



Small Group Dental Solutions

Choose from a Suite of Pooled Products

Designed specifically for small businesses with groups of two to 50 benefit eligible employees, Delta Dental of Illinois' suite of small group products offers pooled rates to provide the best overall savings. These competitive products are easy to administer and provide a wide range of coverage for diagnostic and preventive care, and minor, major and orthodontic services. Each plan offers tremendous flexibility, including several options for deductibles, annual maximums and orthodontic maximums. We also offer small groups a plan companion/rider that meets the Pediatric Dental Essential Health Benefit (EHB) required by the Affordable Health Care Act (ACA).

All of our small group plans include our Enhanced Benefits Program that offers evidence-based dentistry solutions for enrollees and coverage for posterior composites and implants. Small group plans have the option of adding DeltaVision® plans and/or any of the ancillary offerings (disability, life) available through Delta Dental of Illinois' subsidiary. Our To GoSM annual maximum carryover feature can be added to Delta Dental PPOSM and Delta Dental Premier® Platinum, Gold and Silver plans.

Delta Dental PPOSM

Delta Dental of Illinois' PPO network is extensive. Like most PPOs, enrollees will enjoy lower out-of-pocket costs when they use a Delta Dental PPO network dentist because these providers have agreed to accept fees that are typically 15-40 percent lower than average billed charges. Groups are able to enhance benefits while keeping costs in check.

- Platinum, Gold and Silver plans, as well as Maximum Allowable Charge Non-Voluntary or Voluntary plans.
- Combines freedom of choice with cost-saving incentives.
- Selection of a primary dentist not required (except for DeltaCare®).
- Lower out-of-pocket costs from network dentists.
- DeltaCare can be added as a dual choice option.
- Enhanced Benefits Program that offers additional coverage to individuals who have specific health conditions that can be positively affected by additional oral health care is included with all plans.
- To GoSM annual maximum carryover feature available for Delta Dental PPO Platinum, Gold and Silver plans.

Delta Dental of Illinois does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

Delta Dental PPOSM Plans with the Individual Kids Preferred Plan

Delta Dental of Illinois offers small groups (2-50 employees) a plan companion/rider that meets the Pediatric Dental EHB required by the ACA. **Groups do not have to purchase pediatric dental coverage from a medical carrier, and the pediatric dental EHB does not have to be embedded in a medical plan.**

With Delta Dental of Illinois' exchange-certified dental plan – Delta Dental PPO Individual Kids Preferred – groups that add it can provide “reasonable assurance”/attest to their medical carriers of pediatric dental EHB coverage by a stand-alone dental carrier. Additionally, benefits do not have to be purchased from a public insurance exchange.

The Delta Dental PPO Individual Kids Preferred plan uses an Exclusive Provider Feature. With an Exclusive Provider Feature, 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.



Delta Dental PPOSM Platinum, Gold and Silver Plans for Small Groups

Delta Dental of Illinois' PPO network is extensive. Like most PPOs, enrollees will enjoy lower out-of-pocket costs when they use a Delta Dental PPO network dentist because these providers have agreed to accept fees that are typically 15-40 percent lower than average billed charges. Small groups (2-50 employees) are able to enhance benefits while keeping costs in check.

- Combines freedom of choice with cost-saving incentives.
- Features Platinum, Gold and Silver plans.
- Lower out-of-pocket costs from network dentists.
- DeltaCare[®] can be added as a dual choice option.
- Enhanced Benefits Program that offers additional coverage to individuals who have specific health conditions that can be positively affected by additional oral health care is included with all plans.
- To GoSM annual maximum carryover feature available for Delta Dental PPO Platinum, Gold and Silver plans.

Summary of Coverages	Delta Dental PPO SM Platinum Plan			Delta Dental PPO SM Gold Plan			Delta Dental PPO SM Silver Plan		
	Delta Dental PPO SM	Delta Dental Premier [®]	Non-Network	Delta Dental PPO SM	Delta Dental Premier [®]	Non-Network	Delta Dental PPO SM	Delta Dental Premier [®]	Non-Network
Deductible Options	Single \$50 \$75	Family \$150 \$225		Single \$50 \$75	Family \$150 \$225		Single \$50 \$75	Family \$150 \$225	
	Applies to Coverages B and C only. Optional for Coverage A.			Applies to Coverages B and C only. Optional for Coverage A.			Applies to Coverages B and C only. Optional for Coverage A.		
Annual Maximum Options	\$1,000, \$1,500 or \$1,800			\$1,000, \$1,500 or \$1,800			\$1,000, \$1,500 or \$1,800		
Coverage A Diagnostic: • Exams (limited to 2 per person in a benefit year) • Bitewing X-rays (limited to 2 per person in a benefit year) • Full-Mouth X-rays (every three years) Preventive: • Cleanings (limited to 2 per person in a benefit year) • Fluoride Treatments (limited to 1 per person in a benefit year, under age 19) • Space Maintainers (under age 14)	100%*			100%*			100%*	80%*	80%*
Coverage B Basic Restorative: • Sealants (under age 16) • Fillings/Amalgams/Composites (including posterior composites) Non-Surgical Periodontics**: • Non-Surgical Treatment of Gum Disease Endodontics**: • Root Canals and Pulpal Therapy Oral Surgery, Surgical Extractions** (including preoperative and postoperative care) ** These benefits can be moved as a coverage grouping to Coverage C.	80%*			80%*	60%*	60%*	80%*	60%*	60%*
Coverage C Major Restorative: • Cast Restorations: Crowns, Onlays and Other Ceramic Restorations to Permanent Teeth • Implant Therapy Prosthodontics: • Bridges, Partial Dentures and Complete Dentures Surgical Periodontics • Surgical Treatment of Gum Disease	50%*			50%*			50%*		
Coverage D Orthodontics (for children under age 19) Optional and available to all groups	50%*			50%*			50%*		
Enhanced Benefits Program Offers additional coverage to individuals who have specific health conditions that can be positively affected by additional oral health care.	Included			Included			Included		
Orthodontia Maximum Options Optional and available to all groups	\$1,000 or \$1,500			\$1,000 or \$1,500			\$1,000 or \$1,500		

* In-network payment is based on discounted fees; Delta Dental Premier and out-of-network payment is based on Delta Dental of Illinois' Maximum Plan Allowance (MPA).



Delta Dental PPOSM Maximum Allowable Charge (MAC) and MAC Voluntary Plans for Small Groups

Delta Dental PPO – MAC Plan

We offer a MAC plan to Delta Dental PPO, where both in-network and out-of-network services are paid off the Delta Dental PPO fee schedule.

Delta Dental of Illinois' PPO network is extensive. Like most PPOs, enrollees will enjoy lower out-of-pocket costs when they use a Delta Dental PPO network dentist because these providers have agreed to accept fees that are typically 15-40 percent lower than average billed charges. Small groups (2-50 employees) are able to enhance benefits while keeping costs in check.

- Combines freedom of choice with cost-saving incentives.
- Lower out-of-pocket costs from network dentists.
- DeltaCare® can be added as a dual choice option.
- Enhanced Benefits Program that offers additional coverage to individuals who have specific health conditions that can be positively affected by additional oral health care is included with all plans.

Delta Dental PPO – MAC Voluntary Plan

The MAC Voluntary plan includes all the features of the MAC plan but on a fully voluntary basis, allowing groups to offer a dental plan to benefit eligible employees at a low group rate, something employees could not get on their own.

- Available to groups of 10 to 300 benefit-eligible employees.
- Offered on a voluntary basis.

Summary of Coverages	Delta Dental PPO SM Maximum Allowable Charge Plan			Delta Dental PPO SM Maximum Allowable Charge Voluntary Plan Available for groups of 10 to 300 benefit eligible employees		
	Delta Dental PPO SM	Delta Dental Premier [®]	Non-Network	Delta Dental PPO SM	Delta Dental Premier [®]	Non-Network
Deductible Options	Single \$50 Family \$150 Applies to Coverages B and C only.			Single \$50 Family \$150 Applies to Coverages B and C only.		
Annual Maximum Options	\$1,000			\$1,000		
Coverage A Diagnostic: <ul style="list-style-type: none"> Exams (limited to 2 per person in a benefit year) Bitewing X-rays (limited to 2 per person in a benefit year) Full-Mouth X-rays (every three years) Preventive: <ul style="list-style-type: none"> Cleanings (limited to 2 per person in a benefit year) Fluoride Treatments (limited to 1 per person in a benefit year, under age 19) Space Maintainers (under age 14) 	100%*			100%*		
Coverage B Basic Restorative: <ul style="list-style-type: none"> Fillings/Amalgams/Composites (including posterior composites) Sealants (under age 16) Oral Surgery, Surgical Extractions (including preoperative and postoperative care)	80%*			80%*		
Coverage C Major Restorative: <ul style="list-style-type: none"> Cast Restorations: Crowns, Onlays and Other Ceramic Restorations to Permanent Teeth Implant Therapy Non-Surgical Periodontics: <ul style="list-style-type: none"> Non-Surgical Treatment of Gum Disease Surgical Periodontics: <ul style="list-style-type: none"> Surgical Treatment of Gum Disease Endodontics: <ul style="list-style-type: none"> Root Canals and Pulpal Therapy Oral Surgery, Surgical Extractions (including preoperative and postoperative care)	50%*			50%*		
Coverage D Orthodontics (for children under age 19) Not available for the Delta Dental PPO Maximum Allowable Charge Voluntary plan.	50%*			N/A		
Enhanced Benefits Program Offers additional coverage to individuals who have specific health conditions that can be positively affected by additional oral health care.	Included			Included		
Orthodontia Maximum Options	\$1,000			N/A		

* In-network and out-of-network payments are based on discounted fees.



Delta Dental PPOSM Plans with Individual Kids Preferred Plan Companion/Rider for Small Groups

Affordable Care Act (ACA) Compliant Dental Plans

Our pediatric dental plan, Individual Kids Preferred plan, meets the guidelines of the Affordable Care Act's (ACA) Pediatric Dental Essential Health Benefit (EHB).

Delta Dental of Illinois offers small groups (2-50 employees) a plan companion/rider to our small group PPO plan offerings that meets the pediatric dental EHB required by the ACA. **Groups do not have to purchase pediatric dental coverage from a medical carrier, and the pediatric dental EHB does not have to be embedded in a medical plan.** With Delta Dental of Illinois' exchange-certified dental plan – Individual Kids Preferred – groups that add it can provide “reasonable assurance”/attest to their medical carriers of Pediatric Dental EHB coverage by a stand-alone dental carrier. Additionally, benefits do not have to be purchased from a public insurance exchange.

Delta Dental PPO plans with the Individual Kids Preferred plan use an Exclusive Provider Feature. With an Exclusive Provider Feature, 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. However, members under age 19 can use the benefits of the PPO plan and the Individual Kids Preferred plan, but can only receive benefits from the Individual Kids Preferred plan with Delta Dental PPO dentists.

Delta Dental PPOSM Platinum Plan with the Individual Kids Preferred Plan

Delta Dental PPO SM Platinum Plan		Individual Kids Preferred Plan																
<p>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>		<p style="text-align: center;"><i>(Children under age 19 only)</i></p> <p>The Individual Kids Preferred 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. The plan is offered as a companion/rider to Delta Dental PPO Platinum, Gold and Silver plans. Members under age 19 can use the benefits of both the Platinum and Individual Kids Preferred plans but can only receive benefits from the Individual Kids Preferred plan with Delta Dental PPO dentists.</p>																
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Delta Dental PPOSM</td> <td style="width: 33%; text-align: center;">Delta Dental Premier[®]</td> <td style="width: 33%; text-align: center;">Non-Network</td> </tr> <tr> <td style="text-align: center;">Single</td> <td style="text-align: center;">Family</td> <td></td> </tr> <tr> <td style="text-align: center;">\$50</td> <td style="text-align: center;">\$150</td> <td></td> </tr> <tr> <td style="text-align: center;">\$75</td> <td style="text-align: center;">\$225</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center; font-size: small;">Applies to Coverages B and C only. Optional for Coverage A.</td> </tr> </table>	Delta Dental PPOSM	Delta Dental Premier[®]	Non-Network	Single	Family		\$50	\$150		\$75	\$225		Applies to Coverages B and C only. Optional for Coverage A.				
Delta Dental PPOSM	Delta Dental Premier[®]	Non-Network																
Single	Family																	
\$50	\$150																	
\$75	\$225																	
Applies to Coverages B and C only. Optional for Coverage A.																		
Deductible Options		Deductible <i>(benefit year; per person, applies to basic and major services only)</i>	\$50															
Out-of-Pocket Limit	N/A	Out-of-Pocket Limit	\$350 per individual child															
Annual Maximum Options	\$1,000, \$1,500 or \$1,800	Family Out-of-Pocket Limit <i>(for children under age 19)</i>	\$700															
Coverage A Diagnostic: <ul style="list-style-type: none"> • Exams <i>(limited to 2 per person in a benefit year)</i> • Bitewing X-rays <i>(limited to 2 per person in a benefit year)</i> • Full-Mouth X-rays <i>(every three years)</i> Preventive: <ul style="list-style-type: none"> • Cleanings <i>(limited to 2 per person in a benefit year)</i> • Fluoride Treatments <i>(limited to 1 per person in a benefit year, under age 19)</i> • Space Maintainers <i>(under age 14)</i> 	100%*	Preventive Services <ul style="list-style-type: none"> • Exams <i>(limited to 2 per person in a benefit year)</i> • Cleanings <i>(limited to 2 per person in a benefit year)</i> • Bitewing X-rays <i>(limited to 2 per person in a benefit year)</i> • X-rays <i>(full mouth/panoramic – limited to 1 per person in 36 months)</i> • Fluoride Treatments <i>(limited to 1 per person in a benefit year, under age 19)</i> • Space Maintainers <i>(under age 19)</i> • Sealants <i>(under age 19)</i> 	100% in-network/ 0% out-of-network															
Coverage B Basic Restorative: <ul style="list-style-type: none"> • Sealants <i>(under age 16)</i> • Fillings/Amalgams/Composites <i>(including posterior composites)</i> Non-Surgical Periodontics**: <ul style="list-style-type: none"> • Non-Surgical Treatment of Gum Disease Endodontics**: <ul style="list-style-type: none"> • Root Canals and Pulpal Therapy • Oral Surgery, Simple Extractions Oral Surgery, Surgical Extractions** <i>(including preoperative and postoperative care)</i> <small>** These benefits can be moved as a coverage grouping to Coverage C.</small>	80%*	Basic Services <ul style="list-style-type: none"> • Fillings/Amalgams • Simple Extractions • Gum Disease Treatment • Root Canals • Surgical Extractions 	80% in-network/ 0% out-of-network															
Coverage C Major Restorative: <ul style="list-style-type: none"> • Cast Restorations: Crowns, Onlays and Other Ceramic Restorations to Permanent Teeth • Implant Therapy Prosthetics: <ul style="list-style-type: none"> • Bridges, Partial Dentures and Complete Dentures Surgical Periodontics <ul style="list-style-type: none"> • Surgical Treatment of Gum Disease 	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															
Coverage D Orthodontics <i>(for children under age 19)</i> Optional and available to all groups	50%*	Orthodontia <i>(medically necessary orthodontia only)</i> 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 Preferred plan.	50% in-network/ 0% out-of-network															
Orthodontia Maximum Options Optional and available to all groups	\$1,000 or \$1,500	Orthodontia Maximum Options Optional and available to all groups	N/A															
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															

* In-network payment is based on discounted fees; Delta Dental Premier and out-of-network payment is based on Delta Dental of Illinois' Maximum Plan Allowance (MPA).

Delta Dental PPOSM Gold Plan with the Individual Kids Preferred Plan

Delta Dental PPO SM Gold Plan				Individual Kids Preferred Plan							
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.				<i>(Children under age 19 only)</i> The Individual Kids Preferred 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. The plan is offered as a companion/rider to Delta Dental PPO Platinum, Gold and Silver plans. Members under age 19 can use the benefits of both the Gold and Individual Kids Preferred plans but can only receive benefits from the Individual Kids Preferred plan with Delta Dental PPO dentists.							
	Delta Dental PPO SM	Delta Dental Premier [®]	Non-Network								
Deductible Options	<table style="margin: auto; border: none;"> <tr> <td style="padding: 0 10px;">Single</td> <td style="padding: 0 10px;">Family</td> </tr> <tr> <td style="padding: 0 10px;">\$50</td> <td style="padding: 0 10px;">\$150</td> </tr> <tr> <td style="padding: 0 10px;">\$75</td> <td style="padding: 0 10px;">\$225</td> </tr> </table> <p style="font-size: x-small; text-align: center;">Applies to Coverages B and C only. Optional for Coverage A.</p>			Single	Family	\$50	\$150	\$75	\$225	Deductible <i>(benefit year; per person, applies to basic and major services only)</i>	\$50
Single	Family										
\$50	\$150										
\$75	\$225										
Out-of-Pocket Limit	N/A			Out-of-Pocket Limit	\$350 per individual child						
Annual Maximum Options	\$1,000, \$1,500 or \$1,800			Family Out-of-Pocket Limit <i>(for children under age 19)</i>	\$700						
Coverage A Diagnostic: <ul style="list-style-type: none"> • Exams <i>(limited to 2 per person in a benefit year)</i> • Bitewing X-rays <i>(limited to 2 per person in a benefit year)</i> • Full-Mouth X-rays <i>(every three years)</i> Preventive: <ul style="list-style-type: none"> • Cleanings <i>(limited to 2 per person in a benefit year)</i> • Fluoride Treatments <i>(limited to 1 per person in a benefit year, under age 19)</i> • Space Maintainers <i>(under age 14)</i> 	100%*			Preventive Services <ul style="list-style-type: none"> • Exams <i>(limited to 2 per person in a benefit year)</i> • Cleanings <i>(limited to 2 per person in a benefit year)</i> • Bitewing X-rays <i>(limited to 2 per person in a benefit year)</i> • X-rays <i>(full mouth/panoramic – limited to 1 per person in 36 months)</i> • Fluoride Treatments <i>(limited to 1 per person in a benefit year, under age 19)</i> • Space Maintainers <i>(under age 19)</i> • Sealants <i>(under age 19)</i> 	100% in-network/ 0% out-of-network						
Coverage B Basic Restorative: <ul style="list-style-type: none"> • Sealants <i>(under age 16)</i> • Fillings/Amalgams/Composites <i>(including posterior composites)</i> Non-Surgical Periodontics**: <ul style="list-style-type: none"> • Non-Surgical Treatment of Gum Disease Endodontics**: <ul style="list-style-type: none"> • Root Canals and Pulpal Therapy • Oral Surgery, Simple Extractions Oral Surgery, Surgical Extractions** <i>(including preoperative and postoperative care)</i> <small>** These benefits can be moved as a coverage grouping to Coverage C.</small>	80%*	60%*	60%*	Basic Services <ul style="list-style-type: none"> • Fillings/Amalgams • Simple Extractions • Gum Disease Treatment • Root Canals • Surgical Extractions 	80% in-network/ 0% out-of-network						
Coverage C Major Restorative: <ul style="list-style-type: none"> • Cast Restorations: Crowns, Onlays and Other Ceramic Restorations to Permanent Teeth Implant Therapy Prostodontics: <ul style="list-style-type: none"> • Bridges, Partial Dentures and Complete Dentures Surgical Periodontics <ul style="list-style-type: none"> • Surgical Treatment of Gum Disease 	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						
Coverage D Orthodontics <i>(for children under age 19)</i> Optional and available to all groups	50%*			Orthodontia <i>(medically necessary orthodontia only)</i> 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 Preferred plan.	50% in-network/ 0% out-of-network						
Orthodontia Maximum Options Optional and available to all groups	\$1,000 or \$1,500			Orthodontia Maximum Options Optional and available to all groups	N/A						
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						

* In-network payment is based on discounted fees; Delta Dental Premier and out-of-network payment is based on Delta Dental of Illinois' Maximum Plan Allowance (MPA).

Delta Dental PPOSM Silver Plan with the Individual Kids Preferred Plan

Delta Dental PPO SM Silver Plan		Individual Kids Preferred Plan	
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.		<i>(Children under age 19 only)</i> The Individual Kids Preferred 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. The plan is offered as a companion/ rider to Delta Dental PPO Platinum, Gold and Silver plans. Members under age 19 can use the benefits of both the Silver and Individual Kids Preferred plans but can only receive benefits from the Individual Kids Preferred plan with Delta Dental PPO dentists.	
	Delta Dental PPOSM Delta Dental Premier[®] Non-Network		
Deductible Options	Single Family \$50 \$150 \$75 \$225 Applies to Coverages B and C only. Optional for Coverage A.	Deductible <i>(benefit year; per person, applies to basic and major services only)</i>	\$50
Out-of-Pocket Limit	N/A	Out-of-Pocket Limit	\$350 per individual child
Annual Maximum Options	\$1,000, \$1,500 or \$1,800	Family Out-of-Pocket Limit <i>(for children under age 19)</i>	\$700
Coverage A Diagnostic: <ul style="list-style-type: none"> Exams <i>(limited to 2 per person in a benefit year)</i> Bitewing X-rays <i>(limited to 2 per person in a benefit year)</i> Full-Mouth X-rays <i>(every three years)</i> Preventive: <ul style="list-style-type: none"> Cleanings <i>(limited to 2 per person in a benefit year)</i> Fluoride Treatments <i>(limited to 1 per person in a benefit year, under age 19)</i> Space Maintainers <i>(under age 14)</i> 	100%*	80%*	80%*
Coverage B Basic Restorative: <ul style="list-style-type: none"> Sealants <i>(under age 16)</i> Fillings/Amalgams/Composites <i>(including posterior composites)</i> Non-Surgical Periodontics**: <ul style="list-style-type: none"> Non-Surgical Treatment of Gum Disease Endodontics**: <ul style="list-style-type: none"> Root Canals and Pulpal Therapy Oral Surgery, Simple Extractions Oral Surgery, Surgical Extractions** <i>(including preoperative and postoperative care)</i> ** These benefits can be moved as a coverage grouping to Coverage C.	80%*	60%*	60%*
Coverage C Major Restorative: <ul style="list-style-type: none"> Cast Restorations: Crowns, Onlays and Other Ceramic Restorations to Permanent Teeth Implant Therapy Prosthetic: <ul style="list-style-type: none"> Bridges, Partial Dentures and Complete Dentures Surgical Periodontics <ul style="list-style-type: none"> Surgical Treatment of Gum Disease 	50%*		
Coverage D Orthodontics <i>(for children under age 19)</i> Optional and available to all groups	50%*		
Orthodontia Maximum Options Optional and available to all groups	\$1,000 or \$1,500	Orthodontia Maximum Options Optional and available to all groups	N/A
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

* In-network payment is based on discounted fees; Delta Dental Premier and out-of-network payment is based on Delta Dental of Illinois' Maximum Plan Allowance (MPA).

Delta Dental PPOSM Maximum Allowable Charge Plan with the Individual Kids Preferred Plan

Delta Dental PPO SM MAC		Individual Kids Preferred Plan				
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.		(Children under age 19 only) The Individual Kids Preferred 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. The plan is offered as a companion/rider to Delta Dental PPO MAC and MAC Voluntary plans. Members under age 19 can use the benefits of both the MAC and Individual Kids Preferred plans but can only receive benefits from the Individual Kids Preferred plan with Delta Dental PPO dentists.				
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Delta Dental PPOSM</td> <td style="width: 33%; text-align: center;">Delta Dental Premier[®]</td> <td style="width: 33%; text-align: center;">Non-Network</td> </tr> </table>	Delta Dental PPOSM	Delta Dental Premier[®]	Non-Network		
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Deductible Options	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Single \$50</td> <td style="width: 50%; text-align: center;">Family \$150</td> </tr> </table> <small>Applies to Coverages B and C only.</small>	Single \$50	Family \$150	Deductible (benefit year; per person, applies to basic and major services only)	\$50	
Single \$50	Family \$150					
Out-of-Pocket Limit	N/A	Out-of-Pocket Limit	\$350 per individual child			
Annual Maximum Options	\$1,000	Family Out-of-Pocket Limit (for children under age 19)	\$700			
Coverage A Diagnostic: <ul style="list-style-type: none"> • Exams (limited to 2 per person in a benefit year) • Bitewing X-rays (limited to 2 per person in a benefit year) • Full-Mouth X-rays (every three years) Preventive: <ul style="list-style-type: none"> • Cleanings (limited to 2 per person in a benefit year) • Fluoride Treatments (limited to 1 per person in a benefit year, under age 19) • Space Maintainers (under age 14) 	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			
Coverage B Basic Restorative: <ul style="list-style-type: none"> • Fillings/Amalgams/Composites (including posterior composites) • Sealants (under age 16) • Oral Surgery (excluding surgical extractions) 	80%*	Basic Services <ul style="list-style-type: none"> • Fillings/Amalgams • Simple Extractions • Gum Disease Treatment • Root Canals • Surgical Extractions 	80% in-network/ 0% out-of-network			
Coverage C Major Restorative: <ul style="list-style-type: none"> • Cast Restorations: Crowns, Onlays and Other Ceramic Restorations to Permanent Teeth • Implant Therapy Non-Surgical Periodontics: <ul style="list-style-type: none"> • Non-Surgical Treatment of Gum Disease Surgical Periodontics: <ul style="list-style-type: none"> • Surgical Treatment of Gum Disease Endodontics: <ul style="list-style-type: none"> • Root Canals and Pulpal Therapy Oral Surgery: <ul style="list-style-type: none"> • Surgical Extractions Prosthodontics: <ul style="list-style-type: none"> • Bridges, Partial Dentures and Complete Dentures <small>12-month wait may apply for the Delta Dental PPO Maximum Allowable Charge Voluntary plan.</small>	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			
Coverage D Orthodontics (for children under age 19)	50%*	Orthodontia (medically necessary orthodontia only) <small>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 Preferred plan.</small>	50% in-network/ 0% out-of-network			
Orthodontia Maximum Options Optional and available to all groups	\$1,000	Orthodontia Maximum Options Optional and available to all groups	N/A			
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			

* In-network and out-of-network payments are based on discounted fees.

Delta Dental PPOSM Maximum Allowable Charge Voluntary Plan with the Individual Kids Preferred Plan

Delta Dental PPO SM MAC Voluntary		Individual Kids Preferred Plan	
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.		<i>(Children under age 19 only)</i> The Individual Kids Preferred 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. The plan is offered as a companion/rider to Delta Dental PPO MAC and MAC Voluntary plans. Members under age 19 can use the benefits of both the MAC and Individual Kids Preferred plans but can only receive benefits from the Individual Kids Preferred plan with Delta Dental PPO dentists.	
	Delta Dental PPOSM	Delta Dental Premier[®]	Non-Network
Deductible Options	Single \$50 Applies to Coverages B and C only.	Family \$150	Deductible <i>(benefit year; per person, applies to basic and major services only)</i>
Out-of-Pocket Limit	N/A		Out-of-Pocket Limit
Annual Maximum Options	\$1,000		Family Out-of-Pocket Limit <i>(for children under age 19)</i>
Coverage A Diagnostic: <ul style="list-style-type: none"> • Exams <i>(limited to 2 per person in a benefit year)</i> • Bitewing X-rays <i>(limited to 2 per person in a benefit year)</i> • Full-Mouth X-rays <i>(every three years)</i> Preventive: <ul style="list-style-type: none"> • Cleanings <i>(limited to 2 per person in a benefit year)</i> • Fluoride Treatments <i>(limited to 1 per person in a benefit year, under age 19)</i> • Space Maintainers <i>(under age 14)</i> 	100%*		Preventive Services <ul style="list-style-type: none"> • Exams <i>(limited to 2 per person in a benefit year)</i> • Cleanings <i>(limited to 2 per person in a benefit year)</i> • Bitewing X-rays <i>(limited to 2 per person in a benefit year)</i> • X-rays <i>(full mouth/panoramic – limited to 1 per person in 36 months)</i> • Fluoride Treatments <i>(limited to 1 per person in a benefit year, under age 19)</i> • Space Maintainers <i>(under age 19)</i> • Sealants <i>(under age 19)</i>
Coverage B Basic Restorative: <ul style="list-style-type: none"> • Fillings/Amalgams/Composites <i>(including posterior composites)</i> • Sealants <i>(under age 16)</i> • Oral Surgery <i>(excluding surgical extractions)</i> 	80%*		Basic Services <ul style="list-style-type: none"> • Fillings/Amalgams • Simple Extractions • Gum Disease Treatment • Root Canals • Surgical Extractions
Coverage C Major Restorative: <ul style="list-style-type: none"> • Cast Restorations: Crowns, Onlays and Other Ceramic Restorations to Permanent Teeth • Implant Therapy Non-Surgical Periodontics: <ul style="list-style-type: none"> • Non-Surgical Treatment of Gum Disease Surgical Periodontics: <ul style="list-style-type: none"> • Surgical Treatment of Gum Disease Endodontics: <ul style="list-style-type: none"> • Root Canals and Pulpal Therapy Oral Surgery: <ul style="list-style-type: none"> • Surgical Extractions Prosthodontics: <ul style="list-style-type: none"> • Bridges, Partial Dentures and Complete Dentures <small>12-month wait may apply for the Delta Dental PPO Maximum Allowable Charge Voluntary plan.</small>	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
Coverage D Orthodontics <i>(for children under age 19)</i> Not available for the Delta Dental PPO SM Maximum Allowable Charge Voluntary plan.	N/A		Orthodontia <i>(medically necessary orthodontia only)</i> 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 Preferred plan.
Orthodontia Maximum Options Optional and available to all groups	\$1,000		Orthodontia Maximum Options Optional and available to all groups
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.

* In-network and out-of-network payments are based on discounted fees.



DeltaCare®

Dental HMO/Closed Panel/ Capitulation Model

DeltaCare Option

Groups have the choice of adding DeltaCare, which can be coupled with any of our pooled product offerings. DeltaCare is designed to make dental care affordable and convenient for members and their family. Under this plan, members pay only the patient copayment amount listed in the Schedule of Dental Benefits. There are no deductibles, no annual benefit maximums and no claim forms to complete. Members must choose and visit a primary dentist and obtain referrals from this dentist for specialty dental care.

Benefits of DeltaCare Include:

- Preventive services offered at little or no cost to members.
- No annual maximums.
- No deductibles.
- Minimal or no copayments.
- Large network of dentists and “open” offices.
- More than 95 percent of offices accepting new patients.
- Easy administration with no claim forms for general dentist visits.



Enhanced Benefits Program

Oral Health Meets Overall Health with Delta Dental of Illinois

Delta Dental of Illinois' Enhanced Benefits Program integrates medical and dental care – where oral health meets overall health. **This program enhances coverage for individuals who have specific health conditions that can be positively affected by additional oral health care.** These enhancements are based on scientific evidence that shows treating and preventing oral disease in these situations can improve overall health. Our Enhanced Benefits Program includes additional cleanings and/or applications of topical fluoride. The costs of the additional cleanings and fluoride treatments will be applied to enrollees' annual maximums.

People Eligible	Treatment	Coverage Level	Frequency per Benefit Year
Individuals with: <ul style="list-style-type: none"> • Diabetes • Kidney Failure/Dialysis Treatment • High-Risk Cardiac Conditions* 	Prophylaxis (General Cleaning) and Periodontal Maintenance	Same Percent as the Group Contracted Benefit Level	4 Times Total in any Combination
Individuals with: <ul style="list-style-type: none"> • Periodontal Disease • Suppressed Immune Systems** • Cancer-Related Chemotherapy and/or Radiation Treatments 	Prophylaxis (General Cleaning) and Periodontal Maintenance Topical Fluoride Treatment (No Age Limits)	Same Percent as the Group Contracted Benefit Level Same percent as the Group Contracted Benefit Level	4 Times Total in any Combination Frequency Determined by Group Contract
Pregnant Women	Prophylaxis (General Cleaning) and Periodontal Maintenance	Same Percent as the Group Contracted Benefit Level	3 Times Total in any Combination
All Enrollees	Oral CDx Brush Biopsy (Oral Cancer)***	Same Percent as the Group Contracted Benefit Level	N/A

The Enhanced Benefits Program is available with Delta Dental PPOSM and Delta Dental Premier[®] plans only.

* Includes the following conditions: a history of infective endocarditis; certain congenital heart defects; individuals with artificial heart valves; heart valve defects caused by acquired conditions like rheumatic heart disease; hypertrophic cardiomyopathy, which causes abnormal thickening of the heart muscle; individuals with pulmonary shunts or conduits; mitral valve prolapsed with regurgitation (blood leakage).

** Includes the following conditions: HIV positive, organ transplant, stem cell (bone marrow) transplant.

*** The Oral CDx brush biopsy is standardly covered under oral surgery in Delta Dental of Illinois' benefit plan designs.



To GoSM

Take it To Go with Delta Dental of Illinois

The To GoSM feature – an option for Delta Dental PPO^{SM*} and Delta Dental Premier[®] programs – ensures that enrollees don't have to leave unused annual maximums behind.

With Delta Dental of Illinois' To Go feature, enrollees can take the unused amount “to go” from one year to the next**. This option offers enrollees more flexibility and can help them prepare for more extensive and costly dental treatment.

In traditional PPO plans, the annual maximum is a “use it or lose it” benefit. The To Go feature gives enrollees the ability to carryover any qualified, unused portion of their annual maximum in a given year and apply it to their To Go Bank, increasing their total dollars for dental treatment. Unused annual maximums eligible for carryover in a given year will be subject to a dollar threshold depending on the specific plan design. The enrollee also must have had a dental service that applies to the annual maximum (preventive/diagnostic, basic or major) during the year in order to carry over any unused annual maximum.

*The To Go feature is not available for Delta Dental PPO MAC and MAC Voluntary Plans. Contact your sales executive for complete underwriting guidelines; this feature may not be available for all Delta Dental PPO and Delta Dental Premier plans.
 **Enrollees cannot take unused maximums with them upon termination of employment or the dental plan, nor can they apply the unused annual maximum to another dental plan. To GoSM is a trademark of Delta Dental of Illinois.

Example					
Year 1		Year 2		Year 3	
Annual Maximum	\$1,500	Annual Maximum <i>To Go Bank balance for Year 2</i>	\$1,500 \$1,000	Annual Maximum <i>To Go Bank balance for Year 3</i>	\$1,500 \$1,500
Eligible Benefits Received	\$500	Eligible Benefits Received <i>(Applied to Year 2 Annual Maximum)</i>	\$400	Eligible Benefits Received <i>(Applied to Year 3 Annual Maximum)</i>	\$2,000
Unused Annual Maximum	\$1,000	Unused Annual Maximum <i>(\$1,500 - \$400)</i>	\$1,100	Unused Annual Maximum <i>(Exhausted all \$1,500 of Annual Maximum)</i>	\$0
				To Go Benefit Used: <i>(Claims exceeded Annual Maximum by \$500 so \$500 deducted from To Go Bank)</i>	\$500
To Go Benefit / Carryover	\$1,000	To Go Benefit / Carryover <i>(The To Go Bank balance is \$1000; total To Go Bank cannot exceed the total of the Annual Maximum (\$1,500) so only \$500 of the unused Annual Maximum for the current year can be applied to the To Go Bank)</i>	\$500*	To Go Benefit / Carryover <i>(Used all \$1,500, therefore there is a \$0 to carry over into the To Go Bank, but there is still a To Go Bank balance that will carryover to Year 4)</i>	\$0
To Go Bank Balance <i>(Available for use in Year 2)</i>	\$1,000	To Go Bank Balance <i>(Available for use in Year 3)</i>	\$1,500	To Go Bank Balance <i>(Available for use in Year 4)</i>	\$1,000
\$500 was applied to the annual maximum with \$1,000 unused. \$1,000 is carried over into the To Go Bank, increasing the total benefit in Year 2.		* Total To Go Bank cannot exceed the total of the annual maximum. With \$1,000 already in the To Go Bank (amount carried over from Year 1), only \$500 from the \$1,100 unused annual maximum for Year 2 (current year) can be carried over into the To Go Bank for a total of \$1,500 (equal to the annual maximum).		Because the paid claims exceeded the annual maximum by \$500, \$500 was deducted from the To Go Bank. The total annual maximum of \$1,500 was used so there was no carryover for Year 3. However, the To Go Bank still carries a balance of \$1,000 that can be applied in Year 4.	