



## Individual & Family Plans Pediatric Dental Summary

(Included in Plan) (for Minimum Coverage HMO Plan)

Provided and underwritten by DeltaCare® USA

Pediatric Dental (Ages 0-18)	Member Cost Share
Oral Exam	\$0 Copay
Preventive – Cleaning	
Preventive – X-ray	
Sealants per Tooth	
Topical Fluoride Application	
Space Maintainers - Fixed	
Amalgam Fill – 1 Surface	\$0 Copay (After Deductible*)
Root Canal - Molar	\$0 Copay (After Deductible*)
Gingivectomy per Quad	\$0 Copay (After Deductible*)
Extraction – Single Tooth Exposed Root or	\$0 Copay (After Deductible*)
Extraction – Complete Bony	\$0 Copay (After Deductible*)
Porcelain with Metal Crown	\$0 Copay (After Deductible*)
Medically Necessary Orthodontics	\$0 Copay (After Deductible*)
For More Information	See Delta Dental Evidence of Coverage (EOC) included as an addendum to the EOC

**Footnote:** \*Annual deductible is \$7,900 per individual and \$15,800 per family.  
Member is responsible for 100% of cost of service prior to meeting the deductible.

### How to Contact Us?

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