

Federally Compliant Dental Plans

Federally Compliant Pediatric Plans for Groups.
Individuals are eligible for coverage to age 19 only.

2021

Delta Dental PPO-Plus Premier Federally Compliant Dental plans⁺ – For the 2021 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
Annual Maximum Out-of-Pocket: for one covered person to <u>age 19</u>	\$350	\$350
Annual Maximum Out-of-Pocket: for two or more covered persons to <u>age 19</u>	\$700	\$700
Annual Deductible	\$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
Preventive & Diagnostic Services	100% \$75 Annual Deductible applies	100% <u>No</u> Deductible
Basic Services*	60% \$75 Annual Deductible applies	80% \$50 Annual Deductible applies
Major Services*	50% \$75 Annual Deductible applies	50% \$50 Annual Deductible applies
Medically Necessary Orthodontic Services**	50% <u>No</u> Deductible	50% <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.
- 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
One Covered Person to age 19	\$22.00	\$48.00
Two Covered Persons to age 19	\$44.00	\$96.00
Three or more Covered Persons to age 19	\$66.00	\$144.00

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.

