

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>SM</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> (benefit year)	\$1,500	\$1,000	\$500
<b>Covered Dental Services</b>			
<b>Preventive Services</b> <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
<b>Basic Services</b> (6 month waiting period*) <ul style="list-style-type: none"> <li>Fillings/Amalgams</li> <li>Simple Extractions</li> </ul>	50%	50%	Not covered
<b>Major Services</b> (12 month waiting period*) <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>Repairs to Crowns, Dentures and Bridges</li> <li>Crowns</li> <li>Complete and Partial Dentures</li> <li>Fixed Bridgework</li> </ul>	50%	50%	Not covered
<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.	Included	Included	Additional general cleanings and fluoride treatment where applicable

Visit [deltadentalil.com/healthalliance](http://deltadentalil.com/healthalliance) for monthly premiums and to enroll members or call 800-323-1743.

\* 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.

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.