

## Dental Benefits - Plan Year 2020

Plan Benefit	In-Network		Out-of-network	General Plan Information
	PPO	Premier		
Annual Deductible	\$50	\$50	\$50	Limit of 3 per family per calendar year.
Annual Benefit Maximum	\$1,500	\$1,500	\$1,500	Per enrollee, per calendar year.
Orthodontic Lifetime Maximum	\$1,500	\$1,500	\$1,500	Per enrollee, for subscriber and covered dependent
Description of Services				<sup>1</sup> after deductible
Diagnostic & Preventive Care/Prevention First – Cleanings twice in a calendar year	100%	100%	80%	Oral exams and cleanings, fluoride applications, bitewing x-rays, space maintainers, sealants *These services are exempt from the deductible and annual maximum.
Basic Dental Care <sup>1</sup>	80%	80%	60%	Fillings, stainless steel crown, oral surgery, denture repair and recommendation of crowns, endodontic services, periodontic services
Major Dental Care <sup>1</sup>	80%	80%	50%	Prosthetics/dentures/bridges, crowns
Orthodontic Benefits	50%	50%	50%	

## Davis Vision Benefits - Plan Year 2020 (pre-65 only)

Description of Service	In-Network			Out-of-network
Examination - Once per 12 months	\$15 copay			Up to \$35 reimbursement
Frames - Once per 12 months	Fashion \$0 copay	Designer \$15 copay	Premier \$40 copay	Up to \$25 Single Vision Up to \$40 Bifocals
	or \$130 retail allowance			
Lenses - Once per 12 months	\$15 copay			Up to \$35 reimbursement
Contact Lenses - Once per 12 months	\$15 copay (Davis Collection), or \$130 retail allowance			Up to \$35 exam Up to \$95 lenses

### How much will my coverage cost in 2020?

1. Are you Medicare eligible or not?
2. Find your years of service on the premium chart (pages 9-10).
3. Select the number of individuals to be covered.
4. For pre & post families, add the premiums together.



**Contact Benefits:**  
Benefits Help Line  
703-777-0517  
Fax: 571-258-3212  
Email: [benefits@loudoun.gov](mailto:benefits@loudoun.gov)

[www.loudoun.gov/retiree](http://www.loudoun.gov/retiree)