



Benefits for Virginia Wesleyan University
High Plan

Group Number: 00000700100 • Effective Date: January 1, 2024

	\$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 employer's dental plan. Total amount with plan/insurer participation with Delta Dental.

	Coinsurances
Benefits and Limitations*	

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

• Treatment for the permanent alignment of teeth —
For subscriber and covered dependents.