



2020 Pediatric and Adult Dental Benefits

Delta Dental of Minnesota
Serving North Dakota

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)
Diagnostic/Preventive Routine exams and cleanings, twice 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	

Adult Plans (Age 19 and older)	Bronze	Silver	Gold	Platinum
	IN/OON	IN/OON	IN/OON	IN/OON
Diagnostic/Preventive (no deductible) Routine exams and cleanings twice per calendar year (once per calendar year for Adult Plan Bronze), 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
Premium Per Member/Per Month	\$15.35	\$27.95	\$42.95	\$52.40

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

For more information visit: 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.

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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