



Benefits for _____ - High Plan
Group Number: 00000700100 Effective Date: January 1, 2025

	\$50 per person; \$150 per family, per calendar year
Annual Maximum	\$2,000 per person, per calendar year
Out-of-Pocket Maximum	\$2,000 per person

For the services listed below, Delta Dental will coordinate with your primary care provider to determine the most appropriate dental services. Delta Dental will coordinate with Delta Dental.

Benefit

Benefits and Limitations	Coinsurances		
	In-Network		Out-of-
	Delta Dental PPO™	Delta Dental	
Orthodontic Services	50%	50%	50%

- To request for the complete details of



between the nonparticipating den

This fact sheet is a brief description of dental services covered under your plan and is not designed to cover all details. If you have questions about specific benefits or limitations under your plan, call Delta Dental's Benefit Services at 800.237.6060 or visit DeltaDentalVA.com/members to register for an account.