



Dental > Delta Dental Individual – Pediatric Plan

Calendar year costs				
Deductible per person	\$0			
Out-of-pocket max per person (under age 19)	\$350 for one member; \$700 for two or more members			
Annual benefit max (age 19+)	NA			
	Under age 19		Ages 19+	
	In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay
Class 1				
Exams and X-rays	30%	50%	Not covered	
Cleanings	30%	50%		
Periodontal maintenance	30%	50%		
Sealants	30%	50%		
Topical fluoride	30%	50%		
Class 2				
Space maintainers	40%	50%	Not covered	
Restorative fillings	40%	50%		
Class 3				
Oral surgery	50%	50%	Not covered	
Endodontics	50%	50%		
Periodontics	50%	50%		
Restorative crowns	50%	50%		
Bridges	Not covered			
Partial and complete dentures	50%	50%		
Anesthesia	50%	50%		
Orthodontia ²	50%	50%		
Features				
Provider network	Delta Dental PPO Network	All other providers	Not covered	
Balance bill	No	Delta Dental Premier Network: No Nonparticipating: Yes		
Cost				
Monthly rate per person ³	\$27		\$0	

¹ No deductible on this plan

² Only covered to treat cleft palate, with or without cleft lip

³ Rates effective Jan. 1, 2015, through Dec. 31, 2015. If you have more than three dependent children under age 21, only three need to be calculated into your rate.

Limitations

Diagnostic and preventive

- Exam once in a six-month period
- Bitewing X-rays once in a 12-month period
- Full-mouth or panoramic X-rays once in a five-year period
- Cleaning (prophylaxis or periodontal maintenance) once in a six-month period
- Fluoride once in a six-month period
- Sealants limited to unrestored occlusal surface of permanent molars once per tooth in a five-year period

Basic and major

- Dentures once in a 10-year period
- Crowns and other cast restorations once in a seven-year period
- Crown over implant once per lifetime per tooth space.
- IV sedation or general anesthesia only with surgical procedures
- Scaling and root planing once in a two-year period
- Tooth-colored fillings or crowns on back teeth limited to amount allowed for metallic restoration

Exclusions

- Anesthetics, analgesics, hypnosis and medications
- Bridges
- Charges above the maximum plan allowance
- Charting (including periodontal, gnathologic)
- Congenital or developmental malformations
- Cosmetic services
- Duplication and interpretation of X-rays
- Experimental or investigational treatment
- Hospital costs or other fees for facility or home care
- Implants
- Instructions or training (including plaque control and oral hygiene or dietary instruction)
- Nightguards
- Orthodontia (exception for treatment of cleft palate)
- Precision attachments
- Rebuilding or maintaining chewing surfaces (misalignment or malocclusion) or stabilizing teeth
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Temporomandibular joint syndrome (TMJ)
- Treatment not dentally necessary

This document is provided for informational purposes only, and is intended as a quick reference of ODS plan benefits. It is not considered a Summary of Benefits and Coverage (SBC), and should not be regarded as a replacement for the SBC. For cost and further details of the coverage, including exclusions, any reduction or limitations and the terms under which the policy may be continued in force, contact your producer or Moda Health.