DELTA DENTAL®

Delta Dental Preferred Plan

Pediatric Essential Health Benefits (EHB) included in plan

For individuals age 18 and under

Delta Dental PPO plus Premier™	IN-NETWORK DENTIST		OUT-OF-NETWORK DENTIST	WAITING PERIODS
	Delta Dental PPO™ dentist	Delta Dental Premier®dentist	Nonparticipating dentist	
	Plan pays	Plan pays	Plan pays	
DIAGNOSTIC AND PREVENTIVE SERVICES				
Diagnostic and preventive services—exams, cleanings, fluoride and space maintainers	100%	100%	100%	None
Emergency palliative treatment—to temporarily relieve pain	100%	100%	100%	None
Radiographs—X-rays	100%	100%	100%	None
Sealants—to prevent decay of permanent teeth	100%	100%	100%	None
BASIC SERVICES				
Minor restorative services—fillings and crown repair	50%	50%	50%	None
Simple extractions—non-surgical removal of teeth	50%	50%	50%	None
Oral surgery services—extractions and dental surgery	50%	50%	50%	None
Endodontic services—root canals	50%	50%	50%	None
Periodontic services—to treat gum disease	50%	50%	50%	None
Relines and repairs—prosthetic appliances	50%	50%	50%	None
Other basic services—miscellaneous services	50%	50%	50%	None
MAJOR SERVICES				
Prosthodontic services—bridges, dentures and crowns over implants	50%	50%	50%	None
Major restorative services—crowns	50%	50%	50%	None
ORTHODONTIC SERVICES				
Orthodontic services—medically necessary	50%	50%	50%	None



DELTA DENTAL®

Delta Dental Preferred Plan

Non-EHB covered services included in plan

For individuals 19 years of age or older, or individuals age 18 and under seeking non-EHB covered services

Delta Dental PPO plus Premier™	IN-NETWORK DENTIST		OUT-OF-NETWORK DENTIST	WAITING PERIODS
	Delta Dental PPO™ dentist	Delta Dental Premier®dentist	Nonparticipating dentist	
	Plan pays	Plan pays	Plan pays	
DIAGNOSTIC AND PREVENTIVE SERVICES				
Diagnostic and preventive services—exams, cleanings, fluoride and space maintainers	100%	80%	80%	None
Brush biopsy—to detect oral cancer	100%	80%	80%	None
Emergency palliative treatment—to temporarily relieve pain	100%	100%	100%	None
Radiographs—X-rays	100%	80%	80%	None
BASIC SERVICES				
Minor restorative services—fillings and crown repair	50%	40%	40%	6 months
Simple extractions—non-surgical removal of teeth	50%	40%	40%	6 months
Oral surgery services—extractions and dental surgery	50%	40%	40%	6 months
Endodontic services—root canals	50%	40%	40%	12 months
Periodontic services—to treat gum disease	50%	40%	40%	12 months
Relines and repairs—prosthetic appliances	50%	40%	40%	12 months
Other basic services—miscellaneous services	50%	40%	40%	6 months
MAJOR SERVICES				
Major restorative services—crowns	50%	40%	40%	12 months
TMD treatment—treatment of the disorder of the temporomandibular joint, including related films	0%	0%	0%	N/A
Prosthodontic services—bridges, dentures and crowns over implants	50%	40%	40%	12 months
ORTHODONTIC SERVICES				
Orthodontic services—for individuals 19 years of age or older, or individuals age 18 and under seeking non-medically necessary orthodontics	0%	0%	0%	None



Stay in network and save!

You can go to any licensed dentist, but you generally will save money if you go to a dentist who participates in one of our two networks—Delta Dental PPO or Delta Dental Premier. That's because Delta Dental has established maximum approved fees for nearly all dental services, and participating dentists agree to accept the maximum approved fee as full payment for those services. If the dentist's fee is higher than Delta Dental's, he or she cannot charge you the difference. This means you are responsible only for your copayments and deductibles, if any, when you visit a Delta Dental participating dentist.



What if I go to a nonparticipating dentist?

If you go to a dentist who does not participate in Delta Dental PPO or Delta Dental Premier, you will still be covered, but you may have to pay more. The percentages shown above indicate the portion of Delta Dental's nonparticipating dentist fee that will be paid for those services. This amount may be less than what the dentist charges and you are responsible for the difference. We will pay you directly and you will be responsible for paying the dentist whatever he or she charges. You may also have to submit your own claims.

EHB covered services

EHB covered services include covered services to individuals age 18 and under that are considered Essential Health Benefits as defined by the Patient Protection and Affordable Care Act.

In-network annual out-of-pocket maximum for EHB covered services

An out-of-pocket maximum is the maximum amount that you or an eligible person will pay for covered services throughout a benefit year. The in-network annual out-of-pocket maximum for EHB covered services shall be $375 per benefit year if this policy covers one eligible person age 18 and under, or $750 per benefit year if this policy covers two or more eligible persons age 18 and under. Any coinsurance, deductibles, or other out-of-pocket expenses paid by you for in-network EHB covered services provided to individuals age 18 and under shall count toward that in-network annual out-of-pocket maximum. The in-network annual out-of-pocket maximum will not include any amounts paid for the following: (i) premiums; (ii) non-covered services; (iii) out-of-network dentists; (iv) coinsurance, deductibles or other out-of-pocket expenses for services other than EHB covered services; or (v) coinsurance, deductibles or other out-of-pocket expenses for EHB covered services provided to individuals 19 years of age and older. Once the applicable in-network annual out-of-pocket maximum is reached for the benefit year, all in-network EHB covered services provided to an eligible person will be covered at 100 percent of the maximum approved fee.

Out-of-network annual out-of-pocket maximum for EHB covered services

There is no annual out-of-pocket maximum for out-of-network EHB covered services. Eligible persons will be responsible for all coinsurance, deductibles and balance billing amounts associated with all out-of-network EHB covered services provided to eligible persons throughout the benefit year.

Deductibles for EHB covered services

The deductible is $75 per individual per benefit year, limited to a maximum of $225 per family per benefit year. The deductible applies to all services.

Annual maximum payments for EHB covered services

Delta Dental PPO and Delta Dental Premier Dentists: None.
Out-of-Network Dentists: $1,000 per person per benefit year on all covered services.

Waiting period for EHB covered services

There are no waiting periods for individuals age 18 and under seeking EHB covered services.

Non-EHB covered services

Non-EHB covered services include all covered services that are not Essential Health Benefits as defined by the Patient Protection and Affordable Care Act.

Maximum payment for non-EHB covered services

Delta Dental PPO Dentists: $1,000 per person per benefit year on all covered services.
Delta Dental Premier and Out-of-Network Dentists: $750 per person per benefit year on all covered services.

Out-of-pocket maximum payment for non-EHB covered services

An out-of-pocket maximum is the maximum amount that you or your eligible dependent will pay for covered services throughout a benefit year. There is no annual out-of-pocket maximum payment for non-EHB covered services. You will be responsible for all coinsurance, deductibles and other out-of-pocket expenses associated with all non-EHB covered services provided to you or your eligible dependent throughout the benefit year.

Deductibles for non-EHB covered services

Delta Dental PPO Dentists: The deductible is $75 per individual per benefit year limited to $225 per family per benefit year.
Delta Dental Premier and Out-of-Network Dentists: $100 per individual per benefit year limited to $300 per family per benefit year. The deductible does not apply to diagnostic and preventive services, brush biopsy, emergency palliative and x-rays.

Waiting period for non-EHB covered services

Individuals will be eligible for coverage for diagnostic and preventive, basic and major services in accordance with the applicable waiting periods set forth in the covered services chart above, measured from your or their date of coverage under this policy.

NOTE: The above summary is a sample of benefits. Policies have exclusions and limitations that may limit coverage. For complete coverage details, please refer to your policy.

EXCLUSIONS: Charges or treatment for correction of congenital or developmental malformations or dentistry for aesthetic reasons and cosmetic surgery (including repairs to facings posterior to second bicuspid), except for the correction of congenital defects or anomalies (including treatment and care for cleft lip or cleft palate) with respect to newborn Children, adopted Children, foster Children and Children covered by virtue of court or administrative order; treatment by anyone other than a licensed dentist or dental hygienist; veneers; prefabricated crowns as final restoration on permanent teeth and paste-type root canal fillings on permanent teeth; appliances, procedures and restorations for increasing vertical dimension, occlusion, tooth structure loss due to attrition, abrasion or erosion, or for periodontal splinting; lost, missing or stolen appliances; services not in the policy.

LIMITATIONS: Coverage for services may be limited based on the age of the person receiving services; coverage for certain services may be limited to maximum number of occurrences during a specified time period (such as two times per year or one time every three years); coverage for general anesthesia and/or intravenous sedation, sealants, prosthodontics (implants), orthodontic services and space maintainers.

Underwritten by Delta Dental of North Carolina, 3737 Glenwood Avenue, Suite 320, Raleigh, NC 27612.