

Dental Plan

Benefits	Delta Dental PPO Option Delta Dental of Illinois	
	PPO* and Premier** Network	Non-Network***
Deductible		
Individual	\$25	\$25
Family	\$75	\$75
Waived for Type A	Yes	Yes
Waived for Orthodontics	Yes	Yes
Annual Maximum	\$1,000	\$1,000
Ortho Lifetime Maximum	\$1,000	\$1,000
Type A Preventive Services Cleanings, fluoride treatment, exams, x-rays, sealants	Deductible waived, reimbursed at 100%	Deductible waived, reimbursed at 100%
Type B Diagnostic/Basic Services Amalgam fillings, oral surgery, periodontics, endodontics	70%	70%
Type C Major Services Cast restorations (inlays, onlays, crowns) partial/full dentures, repair of fixed partial dentures, bridgework, stainless steel crowns, denture relining/repair, recementation of crowns, inlays, onlays, bridges	70%	70%
Orthodontics	Deductible waived, reimbursed at 50%	Deductible waived, reimbursed at 50%

Note: The comparisons are outlines of the Benefit Schedules. This exhibit in no way replaces the plan document of coverage, which outlines all the plan provisions and legally governs the operation of the plans.

**Delta Dental PPO dentists accept payment based on the lesser of the submitted fee or the PPO fee schedule, which is established at a level that typically delivers a 15 – 40% discount off of average billed charges nationally.*

***Delta Dental Premier dentists accept payment based on the lesser of the submitted fee or Delta Dental's maximum plan allowance (MPA), which is established at a level that typically delivers a 5 – 15% discount off of average billed charges nationally.*

****Non-network (non-Delta Dental PPO/non-Delta Dental Premier) dentists are reimbursed at the 90th MDR.*

Delta Dental PPO and Premier dentists cannot balance bill the enrollee for the difference between Delta Dental's allowed fee and the dentist's submitted charge.



Gallagher

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