## Orthodontia Know Your Benefits

Delta Dental offers two different orthodontia benefits to small groups — corrective orthodontia and medically necessary orthodontia.

CORRECTIVE ORTHODONTIA is used to correct an improper alignment of upper and lower teeth, including crooked or crowded teeth, crossbites, overbites or underbites.

MEDICALLY NECESSARY ORTHODONTIA is an Affordable Care Act (ACA) required service for children (up to age 21) with certain designated syndromes or genetic disorders such as cleft palate. If a child qualifies for medically necessary orthodontia, he/she does not qualify for corrective orthodontia.

The table below describes Delta Dental's definition of the two orthodontia benefits. Please note that orthodontia benefits and definitions will vary by carrier. For complete details on coverage, please see your Benefits Certificate.

|                                 | CORRECTIVE ORTHODONTIA  | MEDICALLY NECESSARY ORTHODONTIA  |
|---------------------------------|---|--|
| Delta Dental Plans              | Corrective orthodontia is an optional benefit that<br>can be added to a small group plan. Corrective<br>orthodontia is not available with Delta Dental's<br>Employee and Individual Choice plans. | Medically necessary orthodontia is included<br>in plans that meet the ACA pediatric dental<br>Essential Health Benefit (EHB) requirement.                      |
| Age Limit                       | Coverage up to age 19; no adult coverage.   | The ACA requires coverage up to age 19, but<br>Delta Dental provides benefits for the pediatric<br>dental EHB up to age 21.                                    |
| Lifetime Maximums               | Delta Dental small group plans have an orthodontia lifetime maximum benefit of \$1,500.   | There is no lifetime maximum dollar limit, but only one treatment plan is allowed per lifetime.  |
| Cost Sharing                    | Delta Dental small group plans have<br>a 50 percent copay and a \$1,500 lifetime<br>maximum per covered child.  | As a part of the ACA, the out-of-pocket limit<br>is \$350 per child or \$700 for all children on<br>the policy for services performed by a network<br>dentist. |
| Approval and<br>Treatment Plans | Does not require prior approval, but a treatment plan is required.  | Delta Dental requires prior approval before treatment begins.  |

Delta Dental Plus policies include the pediatric dental services as required under the Affordable Care Act (ACA). Delta Dental Plus policies are expected to be certified as qualified health plans. Plus policies for small employer groups can be purchased through Delta Dental or your insurance agent. You can purchase dental benefits with the required pediatric dental services as a stand-alone policy without purchasing a medical plan. Delta Dental Prime policies do not include the pediatric dental services as required under ACA. These policies can be purchased through Delta Dental or your insurance agent.

