

PEDIATRIC DENTAL

ESSENTIAL HEALTH BENEFIT (EHB) | Services under the pediatric dental benefit are covered as described below for WHA members under 19 years of age. This is a combined benefit with your medical plan. See your WHA copayment summary.

DeltaCare USA¹ provides quality dental benefits at an affordable cost in this easy-to-use plan. The DeltaCare USA program encourages you to visit the dentist regularly to keep a healthy smile.

PLAN BENEFIT HIGHLIGHTS

- Posterior composites
- Additional cleanings
- Defined fees for metal upgrades
- Unlimited benefits²
- General anesthesia and IV sedation covered

CONVENIENT COPAYMENT SCHEDULE

While the benefits shown at right represent the most frequently used services covered under the plan, DeltaCare USA plans offer even more great features³. Plus, you don't have to worry about annual deductibles or benefit maximums for covered services—just pay the copayment. Copayments (where applicable) are paid to the DeltaCare USA dentist at the time of treatment.

FIND A PROVIDER

Upon enrollment, you'll choose a DeltaCare USA dentist from the nationwide network. You must visit your selected primary care dentist to receive benefits².

To locate a participating provider in your area:

visit deltadentalins.com

call **800.422.4234** (TTY/TDD 711)

Monday – Friday, 5 a.m. to 6 p.m.



DeltaCare USA — PEDIATRIC BENEFITS³

	Copayment
Diagnostic Services	
Periodic oral examinations	\$0
X-rays	\$0
Preventive Services	
Teeth cleaning (prophylaxis)	\$0
Topical fluoride: child	\$0
Restorative Services: Filling - Permanent	
Amalgam-three surfaces: primary or permanent	\$40
Stainless steel crowns: primary teeth	\$150
Oral Surgery Services	
Simple extraction of erupted tooth or exposed root	\$65
Surgical extraction of erupted tooth	\$135
Impaction: soft tissue	\$135
Impaction: partial bony	\$135
Impaction: full bony	\$160
Endodontic Services	
Pulp cap: direct	\$50
Root canal: anterior	\$300
Root canal: bicuspid	\$365
Root canal: molar	\$300
Periodontic Services	
Gingivectomy: four or more contiguous teeth per quadrant	\$150
Scaling/root planing: one to three teeth per quadrant	\$75
Prosthetic Services	
Crown: porcelain fused to predominantly base metal	\$300
Post/core prefabrication	\$100
Complete denture	\$365
Partial denture	\$365
Denture relines: chair side	\$125
Orthodontia	
24 months of orthodontic services	\$875
Other Services	
Office visit: after hours	\$0
Local anesthesia	\$0

1 DeltaCare USA is underwritten by Delta Dental of California and administered by Delta Dental Insurance Company.

2 Services are covered only when performed by your selected primary care DeltaCare USA dentist, unless otherwise pre-authorized by Delta Dental of California.

3 This sample of copayments is only a summary of the plan coverage. Upon enrollment, the DeltaCare USA plan will make available a complete list of covered services and copayments, along with any limitations and exclusions that apply.

Western Health Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Western Health Advantage does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Western Health Advantage:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact the Member Services Manager.

If you believe that Western Health Advantage has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Member Services Manager, 2349 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833, 888.563.2250 or 916.563.2250, 888.877.5378 (TTY), 916.568.0126 (fax), memberservices@westernhealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Member Services Manager is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at:

Website: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Mail: U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

Phone: 800.368.1019 or 800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ENGLISH

If you, or someone you're helping, have questions about Western Health Advantage, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 888.563.2250 or TTY 888.877.5378.

SPANISH

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Western Health Advantage, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 888.563.2250, o al TTY 888.877.5378 si tiene dificultades auditivas.

CHINESE

如果您，或是您正在協助的對象，有關於Western Health Advantage方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話888.563.2250或聽障人士專線(TTY) 888.877.5378。

VIETNAMESE

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Western Health Advantage, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi số 888.563.2250, hoặc gọi đường dây TTY dành cho người khiếm thính tại số 888.877.5378.

TAGALOG

Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Western Health Advantage, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 888.563.2250 o TTY para sa may kapansanan sa pandinig sa 888.877.5378.