

# Federally Compliant Dental Plans

Federally Compliant Plans for Groups

# 2023

**Delta Dental PPO-Plus Premier Federally Compliant Dental plans\*** – For the 2023 plan year, Delta Dental has two Federally Compliant Plans designed to meet ACA Pediatric Dental Essential Health Benefit standards. Our plans include the Delta Dental PPO and Premier networks for maximum network access.

Plan Information	Low Option	High Option
<b>Annual Maximum Benefit:</b> applies to covered persons age 19 or older	\$1,500	\$1,500
<b>Annual Maximum Out-of-Pocket:</b> for <b>one</b> covered person <u>to age 19</u>	\$375	\$375
<b>Annual Maximum Out-of-Pocket:</b> for <b>two or more</b> covered persons <u>to age 19</u>	\$750	\$750
<b>Annual Deductible</b>	\$75 per person	\$50 per person

**Co-Insurance – The percentage Delta Dental will pay for covered services**

Plan Information	Co-Insurance – Low Option	Co-Insurance – High Option
<b>Preventive &amp; Diagnostic Services</b>	<b>100%</b> \$75 Annual Deductible applies	<b>100%</b> <u>No</u> Deductible
<b>Basic Services*:</b> Six (6) month specific benefit waiting period applies to covered persons age 19 or older	<b>60%</b> \$75 Annual Deductible applies	<b>80%</b> \$50 Annual Deductible applies
<b>Major Services*:</b> Twelve (12) month specific benefit waiting period applies to covered persons age 19 or older	<b>50%</b> \$75 Annual Deductible applies	<b>50%</b> \$50 Annual Deductible applies
<b>Medically Necessary Orthodontic Services**</b> applies to covered persons to age 19 only	<b>50%</b> <u>No</u> Deductible	<b>50%</b> <u>No</u> Deductible

**\*A minimum of two (2) enrolled individuals per plan required for participation in FCP plans.**

- Processing policies, limitations and exclusions will apply for medically necessary procedures. Dependent children are eligible for coverage to age 26.
- Deductibles and Co-Insurance will apply to Maximum Out-of-Pocket.
- Maximum Out-of-Pocket does **not** apply to out-of-network services.

\* **Medically Necessary Extractions** – The surgical or non-surgical removal/extraction of third molars must be medically necessary.

\*\* **Medically Necessary** – Orthodontic treatment and/or services are only covered with orthognathic surgery cases or certain designated syndromes or genetic disorders such as cleft palate. Benefits are only allowed for medically necessary orthodontic services to help correct severe handicapped malocclusions caused by cranio-facial orthopedic deformities involving teeth.

Coverage Type	Monthly Rates Low Option	Monthly Rates High Option
Individual Only	\$26.00	\$52.00
Individual + Spouse (Couple)	\$52.00	\$104.00
Individual + 1 Dependent	\$52.00	\$104.00
Individual + 2 Dependents	\$78.00	\$156.00
Individual + 3 or more Dependents	\$104.00	\$208.00
Individual + Spouse + 1 Dependent (Family/Couple +1)	\$78.00	\$156.00
Individual + Spouse + 2 Dependents (Family/Couple +2)	\$104.00	\$208.00
Individual + Spouse + 3 or more Dependents (Family/Couple +3)	\$130.00	\$260.00

If you, or someone you're helping, has questions about Delta Dental PPO Plus Premier - Federally Compliant Plan, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 800-522-0188.

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Delta Dental PPO Plus Premier - Federally Compliant Plan, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 800-522-0188.

