

Individual and Family Plan Options	Delta Dental PPO <sup>SM</sup>		
	Gold Plan	Silver Plan	Bronze Plan
<p><b>Delta Dental PPO<sup>SM</sup>/Delta Dental Premier<sup>®</sup>/Non-Network</b>            All plans are based on the Delta Dental PPO network. Delta Dental PPO dentists cannot bill over the PPO allowed amount. Delta Dental Premier and non-network dentists can bill for charges above the allowed Delta Dental PPO amount. However, Delta Dental Premier dentists cannot bill for charges above the allowed Delta Dental Premier amount.</p>			
<b>Deductible</b> (benefit year; per person, applies to all services)	\$50	\$75	\$25
<b>Annual Maximum</b> (per person per benefit year)	\$1,500	\$1,000	\$500
<b>Covered Dental Services</b>			
<p><b>Preventive Services</b></p> <ul style="list-style-type: none"> <li>Exams (limited to 2 per person in a benefit year)</li> <li>Cleanings (limited to 2 per person in a benefit year)</li> <li>Bitewing X-rays (limited to 1 per person in a benefit year)</li> <li>X-rays (full mouth/panoramic - limited to 1 per person every 60 months)</li> <li>Fluoride Treatments (limited to 1 per person in a benefit year, under age 16)</li> <li>Space Maintainers (under age 14)</li> <li>Sealants (under age 16)</li> </ul>	100%	90%	100% Fluoride under age 18; Sealants under age 19; Space Maintainers are not covered
<p><b>Basic Services</b> (6 month waiting period*)</p> <ul style="list-style-type: none"> <li>Fillings/Amalgams</li> <li>Simple Extractions</li> </ul>	50%	50%	Not covered
<p><b>Major Services</b> (12 month waiting period*)</p> <ul style="list-style-type: none"> <li>Gum Disease Treatment</li> <li>Root Canals</li> <li>Surgical Extractions</li> <li>Denture Relines and Rebases, Adjustments</li> <li>Crowns</li> <li>Complete and Partial Dentures</li> <li>Fixed Bridgework</li> </ul>	50%	50%	Not covered
<p><b>Enhanced Benefits Program</b>            Offers additional coverage for individuals who have specific health conditions (including pregnancy, diabetes, high-risk cardiac conditions and suppressed immune systems) that can be positively affected by additional oral health care.</p>	Included	Included	Additional general cleanings and fluoride treatment where applicable

Visit [deltadentalil.me](http://deltadentalil.me) for monthly premiums and to enroll members or call 877-824-2776.

\* The waiting period is waived if the member was covered under a Delta Dental of Illinois group-sponsored policy within 60 days of the start of coverage under this policy, and had at least 12 months of continuous coverage under that plan. Waiting periods must be satisfied if there has been a lapse in coverage or for new members who are added to this policy. Your previous coverage will be verified. Waiting periods will be waived if you were covered within the past 60 days by Delta Dental of Illinois. Please note: your effective date for the individual product must be within 60 days of your termination date from prior Delta Dental of Illinois coverage.

There is a 24-month waiting period to re-enroll if the member drops coverage. Subsequent rate changes will be reviewed prior to the renewal date subject to a 60-day notification. Applications must be received by the 20th of the month to be effective the 1st of the following month. Applications received after the 20th will be effective the 1st of the month after the next month.

Delta Dental of Illinois' individual plans are only available to Illinois residents.

Visiting a Delta Dental PPO<sup>SM</sup> network dentist is a smart choice. Here's why.

Delta Dental PPO network dentists agree to accept Delta Dental's established fees as payment in full, which means they can't bill you for the difference between what they would usually charge and the Delta Dental PPO established fee. On average, the Delta Dental PPO established fees are 30 percent less than a dentist's usual fee.

Your dental plan reimburses all procedures based on the Delta Dental PPO fee. Because of this, Delta Dental Premier<sup>®</sup> and non-network dentists can bill you for charges above the allowed Delta Dental PPO fee.

## Example Savings for a Common Procedure\*

	Delta Dental PPO		Delta Dental Premier		Out-of-Network	
	The Delta Dental PPO network dentist cannot bill the difference between his/her billed fee and Delta Dental's allowed fee to the enrollee, saving the enrollee \$23 in Procedure 1 and \$350 in Procedure 2 (the difference between the dentist's billed fee and the Delta Dental PPO allowed fee).		The Delta Dental Premier network dentist cannot bill the difference between his/her billed fee and Delta Dental's maximum allowed fee (MPA) to the enrollee, but the dentist can bill the enrollee the difference between the MPA and the PPO allowed fee.		A non-network dentist CAN balance bill the enrollee the difference between the dentist's billed fee and the PPO allowed fee.	
Billed Fee	Procedure 1	Procedure 2	Procedure 1	Procedure 2	Procedure 1	Procedure 2
	\$80	\$1,200	\$80	\$1,200	\$80	\$1,200
Delta Dental PPO Allowed Fee <i>(all procedures are reimbursed based on this fee)</i>	\$57	\$850	\$57	\$850	\$57	\$850
Delta Dental Premier Maximum Allowed Fee	N/A	N/A	\$70	\$995	N/A	N/A
Percentage Paid by Delta Dental of Illinois	100%	50%	100%	50%	100%	50%
Amount Delta Dental of Illinois Pays	\$57	\$425	\$57	\$425	\$57	\$425
Amount Dentist can Balance Bill	\$0	\$0	\$13	\$145	\$23	\$350
You Pay	\$0	\$425	\$13	\$570	\$23	\$775
Your Total Cost Savings	\$23	\$350	\$10	\$205	\$0	\$0

As you can see, it pays to use a Delta Dental PPO dentist. Visit [deltadentalil.me](http://deltadentalil.me) today to find participating dentists in your area.

You can also download our free Delta Dental mobile app, available for Apple and Android devices, to find dentists, schedule an appointment and gauge the cost of common dental treatments using the Dental Care Cost Estimator tool.

\*This information is for illustrative purposes only and assumes the deductible has been met and the annual maximum has not been reached. There are some limitations on the expenses for which your dental plan pays. If you have specific questions regarding benefit coverage, limitations, exclusions or non-covered services, please refer to your certificate of coverage/dental benefit booklet or contact Delta Dental of Illinois. For specific fees and costs for a certain procedure, you can request a pre-estimate from your dentist. The savings example is not applicable for the Individual Kids Preferred plan. This plan uses an Exclusive Provider Feature where benefits are paid only when a member sees a Delta Dental PPO dentist. There are no benefits when a member sees a dentist outside of the Delta Dental PPO network.