

Delta Dental Family Gold Plan

ACA-Compliant Coverage

	Family Gold EHB Covered Benefits*			
	Pediatric Benefits (85% AV) (Under Age 19)		Adult Benefits (Over Age 19)	
	Delta Dental Dentist	Out-of-Network Dentist	Delta Dental Dentist	Out-of-Network Dentist
Diagnostic & Preventive Services				
Exam and Cleaning	100%	90%	100%	90%
Sealants	100%	90%	Not Covered	Not Covered
X-rays	100%	90%	100%	90%
Basic Restorative Services				
Simple Extractions	90%	81%	80%	72%
Fillings	90%	81%	80%	72%
Major Restorative Services				
Crowns	50%	45%	50%	45%
Endodontics	50%	45%	50%	45%
Non-Surgical Periodontics	50%	45%	50%	45%
Surgical Periodontics	Not Covered	Not Covered	50%	45%
Periodontal Maintenance	50%	45%	50%	45%
Surgical Services	50%	45%	50%	45%
Bridges and Dentures	50%	45%	50%	45%
Denture Repairs	50%	45%	50%	45%
Medically Necessary Orthodontics				
Orthodontic Services	50%	45%	Does Not Apply	
Orthodontic Age Limit	Under 19	Under 19		
Annual Maximums and Deductibles				
Out-of-Pocket Maximum	Individual \$700, Family \$1,400**	Does not apply	Does not apply	
Annual & Lifetime Maximum	Does not apply		\$1,000 per person	
Deductible	None		\$50 per person	
Waiting Periods	Medically Necessary Orthodontics = 12 months		Basic Services = 6 months	
			Major Services = 12 months	

* This chart does not include all exclusions and limitations. See a complete Summary of Benefits for full details.

**Out-of-pocket maximum calculations only apply toward EHB services provided by an in-network provider.