

Pediatric Dental is one of ten Essential Health Benefits (EHBs) that can be satisfied with purchase of a stand-alone dental plan.

Pediatric Dental EHB plan highlights

- No waiting periods or coinsurance for diagnostic/preventive services
- 100% coverage for covered services after \$350 out-of-pocket costs (\$700 maximum for 2 or more children)
- Maximum of three child premiums per family

Adult/Family plan highlights

- No waiting periods, deductibles or coinsurance for diagnostic/preventive services
- A variety of designs, from preventive-only to basic and comprehensive coverage
- No waiting periods for basic service coverage

Experience the Delta Dental Difference

Dental Expertise: Commitment to Health

- Largest dental benefits provider with more than 62 million members nationwide.
- Delta Dental has been an expert in dental benefits since 1966.
- A dedicated mission to support better health through oral health.

We set the standard for service

- We process the average claim in just over one day. Claim processing accuracy is almost 100%.
- We've received an "A" rating (Excellent) from A.M. Best every year since 1999 for our financial stability, among the highest-ranked dental plans in the country.

Why purchase a stand-alone dental plan?

The vast majority of dental plans today are purchased as stand-alone plans. Key advantages include:

- Superior networks, delivering access and cost savings on coinsurance.
- Customer service exclusively focused on dental.
- Dental claim processing for accuracy, convenience and a faster turn-around time.
- A much smaller deductible to satisfy before benefits apply to non-preventive services.
- A much lower out-of-pocket child maximum to satisfy before covered benefits are paid in full.



2016 Pediatric Dental Essential Health Benefits

Pediatric Dental Health Benefits	Pediatric Dental Plan A		Pediatric Dental Plan B	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic/Preventive - Routine exams and cleanings, once every 6 months, sealants, x-rays, fluoride treatments	100%	100%	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 (24 month waiting period)	50%	50%	50%	50%
Deductible Per Person/Per Calendar Year		\$50	\$50 (does not apply to Diagnostic/Preventive Services)	
Annual Plan Maximum Per Person/Per Calendar Year	N/A	N/A	N/A	N/A
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
2016 Premium Per Member/Per Month (Maximum 3 child premiums per family)		\$21.20	\$26.00	

Adult/Family Plans	Adult Plan A	Adult Plan B	Adult Plan C	Adult Plan D	Adult Plan E	Adult Plan F	Adult Plan G
	1 Cleaning, 1 Exam, 1 Bitewing**	2 Cleanings, 2 Exams, 1 Bitewing**					
	IN/OON	IN/OON	IN/OON	IN/OON	IN/OON	IN/OON	IN/OON
Diagnostic/Preventive (no deductible) - routine exams and cleanings once every 6 months (once every 12 months for Adult Plan A), X-rays	100%	100%	100%	100%	100%	100%	100%
Basic Service - fillings	0%	0%	50%	80%	50%	50%	80%
Endodontics/Periodontics/Oral Surgery - root canals, treatment of gum disease, extractions	0%	0%	0%	0%	50%	50%	50%
Major Services (12-month waiting period) - crowns, dentures, bridges	0%	0%	0%	0%	25%	50%	50%
Deductible Per Person/Per Calendar Year (does not apply to Diagnostic/Preventive Services)	\$0	\$0	\$50	\$50	\$50	\$50	\$50
Annual Maximum Per Person/Per Calendar Year	\$500	\$500	\$500	\$750	\$1,000	\$1,000	\$1,200
Annual Out-of-Pocket Maximum	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2016 Premium Per Member/Per Month	\$14.20	\$19.10	\$22.50	\$24.30	\$34.55	\$38.35	\$42.15

For more information:

Individual and Family

Visit www.deltadentalne.org/IndividualAndFamilyPlans or call 1-866-764-5350.

Employers

Contact your broker or contact Delta Dental ConnectSM at 1-866-280-8367 or by email, ddconnect@deltadentalneadmin.org.

Agents

Contact Delta Dental Connect for personal assistance at 1-866-280-8367 or by email at ddconnect@deltadentalneadmin.org.

IN - In-Network

OON - Out-of-Network

DeltaDentalNE.org

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. *When purchasing an Adult/Family plan through the MNsure exchange, subscribers must select either Pediatric Dental Plan A or Plan B together with their Adult/Family plan. **Bitewing X-ray series once every 24 months