

Delta Dental PPOSM – Gold Plan with the Individual Kids Basic Plan

Delta Dental PPO – Gold Plan

The Gold plan is 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.

Individual Kids Basic Plan

(Children under age 19 only)

The Individual Kids Basic plan uses an Exclusive Provider Feature where benefits are paid only when a member uses a Delta Dental PPO dentist. Delta Dental PPO dentists cannot bill members for charges over the PPO allowed amount. There are no benefits when a member uses a non-Delta Dental PPO network dentist. Members under age 19 can use the benefits of both the Gold and Individual Kids Basic plans, but can only receive benefits from the Individual Kids Basic plan with Delta Dental PPO dentists.

Deductible (benefit year; per person, applies to all services)	\$50	Deductible (benefit year; per person, applies to basic and major services only)	\$120
Out-of-Pocket Limit	N/A	Out-of-Pocket Limit	\$350 per individual child
Annual Maximum (benefit year)	\$1,500	Family Out-of-Pocket Limit (for children under age 19)	\$700
Covered Dental Services			
Preventive Services <ul style="list-style-type: none"> Exams (limited to 2 per person in a benefit year) Cleanings (limited to 2 per person in a benefit year) Bitewing X-rays (limited to 1 per person in a benefit year) X-rays (full mouth/panoramic - limited to 1 per person in 60 months) Fluoride Treatments (limited to 1 per person in a benefit year, under age 16) Space Maintainers (under age 14) Sealants (under age 16) 	100%	Preventive Services <ul style="list-style-type: none"> Exams (limited to 2 per person in a benefit year) Cleanings (limited to 2 per person in a benefit year) Bitewing X-rays (limited to 2 per person in a benefit year) X-rays (full mouth/panoramic - limited to 1 per person in 36 months) Fluoride Treatments (limited to 1 per person in a benefit year, under age 19) Space Maintainers (under age 19) Sealants (under age 19) 	100% in-network/ 0% out-of-network
Basic Services (6 month waiting period**) <ul style="list-style-type: none"> Fillings/Amalgams Simple Extractions 	50%	Basic Services <ul style="list-style-type: none"> Fillings/Amalgams Simple Extractions Gum Disease Treatment Root Canals Surgical Extractions 	50% in-network/ 0% out-of-network
Major Services (12 month waiting period**) <ul style="list-style-type: none"> Gum Disease Treatment Root Canals Surgical Extractions Denture Relines and Rebases, Adjustments Repairs to Crowns, Dentures and Bridges Crowns Complete and Partial Dentures Fixed Bridgework 	50%	Major Services <ul style="list-style-type: none"> Denture Relines and Rebases, Adjustments Repairs to Crowns, Dentures and Bridges Crowns Complete and Partial Dentures Fixed Bridgework 	50% in-network/ 0% out-of-network
Enhanced Benefits Program 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	Enhanced Benefits Program 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
Orthodontia	Not included	Orthodontia (medically necessary orthodontia only) The ACA requires coverage for medically necessary orthodontia only. Predeterminations will be necessary to determine if there is any coverage for orthodontia under the Individual Kids Basic plan.	50% in-network/ 0% out-of-network

Visit deltadentalil.com/healthalliance for monthly premiums and to enroll members or call 800-323-1743.

** Single rates are not available for Delta Dental PPO – Gold and Silver plans with Individual Kids Basic plan; there must be one adult and one or more dependents enrolled in these plans. Single rates are available for all other plans

** 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.