



# 2022 Pediatric and Adult Dental Benefits

Delta Dental of Minnesota

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

Pediatric dental coverage for dependents under age 19 is one of 10 Essential Health Benefits (EHBs) required under the federal Affordable Care Act (ACA). The pediatric dental requirement can be satisfied with the purchase of one of our certified, stand-alone dental plans. Delta Dental offers the nation's largest network of dental providers, delivering greater access to care and more cost savings.

Pediatric Dental Health Benefits (Under age 19)	Kids Plan			
	In-Network (IN)		Out-of-Network (OON)	
<b>Diagnostic/Preventive</b> Routine exams and cleanings twice per calendar year, X-rays, fluoride treatments, sealants	100% (no deductible)		100% (no deductible)	
<b>Basic Services</b> Fillings	50%		50%	
<b>Endodontics/Periodontics/Oral Surgery</b> Root canals, treatment of gum disease, extractions	50%		50%	
<b>Major Services</b> Crowns, dentures, bridges	50%		50%	
<b>Medically Necessary Orthodontics</b>	50%		50%	
<b>Deductible Per Person/Per Calendar Year</b>	\$50 (does not apply to Diagnostic/Preventive Services)			
<b>Annual Plan Maximum Per Person/Per Calendar Year</b>	N/A		\$1,000	
<b>Annual Out of Pocket Maximum</b>	\$350-1 child \$700-maximum for 2 or more children		N/A	
<b>Premium Per Member/Per Month</b> (Maximum 3 child premiums per family*)	\$35.20			

  

Adult Plans (Age 19 and older)	Bronze	Silver	Gold	Platinum
	1 Cleaning, 1 Exam, 1 Bitewing**			
	IN/OON	IN/OON	IN/OON	IN/OON
<b>Diagnostic/Preventive (no deductible)</b> Routine exams and cleanings twice per calendar year (once per calendar year for Adult Plan Bronze), X-rays	100%	100%	100%	100%
<b>Basic Service</b> Fillings	0%	50%	50%	80%
<b>Endodontics/Periodontics/Oral Surgery</b> Root canals, treatment of gum disease, extractions	0%	0%	50%	50%
<b>Major Services (12-month waiting period)</b> Crowns, dentures, bridges	0%	0%	25%	50%
<b>Deductible Per Person/Per Calendar Year</b> (does not apply to Diagnostic/Preventive Services)	\$0	\$50	\$50	\$50
<b>Annual Maximum Per Person/Per Calendar Year</b>	\$500	\$500	\$1,000	\$1,200
<b>Annual Out-of-Pocket Maximum</b>	N/A	N/A	N/A	N/A
<b>Premium Per Member/Per Month</b>	\$14.95	\$27.15	\$41.75	\$50.95

\*Maximum charge for 3 dependents under the age of 21. Dependent children 19 and older will be subject to the applicable adult rate.  
 \*\*Bitewing X-ray series once every two calendar years.

**For more information visit: [DeltaDentalMN.org](http://DeltaDentalMN.org)**

**IN - In-Network, Delta Dental PPO Plus Premier™**

Members who receive services from non-Delta Dental network dentists are covered at the same benefit levels as those who see Delta Dental PPO™ 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.