

Essential Pediatric Dental Coverage

CDPHP® is teaming up with Delta Dental of New York, Inc. (Delta Dental) to provide members with the essential pediatric dental coverage required by the Affordable Care Act.

The Affordable Care Act (ACA) requires that all small group health plans provide coverage for a range of core services known as Essential Health Benefits (EHBs), one of which is pediatric dental care.

Enrollment and Billing

On the CDPHP member application, you must provide the required attestation of coverage for yourself and any covered dependents. If you and/or your dependents do not provide this, CDPHP will enroll you and any applicable dependents in the Delta Dental PPOSM Pediatric Basic Plan for Small Businesses. Your employer will be billed for all enrolled individuals who are 18 years of age or younger. Talk to your employer to find out if and how this cost is shared with employees.

About the Delta Dental Pediatric Dental Plan

Delta Dental PPO Pediatric Basic Plan for Small Businesses is a Delta Dental PPO plan that provides benefits through a wide network of dentists across the nation. Delta Dental PPO pays a percentage of the contract allowance for covered services; enrollees are responsible for the remaining percentage — commonly called “coinsurance.” The contract allowance is based on the contracted PPO fee in your area.

Delta Dental Pediatric Plan 70 – Plan Highlights

Deductible per person, per plan year	\$65
Diagnostic Services (X-rays, exams, specialist consultation)	100%
Preventive Services (cleanings, sealants)	100%
Basic Services (basic restorative, emergency palliative treatment; periodontal cleaning)	50%
Major Services (crowns and casts, prosthodontics, endodontics, periodontics, oral surgery, TMJ)	50%
Orthodontics	50% medically necessary
Enrollee Out-of-Pocket Maximum* After this amount is reached, the plan pays 100% of the remaining covered services for that year.	\$375 one child / \$750 two or more children

* Applies only to pediatric services provided by PPO dentists. Diagnostic and preventive services do not contribute to the annual maximum.

Delta Dental PPOSM is underwritten by Delta Dental of New York, Inc. This benefit information is only a summary and not intended or designed to replace or serve as the Group Contract. Please consult the Evidence of Coverage for a complete description of plan benefits, limitations and exclusions. In the event of any inconsistency between this document and the Evidence of Coverage, the terms of the Evidence of Coverage will prevail.

Delta Dental plans are offered and sold by Capital District Physicians' Healthcare Network, Inc. If, at any time, you and/or covered dependents obtain the essential pediatric coverage from another carrier, and need to disenroll from the Delta Dental PPO Pediatric Basic Plan for Small Businesses offered through CDPHP, you may complete and submit the Pediatric Dental Coverage Attestation Form which can be found on the next page of this flyer.



A REGISTERED MARK OF DELTA DENTAL PLANS ASSOCIATION

Essential Pediatric Dental Coverage Attestation Form

For members of small groups (1-100 employees) and individual plans only

In an effort to make health care more accessible, the Affordable Care Act (ACA) requires that all small group and individual health plans provide coverage for a range of core services known as Essential Health Benefits (EHBs), one of which is pediatric dental care.

Attestation

If either you and/or any of your dependents are receiving the essential pediatric dental coverage from another plan not offered by CDPHP, you have the option to disenroll from the Delta Dental Pediatric Plan through CDPHP. If you have another dental plan but are unsure if it meets the essential pediatric dental coverage requirements, speak with your employer or the administrator of that plan. By signing below, you are attesting that you are already meeting the essential pediatric dental coverage requirements through another plan and are disenrolling from the CDPHP pediatric dental coverage through Delta Dental.

Subscriber Name: _____ **CDPHP ID #:** _____

Employer (if applicable): _____

Please list the applicable subscriber and/or dependents that have obtained standalone dental coverage.

Name	Relationship to Subscriber

Agreement

I certify that I, and/or any of the above-named dependent(s), have obtained standalone dental coverage that provides a pediatric dental essential health benefit through a NY State of Health™-certified standalone dental plan offered outside NY State of Health. This certification will be considered to be in effect throughout the period you are covered by CDPHP, unless you notify CDPHP that you no longer have pediatric dental coverage with another carrier.

I hereby represent that all information furnished by me hereon is true and complete to the best of my knowledge.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Signature _____ **Date:** _____

Completed forms can be emailed to membership@cdphp.com, or faxed to (518) 641-4008.



Discrimination is Against the Law

Capital District Physicians' Health Plan, Inc. (CDPHP®) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Multi-language Interpreter Services

ATENCIÓN: Si habla otro idioma que no es el inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación de miembro (TTY: 711).

注意：如果您使用的語言不是英語，您可以免費獲得語言援助服務。請致電您會員ID卡上的電話（聽力障礙電傳：711）。