



Individual & Family Plans Pediatric Dental Summary

(Included in Plan) (for ActiveChoice PPO Silver Plan)

Provided and underwritten by DeltaCare® USA

Pediatric Dental (Ages 0-18)	Member Cost Share	
	(In-Network)	(Out-of-Network)
Oral Exam	\$0 Copay	Not Covered
Preventive – Cleaning		Not Covered
Preventive – X-ray		Not Covered
Sealants per Tooth		Not Covered
Topical Fluoride Application		Not Covered
Space Maintainers - Fixed		Not Covered
Amalgam Fill – 1 Surface	\$25	Not Covered
Root Canal - Molar	\$300	Not Covered
Gingivectomy per Quad	\$150	Not Covered
Extraction – Single Tooth Exposed Root or	\$65	Not Covered
Extraction – Complete Bony	\$160	Not Covered
Porcelain with Metal Crown	\$300	Not Covered
Medically Necessary Orthodontics	\$1,000	Not Covered
For More Information	See Delta Dental Evidence of Coverage (EOC) included as an addendum to the EOC.	

How to Contact Us?

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