



Delta Dental of Minnesota

2018 Individual and Family Pediatric Dental Essential Health Benefits

Certified, stand-alone pediatric dental plans for those under age 19

Pediatric dental coverage for dependents under age 19 is one of ten Essential Health Benefits (EHBs) required under the federal Patient Protection and Affordable Care Act (PPACA). Pediatric dental can be satisfied with purchase of a stand-alone dental plan and Delta Dental offers the nation's largest network of dental providers, delivering greater access to care and more cost savings.

| Pediatric Dental Health Benefits | Pediatric Low | | Pediatric High | |
|---|---|-------------------------|---|-------------------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Diagnostic/Preventive Routine exams and cleanings, two per calendar year, sealants, X-rays, fluoride treatments | 100% (no deductible) | 100% (no deductible) | 100% (no deductible) | 100% (no deductible) |
| Basic Services Fillings | 50% | 50% | 80% | 80% |
| Endodontics/Periodontics/Oral Surgery Root canals, treatment of gum disease, extractions | 50% | 50% | 50% | 50% |
| Major Services Crowns, dentures, bridges | 50% | 50% | 50% | 50% |
| Medically Necessary Orthodontics | 50% | 50% | 50% | 50% |
| Deductible Per Person/Per Calendar Year | \$50 (does not apply to Diagnostic/Preventive Services) | | \$50 (does not apply to Diagnostic/Preventive Services) | |
| Annual Plan Maximum Per Person/Per Calendar Year | N/A | \$1,000 | N/A | \$1,000 |
| Annual Out of Pocket Maximum | \$350-1 child \$700-maximum for 2 or more children | | \$350-1 child \$700-maximum for 2 or more children | N/A |
| 2018 Premium Per Member/Per Month (Maximum 3 child premiums per family) | \$30.45 | | \$35.90 | |

| Adult/Family Plans | Bronze | Silver | Gold | Platinum |
|---|-------------------------------------|---------|---------|----------|
| | 1 Cleaning, 1 Exam, 1 Bitewing** | | | |
| | IN/OON | IN/OON | IN/OON | IN/OON |
| Diagnostic/Preventive (no deductible) Routine exams and cleanings twice per calendar year <i>(once every calendar year for Adult Plan Bronze),</i> X-rays | 100% | 100% | 100% | 100% |
| Basic Service Fillings | 0% | 50% | 50% | 80% |
| Endodontics/Periodontics/Oral Surgery Root canals, treatment of gum disease, extractions | 0% | 0% | 50% | 50% |
| Major Services (12-month waiting period) Crowns, dentures, bridges | 0% | 0% | 25% | 50% |
| Deductible Per Person/Per Calendar Year (does not apply to Diagnostic/Preventive Services) | \$0 | \$50 | \$50 | \$50 |
| Annual Maximum Per Person/Per Calendar Year | \$500 | \$500 | \$1,000 | \$1,200 |
| Annual Out-of-Pocket Maximum | n/a | n/a | n/a | n/a |
| 2018 Premium Per Member/Per Month | \$14.95 | \$27.15 | \$41.75 | \$50.95 |

For more information visit: DeltaDentalMN.org

IN - In-Network OON - Out-of-Network

Members who receive services from non-Delta Dental network dentists are covered at the same benefit levels as those who see Delta Dental PPOSM and Delta Dental Premier[®] network dentists. However, because non-Delta Dental network dentists are not under contractual obligation, they may balance bill members for the amount not reimbursed under the plan. Our rates include all applicable taxes and fees. **Bitewing X-ray series once every 2 calendar years.