

# PEDIATRIC DENTAL

**ESSENTIAL HEALTH BENEFIT (EHB)** | Services under the pediatric dental benefit are covered as described below for WHA members under 19 years of age. This is a combined benefit with your medical plan. See your WHA copayment summary.

**DeltaCare USA<sup>1</sup>** provides quality dental benefits at an affordable cost in this easy-to-use plan. The DeltaCare USA program encourages you to visit the dentist regularly to keep a healthy smile.

## PLAN BENEFIT HIGHLIGHTS

- Posterior composites
- Additional cleanings
- Defined fees for metal upgrades
- Unlimited benefits<sup>2</sup>
- General anesthesia and IV sedation covered

## CONVENIENT COPAYMENT SCHEDULE

While the benefits shown at right represent the most frequently used services covered under the plan, DeltaCare USA plans offer even more great features<sup>3</sup>. Plus, you don't have to worry about annual deductibles or benefit maximums for covered services—just pay the copayment. Copayments (where applicable) are paid to the DeltaCare USA dentist at the time of treatment.

## FIND A PROVIDER

Upon enrollment, you'll choose a DeltaCare USA dentist from the nationwide network. You must visit your selected primary care dentist to receive benefits<sup>2</sup>.

To locate a participating provider in your area:

visit [deltadentalins.com](http://deltadentalins.com)

call **800.422.4234** (TTY/TDD 711)

Monday – Friday, 5 a.m. to 6 p.m.



## DeltaCare USA — PEDIATRIC BENEFITS<sup>3</sup>

	Copayment
<b>Diagnostic Services</b>	
Periodic oral examinations	\$0
X-rays	\$0
<b>Preventive Services</b>	
Teeth cleaning (prophylaxis)	\$0
Topical fluoride: child	\$0
<b>Restorative Services: Filling - Permanent</b>	
Amalgam-three surfaces: primary or permanent	\$40
Stainless steel crowns: primary teeth	\$65
<b>Oral Surgery Services</b>	
Simple extraction of erupted tooth or exposed root	\$65
Surgical extraction of erupted tooth	\$120
Impaction: soft tissue	\$95
Impaction: partial bony	\$145
Impaction: full bony	\$160
<b>Endodontic Services</b>	
Pulp cap: direct	\$20
Root canal: anterior	\$195
Root canal: bicuspid	\$235
Root canal: molar	\$300
<b>Periodontic Services</b>	
Gingivectomy: one to three teeth per quadrant	\$50
Gingivectomy: four or more contiguous teeth per quadrant	\$150
Scaling/root planing: one to three teeth per quadrant	\$55
<b>Prosthetic Services</b>	
Crown: porcelain fused to predominantly base metal	\$300
Post/core prefabrication	\$90
Complete denture	\$300
Partial denture	\$300
Denture relines: chair side	\$60
<b>Orthodontia</b>	
24 months of orthodontic services	\$1,000
<b>Other Services</b>	
Office visit: after hours	\$45
Local anesthesia	\$15

1 DeltaCare USA is underwritten by Delta Dental of California and administered by Delta Dental Insurance Company.

2 Services are covered only when performed by your selected primary care DeltaCare USA dentist, unless otherwise pre-authorized by Delta Dental of California.

3 This sample of copayments is only a summary of the plan coverage. Upon enrollment, the DeltaCare USA plan will make available a complete list of covered services and copayments, along with any limitations and exclusions that apply.