



# Delta Dental PPO Gold Pediatric Only

## Pediatric Only Essential Health Benefits (EHB)

(FOR INDIVIDUALS UNDER THE AGE OF 21)

### Welcome to Delta Dental—the Dental Benefits Expert

We are the oldest and largest dental carrier in the Commonwealth, and have one of the largest PPO dentist networks in the state and across the country. Dental is all we do, so take a look at what we have to offer.

This benefit summary provides an overview of the covered services for individuals and families.

<b>Delta Dental PPO<sup>SM</sup></b>	Delta Dental PPO Dentist	Delta Dental Premier <sup>®</sup> Dentist	Nonparticipating Dentist	
	Plan Pays	Plan Pays*	Plan Pays*	
<b>Annual deductible</b> (per insured, does not apply to diagnostic and preventive and orthodontic services)	\$0	\$25	\$25	
<b>Annual out-of-pocket maximum</b> (per insured child/all children total)	\$350/\$700	Not applicable	Not applicable	<b>WAITING PERIODS</b>
<b>DIAGNOSTIC &amp; PREVENTIVE</b>				
<b>Diagnostic and preventive services</b> —exams, cleanings, fluoride and space maintainers	100%	80%	80%	None
<b>Emergency palliative treatment</b> —to temporarily relieve pain	100%	80%	80%	None
<b>Radiographs</b> —all X-rays	100%	80%	80%	None
<b>Sealants</b> —to prevent decay of permanent teeth	100%	80%	80%	None
<b>BASIC SERVICES</b>				
<b>Minor restorative services</b> —fillings and crown repair	80%	60%	60%	None
<b>Oral surgery services</b> —extractions and dental surgery and services for the diagnosis and treatment of temporomandibular disorders	80%	60%	60%	None
<b>Endodontic services</b> —root canals	80%	60%	60%	None
<b>Periodontic services</b> —to treat gum disease	80%	60%	60%	None
<b>Relines and repairs</b> —to bridges and dentures	80%	60%	60%	None
<b>Other basic services</b> —miscellaneous services	80%	60%	60%	None
<b>MAJOR SERVICES</b>				
<b>Prosthetic services</b> —dentures and maxillofacial prosthetics	50%	50%	50%	None
<b>Major restorative services</b> —crowns	50%	50%	50%	None
<b>ORTHODONTIC SERVICES</b>				
<b>Orthodontic services</b> —medically necessary	50%	50%	50%	None

*\*When services are received from a Delta Dental Premier or nonparticipating dentist, the percentages in this column 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 that difference.*

**Please see next page for additional details.**

### Stay in network and save!

Regardless of your age, you can go to any licensed dentist, but you will save money if you go to a dentist who participates in our Delta Dental PPO network. Delta Dental PPO participating network dentists have agreed to fees that average approximately 30% below typical dental office prices. If the dentist's fee is higher than Delta Dental's allowed fee, 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 PPO participating dentist.

### What if I go to a Delta Dental Premier or nonparticipating dentist?

If you go to a dentist who does not participate in Delta Dental PPO, you will still be covered, but most likely you will have to pay more. The amount Delta Dental pays may be less than what the out-of-network dentist (Delta Dental Premier and nonparticipating) charges, and you will be responsible for the difference. The coinsurance percentages you pay for services from out-of-network dentists (Delta Dental Premier and nonparticipating) are higher.

## **EHB COVERED SERVICES**

EHB covered services include covered services to individuals under the age of 21 that are considered Essential Health Benefits as defined by the Patient Protection and Affordable Care Act.

**IN-NETWORK OUT-OF-POCKET MAXIMUM FOR EHB COVERED SERVICES**—An out-of-pocket maximum is the maximum amount that you or an eligible dependent will pay for covered services throughout a benefit year when you receive services from a participating dentist. For all in-network EHB covered services provided to EHB eligible persons, your maximum out-of-pocket payments under this certificate are \$350 per benefit year if this certificate covers one individual under the age of 21, or \$700 per benefit year if this certificate covers two or more individuals under the age of 21. Any copayments, deductibles or other out-of-pocket expenses paid by you for in-network EHB covered services provided to EHB eligible persons count toward that in-network out-of-pocket maximum. The in-network out-of-pocket maximum will not include any amounts paid for the following: (i) premiums; (ii) payments made by you for non-covered services; (iii) payments made by you to nonparticipating dentists; (iv) copayments, deductibles or other out-of-pocket expenses paid by you for services other than EHB covered services; or (v) copayments, deductibles or other out-of-pocket expenses paid by you for covered services provided to individuals 21 years of age and older. Once your applicable in-network out-of-pocket maximum is reached for the benefit year, all in-network EHB covered services provided to EHB eligible persons will be covered at 100 percent of the maximum approved fee.

**OUT-OF-NETWORK OUT-OF-POCKET MAXIMUM FOR EHB COVERED SERVICES**—There is no annual out-of-pocket maximum for EHB covered services received from Delta Dental Premier and nonparticipating (out-of-network) dentists. You will be responsible for all copayments, deductibles, balanced billing amounts and other out-of-pocket expenses associated with all out-of-network EHB covered services provided to you or your eligible dependent throughout the benefit year.

**ANNUAL AND LIFETIME MAXIMUM PAYMENTS FOR EHB COVERED SERVICES**—For all EHB covered services provided to individuals under the age of 21, there are no annual or lifetime maximum payments.

**DEDUCTIBLES FOR EHB COVERED SERVICES**—Deductible is waived for diagnostic and preventative services and orthodontics. There is no deductible for services received from a Delta Dental PPO dentist. There will be a \$25 deductible for basic and major services received from a Delta Dental Premier or nonparticipating (out-of-network) dentists.

**WAITING PERIOD FOR EHB COVERED SERVICES**—There are no waiting periods for individuals under the age of 21 seeking EHB covered services.

**ELIGIBILITY**—All persons allowed under the rules of the Kentucky Small Business Health Options Product Exchange. Benefits will cease on the last day of the month in which the employee is terminated.

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



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