

## Delta Dental PPO<sup>SM</sup> – Silver Plan with the Individual Kids Basic Plan

### Delta Dental PPO – Silver Plan

The Silver 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 Silver and Individual Kids Basic plans, but can only receive benefits from the Individual Kids Basic plan with Delta Dental PPO dentists.

<b>Deductible</b> (benefit year; per person, applies to all services)	\$75	<b>Deductible</b> (benefit year; per person, applies to basic and major services only)	\$120
<b>Out-of-Pocket Limit</b>	N/A	<b>Out-of-Pocket Limit</b>	\$350 per individual child
<b>Annual Maximum</b> (benefit year)	\$1,000	<b>Family Out-of-Pocket Limit</b> (for children under age 19)	\$700
<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 in 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>	90%	<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 2 per person in a benefit year)</li> <li>X-rays (full mouth/panoramic – limited to 1 per person in 36 months)</li> <li>Fluoride Treatments (limited to 1 per person in a benefit year, under age 19)</li> <li>Space Maintainers (under age 19)</li> <li>Sealants (under age 19)</li> </ul>	100% in-network/ 0% out-of-network
<b>Basic Services</b> (6 month waiting period**) <ul style="list-style-type: none"> <li>Fillings/Amalgams</li> <li>Simple Extractions</li> </ul>	50%	<b>Basic Services</b> <ul style="list-style-type: none"> <li>Fillings/Amalgams</li> <li>Simple Extractions</li> <li>Gum Disease Treatment</li> <li>Root Canals</li> <li>Surgical Extractions</li> </ul>	50% in-network/ 0% out-of-network
<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%	<b>Major Services</b> <ul style="list-style-type: none"> <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% in-network/ 0% out-of-network
<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	<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
<b>Orthodontia</b>	Not included	<b>Orthodontia</b> (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](http://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.