 month period.
• Composite (white) fillings are limited to upper 6 and lower 6 anterior (front) teeth.
• Stainless steel crowns are limited to primary (baby) teeth for participants under age 14 and payable once in a 24 month period.
• Sealants are limited to non-caries, non-restored 1st and 2nd permanent molars for dependents under the age of 16. One application per tooth.
• Retreatment of root canal therapy is limited to 2 years after initial treatment.
• Periodontal services are limited to once every 3 years, except periodontal scaling and root planing which is limited to once every 2 years.
• Periodontal cleaning is considered a regular cleaning and subject to the benefit limitation and coinsurance for regular cleaning.
• Multiple services performed on the same tooth may be limited by the specified time period of the original procedure.
• Bridge or denture repair is limited to the allowance of a new denture or prosthesis.
• Replacement of an existing crown is a Covered Benefit once every 7 years per tooth and only when the existing crown is not serviceable.
• Crowns are a Covered Benefit when the tooth is damaged by decay or fracture cannot be restored by an amalgam or composite restoration.
• Crowns are not benefits for dependents under the age of 12.
• Temporary prosthetic devices are not a separate benefit. Any charge for these devices is included in the fee for the permanent device.
• Replacement of an existing prosthetic is limited to once every 7 years and when the existing prosthetic is not serviceable.
• Fixed bridges or removable partials are not benefits for dependents under the age of 16.
• The allowance for a crown or bridge placed on a tooth that has been restored within 12 months will be reduced by the restoration allowance.

EXCLUSIONS
The following are not covered benefits under this Policy.

• Services or supplies that are not Dental Services; also services not specifically listed as covered in the Schedule of Benefits.
• Services or treatment provided by someone other than a licensed Dentist or a qualified licensed dental hygienist working under the supervision of a Dentist.
• A Dental Service that Delta Dental, in its sole discretion (subject to any and all internal and external appeals available to you), determines is not necessary or customary for the diagnosis or treatment of your condition. In making this determination, Delta Dental will take into account generally accepted dental practice standards based on the Dental Services provided. In addition, each Covered Benefit must demonstrate Dental Necessity. Dental Necessity is determined in accordance with generally accepted standards of dentistry.
• Dental Services for injuries or conditions that may be covered under workers compensation, similar employer liability laws or other medical plan coverage; also benefits or services that are available under any federal or state government program (subject to the rules and regulations of those programs) or from any charitable foundation or similar entity.
• Dental Services for the diagnosis or treatment for illnesses, injuries or other conditions for which you are eligible for coverage under your hospital, medical/surgical, or major medical plan.
• Dental Services started or rendered before the date enrolled under this Policy. Also, except as otherwise provided in this Policy, benefits for a course of treatment that began before you are enrolled under this Policy.
• Except as otherwise provided for in this Policy, Dental Services provided after the date you are no longer enrolled or eligible for coverage under this Policy.
• Except as otherwise provided for in this Policy, prescription and nonprescription drugs; pre-medications; preventive control programs, oral hygiene instructions and relative analgesia.
• General anesthesia when less than five (5) teeth will be routinely extracted during the same office visit.
• Splinting or devices used to support, protect, or immobilize oral structures that have loosened or been reimplanted, fractured or traumatized.
• Charges for inpatient or outpatient hospital services; any additional fee that the Dentist may charge for treating a patient in a hospital, nursing home or similar facility.
• Charges to complete a claim form, copy records, or respond to Delta Dental's requests for information.
• Charges for failure to keep a scheduled appointment.
• Charges for consultations in person, by phone or by other electronic means.
• Charges for X-ray interpretation.
• Dental Services to the extent that benefits are available or would have been available if you had enrolled, applied for, or maintained eligibility under Title XVIII of the Social Security Act (Medicare), including any amendments or other changes to that Act.
• Complimentary services or Dental Services for which you would not be obligated to pay in the absence of the coverage under this Policy or any similar coverage.
• Services or treatment provided to an immediate family member by the treating Dentist. This would include a Dentist's parent, spouse or child.
• Dental Services or other services that Delta Dental determines are for correcting congenital malformations; also, cosmetic surgery or Dentistry for cosmetic purposes.
• Experimental or investigative dental procedures, services, or supplies, as well as services and/or procedures due to complications thereof. Experimental or investigative procedures, services or supplies are those which, in the judgment of Delta Dental: (a) are in a trial stage; (b) are not in accordance with generally accepted standards of dental practice, or (c) have not yet been shown to be consistently effective for the diagnosis or treatment of the Enrollee's condition.
• Specialized techniques including, but not limited to, those involving gold, precision partial attachments, over-dentures, implants, precision bridge attachments and personalization or characterization.
• Dental Services for restoring tooth structure lost from wear (abrasion, erosion, attrition, or abrasion), for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth. Such services include, but are not limited to, equilibration and periodontal splinting.
• Dental Services, procedures and supplies needed because of harmful habits. An example of a harmful habit includes clenching or grinding of the teeth.
• Services billed under multiple procedure codes, which Delta Dental, in its sole discretion, determines that the service was either a component part of or inclusive of the more comprehensive or primary procedure code. This exclusion is subject to any and all internal and external appeals available to you. Delta Dental bases its payment on the Plan Allowance for the underlying component codes.
• Partial or incomplete dental treatments.
• Amounts assessed on Dental Services and/or supplies by state or local regulation.
• Amounts that exceed the Plan Allowance as agreed to by the Dentist for Covered Benefits.
• Diagnostic casts or study models.
• Multiple dental restorations placed within or on the same tooth surface on the same date of service.
• Therapy and appliances to correct temporomandibular joint (TMJ) syndromes, treatments and/or occlusal disharmony (including occlusal equilibration).
• Implants (materials implanted into or on bone or soft tissue) or the repair or removal of implants or any surgical treatment in conjunction with implants.
• Dental Services and supplies for the replacement device or repeat treatment of lost, misplaced or stolen prosthetic devices, including space maintainers, bridges and dentures (among other devices).
• Replacement of congenitally missing teeth by dental implant, fixed or removable prosthesis whether the result of a medical diagnosis, including, but not limited to, hereditary ectodermal dysplasia or not related to a medical diagnosis.
• Areas closed by shifting of adjacent teeth into missing tooth spaces are not eligible for fixed or removable partial denture benefits.
• According to the Policy, the replacement of tooth/teeth removed and all other related services prior to eligibility.