DELTA DENTAL®

Renaissance®

Underwritten by Renaissance Life & Health Insurance Company of America

EHB Certified High Plan

Pediatric Essential Health Benefits (EHB) included in plan

For individuals age 18 and under

Delta Dental PPO plus Premier™	IN-NETWORK DENTIST		OUT-OF-NETWORK DENTIST	WAITING PERIODS
	Delta Dental PPO™ dentist	Delta Dental Premier® dentist	Nonparticipating dentist	
	Plan pays	Plan pays	Plan pays	
DIAGNOSTIC AND PREVENTIVE SERVICES				
Diagnostic and preventive services—exams, cleanings, fluoride and space maintainers	100%	100%	100%	None
Emergency palliative treatment—to temporarily relieve pain	100%	100%	100%	None
Radiographs—X-rays	100%	100%	100%	None
Sealants—to prevent decay of permanent teeth	100%	100%	100%	None
BASIC SERVICES				
Minor restorative services—fillings and crown repair	80%	60%	60%	None
Oral surgery services—extractions and dental surgery	80%	60%	60%	None
Endodontic services—root canals	80%	60%	60%	None
Periodontic services—to treat gum disease	80%	60%	60%	None
Relines and repairs—prosthetic appliances	80%	60%	60%	None
Other basic services—miscellaneous services	80%	60%	60%	None
MAJOR SERVICES				
Prosthodontic services—bridges, dentures and crowns over implants	50%	50%	50%	None
Major restorative services—crowns	50%	50%	50%	None
ORTHODONTIC SERVICES				
Orthodontic services—medically necessary	50%	50%	50%	None

EHB covered services

EHB covered services include covered services to individuals age 18 and under that are considered Essential Health Benefits as defined by the Patient Protection and Affordable Care Act.

In-network annual 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. The in-network annual out-of-pocket maximum for EHB covered services shall be $375 per benefit year if this policy covers one individual age 18 and under, or $750 per benefit year if this policy covers two or more individuals age 18 and under. Any coinsurance, deductibles, or other out-of-pocket expenses paid by you for in-network EHB covered services shall count toward that in-network annual out-of-pocket maximum. The in-network annual out-of-pocket maximum will not include any amounts paid for the following: (i) premiums; (ii) non-covered services; or (iii) out-of-network dentists. Once the applicable in-network annual out-of-pocket maximum is reached for the benefit year, all in-network EHB covered services will be covered at 100 percent of the maximum approved fee.

Out-of-network annual out-of-pocket maximum for EHB covered services

There is no annual out-of-pocket maximum for out-of-network EHB covered services. You will be responsible for all coinsurance, deductibles and other out-of-pocket expenses associated with all out-of-network EHB covered services provided to you or your eligible dependents throughout the benefit year.

Deductibles for EHB covered services

The deductible is $50 per individual per benefit year, limited to a maximum of $150 per family per benefit year. The deductible does not apply to diagnostic and preventive services, emergency palliative treatment, X-rays, sealants and orthodontics.

Annual and lifetime maximum payments for EHB covered services

There are no annual or lifetime maximum payments for EHB covered services under this policy.

Waiting period for EHB covered services

There are no waiting periods for EHB covered services.

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

EXCLUSIONS: Charges or treatment for correction of congenital or developmental malformations or dentistry for aesthetic reasons; cosmetic surgery (including repairs to facings posterior to second bicuspid); treatment by anyone other than a licensed dentist or dental hygienist; veneers; prefabricated crowns as final restoration on permanent teeth and paste-type root canal fillings on permanent teeth; appliances, procedures and restorations for increasing vertical dimension, occlusion, tooth structure loss due to attrition, abrasion or erosion, or for periodontal splinting; lost, missing or stolen appliances; services not in the policy.

LIMITATIONS: Coverage for services may be limited based on the age of the person receiving services; coverage for certain services may be limited to maximum number of occurrences during a specified time period (such as two times per year or one time every three years); coverage for general anesthesia and/or intravenous sedation, sealants, prosthodontics (implants), orthodontic services, space maintainers and temporomandibular disorders (TMD) is limited.

Administered by Delta Dental of North Carolina and underwritten by Renaissance Life & Health Insurance Company of America, PO Box 1596, Indianapolis, IN 46206.