

Delta Dental PPOSM

Pediatric Basic Plan for Individuals 2016 Rates



A Delta Dental PPO plan makes it easy for members to find a dentist and control costs when visiting a Delta Dental network provider. Delta Dental also offers competitive rates and access to one of the largest dentist networks in the U.S. – making quality dental care accessible and affordable for members.

2016 monthly rates for the Pediatric Basic Plan for Individuals are listed below ▼

SUBSCRIBER AGE 19+	Subscriber	Subscriber + Spouse	Subscriber + Child(ren)	Family
ALBANY REGION Counties: Albany, Columbia, Fulton, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington	\$0.00	\$15.98	\$30.36	\$30.36
BUFFALO REGION Counties: Allegany*, Cattaraugus*, Chautauqua*, Erie, Genesee, Niagara, Orleans, Wyoming	\$0.00	\$14.96	\$28.42	\$28.42
MID HUDSON Counties: Delaware, Dutchess, Orange, Putnam, Sullivan, Ulster	\$0.00	\$17.88	\$33.97	\$33.97
NEW YORK CITY Counties: Bronx*, Kings*, New York*, Queens*, Richmond*, Rockland, Westchester	\$0.00	\$22.03	\$41.86	\$41.86
ROCHESTER Counties: Livingston, Monroe, Ontario, Seneca, Wayne, Yates	\$0.00	\$15.51	\$29.47	\$29.47
SYRACUSE Counties: Broome, Cayuga, Chemung, Cortland, Onondaga, Schuyler, Steuben, Tioga, Tompkins	\$0.00	\$15.72	\$29.87	\$29.87
UTICA/WATERTOWN Counties: Chenango, Clinton, Essex, Franklin, Hamilton, Herkimer, Jefferson, Lewis, Madison, Oneida, Oswego, Otsego, St. Lawrence	\$0.00	\$15.62	\$29.68	\$29.68

* MVP is not licensed to sell in this county

Rates listed above are for Pediatric coverage only. Eligible members must be under the age of 19 to qualify. For subscribers under the age of 19, contact your MVP Health Care[®] Representative for additional rates.

You must purchase an MVP medical plan in order to qualify for this pediatric dental coverage.



Delta Dental Individual

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Pediatric Basic Plan

Plan Highlights

Plan Highlights	Pediatric Benefits (up to age 19)	
Deductibles & Maximums per Calendar Year		
Deductible	Enrollee	\$65 per pediatric enrollee
Deductible Waived <i>Deductible does not apply to these services</i>	n/a	
Annual Maximum <i>Maximum the plan will pay each year for services per person</i>	None	
Out-of-Pocket Maximum <i>After this amount is reached, the plan pays 100% of the remaining covered services for that year. Applies only to in-network services</i>	\$350 one pediatric enrollee, \$700 two or more pediatric enrollees	
Covered Services*	<i>Delta Dental pays</i>	<i>Enrollee pays</i>
Diagnostic and Preventive Services	100%	0%
Basic Services	50%	50%
Major Services	50%	50%
Orthodontics Medically Necessary	50%	50%
Waiting Period(s)	None	

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement to dentists is based on contracted fees for all dental providers.