



Delta Dental of Minnesota
Serving North Dakota

2019 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

Kids Plan

| | 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) |
| Basic Services Fillings | 50% | 50% |
| Endodontics/Periodontics/Oral Surgery Root canals, treatment of gum disease, extractions | 50% | 50% |
| Major Services Crowns, dentures, bridges | 50% | 50% |
| Medically Necessary Orthodontics | 50% | 50% |
| Deductible Per Person/Per Calendar Year | \$50 (does not apply to Diagnostic/Preventive Services) | |
| Annual Plan Maximum Per Person/Per Calendar Year | N/A | N/A |
| Annual Out of Pocket Maximum | \$350-1 child \$700-maximum for 2 or more children | N/A |
| Premium Per Member/Per Month (Maximum 3 child premiums per family) | \$30.61 | |

For more information visit: DeltaDentalMN.org

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. **Bitewing X-ray series once two calendar years.

This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Dental Benefit Plan Summary.
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