



ESSENTIAL

Dental Benefits for Small Businesses

Smart Plan Updates from Delta Dental of Illinois



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ESSENTIAL BENEFITS

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Dental benefits aren't just nice to have. They're a must-have.

When groups invest in their employees with a strong benefits package, it shows they care about employees' health and future. While there are many benefits to consider, dental benefits are essential. Employees rank dental benefits as the second-most important coverage benefit, with medical being most important.¹

Why are dental benefits essential to the benefits package and bottom line of a small business?



Employee recruitment and retention

Dental benefits help your small business stand out in attracting and retaining employees.



Increased productivity

Dental benefits with preventive care, such as checkups and exams, help keep employees from missing work to treat mouth troubles and avoid unnecessary stress and time-management issues.



Employee satisfaction

More than 9 out of 10 employees say benefits are important to their overall job satisfaction.²



Employee well-being

People with dental coverage are 40% more likely to visit the dentist at least once a year compared to those without coverage.³

¹2018 LIMRA Employee Data Report

²<https://www.shrm.org/hr-today/trends-and-forecasting/research-and-surveys/Documents/2018%20Employee%20Benefits%20Report.pdf>

³2019 Delta Dental Adult's Oral Health & Well-Being Survey

Delta Dental of Illinois is the essential choice for dental benefits.

Just as dental benefits are a must-have, Delta Dental of Illinois is the essential choice for many small businesses in Illinois. That's because we've been providing best-in-class benefits for Illinois-based groups and their members nationwide since 1967.



Extensive dentist network

With 3 out of 4 dentists in Illinois participating in Delta Dental's networks, it's easy to find an in-network dentist. Delta Dental has direct control over network management and owns its networks. Delta Dental of Illinois' network policies hold our dentists to a higher standard — reassuring members they will always receive high-quality dental care from qualified providers.



Expertise and service

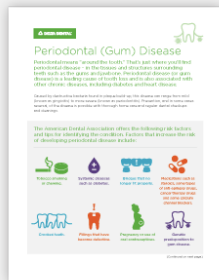
Delta Dental of Illinois has been improving smiles for more than 50 years. Today, we provide dental coverage to more than 6,500 Illinois-based groups and more than 2 million members nationwide. We deliver exceptional service from our Naperville service center, including fast and accurate claims processing, knowledgeable account service and innovative digital applications. Our Employer Connection gives groups secure access to view and manage plan information and billing. We also offer a secure Member Connection portal and member app that make it easy for members to stay connected with all of their dental benefits information.



*2018 Delta Dental Fact Sheet

Health and wellness tools

Our smart resources help groups and their members make the most of their dental plan.



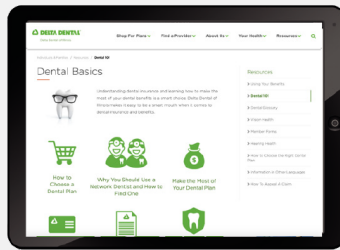
LifeSmile™ Wellness Program

Includes a suite of wellness resources so groups can help their members understand the importance of oral health and encourage them to take full advantage of their dental benefits.



Oral Health Website

Gives members the latest in oral health information, healthy recipes and a LifeSmile™ Risk Assessment tool to learn their risk for oral disease.



Dental Basics Website

Provides resources for members to help them understand and use their dental benefits.



Supporting the community

Delta Dental of Illinois Foundation was established in 2008 as the charitable arm of Delta Dental of Illinois.

The Foundation is committed to improving the health of all Illinoisans, with a specific focus on children. In the past decade, combined efforts of Delta Dental of Illinois and Delta Dental of Illinois Foundation have provided more than \$11 million to programs and organizations that share our mission. With the Delta Dental of Illinois Foundation, we invest in our communities through:



Oral health education and awareness



Access to oral health care



Education for oral health professionals



Big benefits for small businesses

We've always believed small businesses deserve big benefits. That's why our small business dental plans for groups with two to 150 eligible employees offer options that aren't often available to small businesses, providing them greater flexibility and allowing them to offer more comprehensive dental benefits.

There are three small business dental PPO plan options — Base, Ascent and Pinnacle — with pooled rates for maximum competitiveness.

Brokers can streamline the quoting process for their small business clients with our online quoting tool.

[Get a quote today >](#)

All plans include:



No waiting periods for any size group



Hearing Health Discount program through our partnership with Amplifon



Enhanced Benefits Program which provides extra coverage for people with health conditions that benefit from additional care

We also offer numerous plan design options so businesses can tailor their plan to fit their needs.



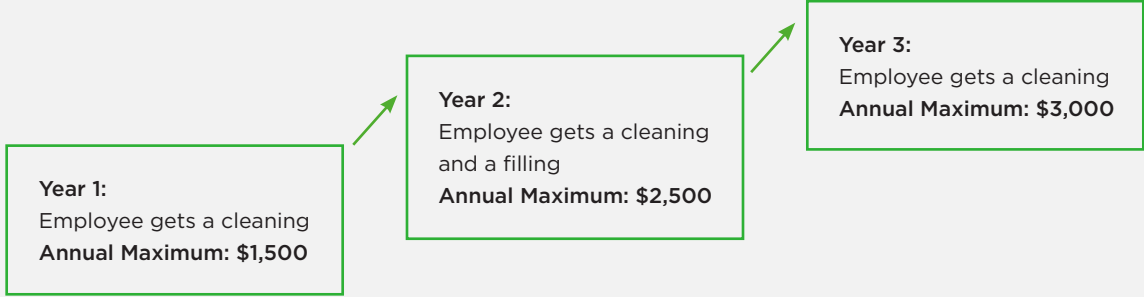
Plan design options include:



- Several deductible options, including a \$0 deductible for services with a Delta Dental PPO dentist and an option to apply preventive services for non-PPO dentists to the deductible
- Three annual maximum options
- Optional occlusal guard coverage in Preventive or Basic coverages
- Option to have Non-Surgical Periodontics, Endodontics, Oral Surgery and Surgical Extractions as a grouping and Surgical Periodontics in Basic or Major coverages
- Option to add orthodontia for children or adults and children, with three orthodontia lifetime maximum options

Option to double annual maximum

Small businesses also have the opportunity to add our To GoSM annual maximum carryover option. To Go allows members to increase their annual maximum – up to twice the amount – if they use their preventive benefits.



[Learn more about To Go >](#)



Small businesses can also choose to add additional plans:



- **DeltaCare® Dental HMO Plan**
Gives members an affordable plan choice but only provides benefits with a DeltaCare network dentist.
- **Standard Low PPO Plan** (with Ascent or Pinnacle Plans only)
Allows members to choose between a “high” and “low” plan — a choice typically only available with larger plans.
- **ACA Certified Plan** (for groups with 50 or fewer employees)
Our ACA certified Individual Kids Preferred Plan as a rider option applicable for members 18 or younger.
- **DeltaVision®**
Offers vision care benefits with access to EyeMed’s network of more than 74,000 providers nationwide.*

*DeltaVision is provided by ProTec Insurance Company, a wholly-owned subsidiary of Delta Dental of Illinois, in association with EyeMed Vision Care networks.

DeltaCare® Dental HMO Plan

Small businesses also have the choice of adding DeltaCare, which can be coupled with any of our pooled product offerings for small groups (two to 150 employees). With DeltaCare Plan 305, 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 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% of offices accepting new patients
- Easy administration with no claim forms for general dentist visits

Contact your broker or Delta Dental of Illinois small group sales executive for complete DeltaCare Plan details.

Office Visit Copay			Office Visit Copay		
			\$0		
Code	Procedure	Patient Pays	Code	Procedure	Patient Pays
Diagnostic					
D020	Periodic oral evaluation	\$0	D2315	Resin-based composite: 4 or more surfaces or involving incisal angle (anterior)	\$55.00*
D040	Limited oral evaluation (problem focused)	\$0	D2390	Resin-based composite: Crown, anterior	\$142.00*
D0150	Comprehensive oral evaluation (new or established patient)	\$0	D2391	Resin-based composite: Single surface, posterior	\$24.00*
D0160	Detailed and extensive oral evaluation (problem focused, by report)	\$0	D2392	Resin-based composite: 2 surfaces, posterior	\$32.00*
D0170	Re-evaluation limited; problem focused (established patient; not post-operative visit)	\$0	D2393	Resin-based composite: 3 surfaces, posterior	\$46.00*
D0180	Comprehensive periodontal evaluation (new or established patient)	\$0	D2394	Resin-based composite: 4 or more surfaces, posterior	\$54.00*
D0210	Intraoral radiographs complete series (including bitewings)	\$0	D2940	Sedative filling	\$45.00
D0220	Intraoral: Periapical first film	\$0	Crowns/Bridges		
D0230	Intraoral: Periapical each additional film	\$0	D2710	Crown: Resin, indirect	\$313.00
D0240	Intraoral: Occlusal film	\$0	D2720	Crown: Resin with high noble metal*	\$394.00
D0270	Bitewing: Single film	\$0	D2721	Crown: Resin with predominantly base metal	\$394.00
D0272	Bitewings: 2 films	\$0	D2722	Crown: Resin with noble metal	\$394.00
D0274	Bitewings: 4 films	\$0	D2740	Crown: Porcelain/ceramic substrate*	\$394.00
D0277	Vertical bitewings: 7 to 8 films	\$0	D2750	Crown: Porcelain fused to high noble*	\$394.00
D0330	Panoramic film	\$0	D2751	Crown: Porcelain fused to predominantly base metal	\$394.00
D0460	Pulp vitality tests	\$0	D2752	Crown: Porcelain fused to noble metal	\$394.00
D0470	Diagnostic casts	\$0	D2780	Crown: 3/4 cast high noble metal*	\$394.00
Preventive					
D110	Prophylaxis (cleaning): Adult	\$0	D2781	Crown: 3/4 cast predominantly base metal	\$394.00
D1120	Prophylaxis (cleaning): Child (to age 18)	\$0	D2782	Crown: 3/4 cast noble metal	\$394.00
D1208	Topical application of fluoride excluding varnish	\$0	D2783	Crown: 3/4 porcelain/ceramic	\$394.00
D1330	Oral hygiene instructions	\$0	D2790	Crown: Full cast high noble metal*	\$394.00
D1351	Sealant (per tooth, to age 15)	\$14.00	D2791	Crown: Full cast predominantly base metal	\$394.00
D1510	Space maintainer: Fixed, unilateral	\$79.00	D2792	Crown: Full cast noble metal	\$394.00
D1516	Space maintainer: Fixed, bilateral, maxillary	\$79.00	D2794	Crown: Titanium	\$397.00
D1517	Space maintainer: Fixed, bilateral, mandibular	\$79.00	D2910	Re-cement inlay, onlay or partial coverage restoration	\$36.00
D1520	Space maintainer: Removable, unilateral	\$79.00	D2915	Re-cement cast or prefabricated post and core	\$36.00
D1526	Space maintainer: Removable, bilateral, maxillary	\$79.00	D2920	Re-cement crown	\$36.00
D1527	Space maintainer: Removable, bilateral, mandibular	\$79.00	D2930	Prefabricated stainless steel crown: Primary	\$130.00
D1551	Re-cement or re-bond bilateral space maintainer: Maxillary	\$11.00	D2931	Prefabricated stainless steel crown: Permanent tooth	\$130.00
D1552	Re-cement or re-bond bilateral space maintainer: Mandibular	\$11.00	D2932	Prefabricated resin crown (anterior teeth only)	\$130.00
<i>Diagnostic and preventive services may be subject to frequency limitations. See your booklet for details.</i>					
Restorative					
D2140	Amalgam: Single surface (primary or permanent)	\$24.00	D2933	Prefabricated stainless steel crown with resin window	\$130.00*
D2150	Amalgam: 2 surfaces (primary or permanent)	\$32.00	D2950	Core buildup (including any pins)	\$111.00
D2160	Amalgam: 3 surfaces (primary or permanent)	\$46.00	D2951	Pin retention (per tooth, in addition to restoration)	\$44.00
D2161	Amalgam: 4 or more surfaces (primary or permanent)	\$54.00	D2952	Cast post and core in addition to crown*	\$132.00
D2130	Resin-based composite: Single surface, anterior	\$32.00	D2953	Each additional cast post (same tooth)*	\$132.00
D2131	Resin-based composite: 2 surfaces, anterior	\$37.00	D2954	Prefabricated post and core in addition to crown	\$112.00
D2132	Resin-based composite: 3 surfaces, anterior	\$45.00	D2957	Each additional prefabricated post (same tooth)	\$112.00
			D2971	Additional procedures to construct new crown under existing partial denture framework	\$107.00
			D4210	Pontic: Cast high noble metal*	\$394.00
			D4211	Pontic: Cast predominantly base metal	\$394.00
			D4240	Pontic: Porcelain fused to high noble metal*	\$394.00

Vision coverage with DeltaVision®



Like good oral health, vision wellness can improve the health and productivity of employees — making a vision plan an essential part of a strong employee benefits package.

Vision care has become a highly desired benefit:

- 75% of Americans wear some form of vision correction¹
- Two-thirds of employees would trade a vacation day for vision coverage²
- 11 to 18 waking hours are spent looking at a screen by the average American adult³

Promoting eye health is also good for a small business' bottom line as vision disorders cost U.S. businesses \$8 billion in lost productivity each year.⁴

It's easy to see why dental and vision go together.

Combining DeltaVision coverage* with a Delta Dental of Illinois dental plan is the clear choice for small businesses.

This combination allows small businesses to receive:

- Simplified plan administration and combined billing through a single contact
- 2% group discount on the dental plan when DeltaVision is added at the time of sale or renewal
- A choice between four different plan options and numerous features



Members enjoy choice, value and wellness.

DeltaVision offers vision care benefits that give members access to EyeMed's large network of more than 74,000 providers nationwide. This diverse network gives members an exceptional level of choice, including thousands of private-practice providers along with the nation's most respected optical retail brands.

Benefits from DeltaVision also give members access to affordable vision care with:

- Lower out-of-pocket vision expenses
- Up to 40% off additional vision care purchases after using plan benefits

In addition, vision wellness plays an important role in overall health. Annual eye exams can reveal vision-related problems like cataracts and glaucoma, along with chronic health conditions like diabetes, heart disease, high cholesterol, high blood pressure and more. Early detection and treatment leads to healthier lives for members and reduced health care costs for small businesses.

Contact your broker or Delta Dental of Illinois small group sales executive for complete DeltaVision Plan details.

¹Jobson's Optical Research Vision Watch Data

²National Eye Institute

³Nielsen

⁴Centers for Disease Control and Prevention

*DeltaVision is provided by ProTec Insurance Company, a wholly-owned subsidiary of Delta Dental of Illinois, in association with EyeMed Vision Care networks.

Base Plan

Provides basic essential coverage to your employees.

Deductible Options		
<p>Groups can choose from three set single and family deductible options or a lifetime deductible for each covered member. Groups also have the option to waive the deductible for covered members who visit a Delta Dental PPO network dentist.</p> <p>Applies to Coverages B and C only. Optional for Coverage A for non-Delta Dental PPO benefits.</p>	Single \$25 \$50 \$75	Family \$75 \$150 \$225
Annual Maximum Options	\$0 deductible option for members who use a Delta Dental PPO dentist. \$1,000 \$1,500 \$2,000	
	Delta Dental PPO™	Delta Dental Premier® and Non-Network
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 5 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) • Sealants (under age 16) <p>*Option to exclude preventive services from the annual maximum.</p>	100%**	80%**
Occlusal guard coverage (once per lifetime) <i>Optional add-on</i>	100%**	80%**
Coverage B Basic Restorative: <ul style="list-style-type: none"> • Fillings/Amalgams/Composites (including posterior composites) 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, Surgical Extractions*** (including preoperative and postoperative care) ***Groups can choose to move these benefits as a coverage grouping to Coverage C.	80%**	60%**
Occlusal guard coverage (once per lifetime) <i>Optional add-on</i>	80%**	60%**
Coverage C Major Restorative: <ul style="list-style-type: none"> • Cast Restorations: Crowns, Onlays and Other Ceramic Restorations to Permanent Teeth • Implant Therapy Prosthodontics: <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 <p>****Groups can choose to move this benefit to Coverage B.</p>	50%**	50%**
Coverage D Orthodontics <i>Optional for children under age 19, or children and adults. There is no adult coverage without child coverage.</i>	50%**	50%**
Orthodontia Lifetime Maximum Options	\$1,000 \$1,500 \$2,000	\$1,000 \$1,500 \$2,000
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
To GoSM Annual Maximum Carryover Feature Allows members to carry over qualified unused portions from their annual maximum to subsequent years.	Optional plan feature add-on	Optional plan feature add-on
DeltaCare® Dental HMO Plan Option	Optional alternate dental plan offering	Optional alternate dental plan offering

**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).

Ascent Plan

Provides richer coverage for diagnostic/preventive and basic restorative procedures as compared to the Base Plan.

Deductible Options											
Annual Maximum Options											
	Delta Dental PPO™	Delta Dental Premier*	Non-Network								
<p>Groups can choose from three set single and family deductible options or a lifetime deductible for each covered member. Groups also have the option to waive the deductible for covered members who visit a Delta Dental PPO network dentist.</p> <p>Applies to Coverages B and C only. Optional for Coverage A for non-Delta Dental PPO benefits.</p>	<table border="1"> <thead> <tr> <th>Single</th> <th>Family</th> </tr> </thead> <tbody> <tr> <td>\$25</td> <td>\$75</td> </tr> <tr> <td>\$50</td> <td>\$150</td> </tr> <tr> <td>\$75</td> <td>\$225</td> </tr> </tbody> </table> <p>\$0 deductible option for members who use a Delta Dental PPO dentist.</p>			Single	Family	\$25	\$75	\$50	\$150	\$75	\$225
Single	Family										
\$25	\$75										
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\$1,000											
\$1,500											
\$2,000											
Coverage A											
<p>Diagnostic:</p> <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 5 years) <p>Preventive*:</p> <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) • Sealants (under age 16) <p>*Option to exclude preventive services from the annual maximum.</p>	<table border="1"> <tbody> <tr> <td>100%**</td> </tr> </tbody> </table>			100%**							
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<p>Occlusal guard coverage (once per lifetime) <i>Optional add-on</i></p>	<table border="1"> <tbody> <tr> <td>100%**</td> </tr> </tbody> </table>			100%**							
100%**											
Coverage B											
<p>Basic Restorative:</p> <ul style="list-style-type: none"> • Fillings/Amalgams/Composites (including posterior composites) <p>Non-Surgical Periodontics***:</p> <ul style="list-style-type: none"> • Non-Surgical Treatment of Gum Disease <p>Endodontics***:</p> <ul style="list-style-type: none"> • Root Canals and Pulpal Therapy <p>Oral Surgery, Surgical Extractions*** (including preoperative and postoperative care)</p> <p>***Groups can choose to move these benefits as a coverage grouping to Coverage C.</p>	<table border="1"> <tbody> <tr> <td>80%**</td> </tr> </tbody> </table>			80%**							
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Coverage C											
<p>Major Restorative:</p> <ul style="list-style-type: none"> • Cast Restorations: Crowns, Onlays and Other Ceramic Restorations to Permanent Teeth • Implant Therapy <p>Prosthodontics:</p> <ul style="list-style-type: none"> • Bridges, Partial Dentures and Complete Dentures <p>Surgical Periodontics****:</p> <ul style="list-style-type: none"> • Surgical Treatment of Gum Disease <p>****Groups can choose to move this benefit to Coverage B.</p>	<table border="1"> <tbody> <tr> <td>50%**</td> </tr> </tbody> </table>			50%**							
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Coverage D											
<p>Orthodontics <i>Optional for children under age 19, or children and adults. There is no adult coverage without child coverage.</i></p>	<table border="1"> <tbody> <tr> <td>50%**</td> </tr> </tbody> </table>			50%**							
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Enhanced Benefits Program											
<p>Offers additional coverage to individuals who have specific health conditions that can be positively affected by additional oral health care.</p>	<table border="1"> <tbody> <tr> <td>Included</td> </tr> </tbody> </table>			Included							
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To Go SM Annual Maximum Carryover Feature											
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DeltaCare [®] Dental HMO Plan Option	<table border="1"> <tbody> <tr> <td>Optional alternate dental plan offering</td> </tr> </tbody> </table>			Optional alternate dental plan offering							
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Standard Low Delta Dental PPO Plan Option	<table border="1"> <tbody> <tr> <td>Optional alternate dental plan offering</td> </tr> </tbody> </table>			Optional alternate dental plan offering							
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**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).

Pinnacle Plan

Provides richer coverage for basic restorative and major restorative procedures as compared to the Ascent Plan.

Deductible Options		
Annual Maximum Options		
	Delta Dental PPO™	Delta Dental Premier® and Non-Network
<p>Groups can choose from three set single and family deductible options or a lifetime deductible for each covered member. Groups also have the option to waive the deductible for covered members who visit a Delta Dental PPO network dentist.</p> <p>Applies to Coverages B and C only. Optional for Coverage A for non-Delta Dental PPO benefits.</p>	<p>Single \$25 \$50 \$75</p>	<p>Family \$75 \$150 \$225</p> <p>\$0 deductible for covered members when visiting a Delta Dental PPO dentist.</p>
	<p>\$1,000 \$1,500 \$2,000</p>	
Coverage A		
<p>Diagnostic:</p> <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 5 years) <p>Preventive*:</p> <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) • Sealants (under age 16) <p>*Option to exclude preventive services from the annual maximum.</p>	<p>100%**</p>	<p>100%**</p>
<p>Occlusal guard coverage (once per lifetime) <i>Optional add-on</i></p>	<p>100%**</p>	<p>100%**</p>
Coverage B		
<p>Basic Restorative:</p> <ul style="list-style-type: none"> • Fillings/Amalgams/Composites (including posterior composites) <p>Non-Surgical Periodontics***:</p> <ul style="list-style-type: none"> • Non-Surgical Treatment of Gum Disease <p>Endodontics***:</p> <ul style="list-style-type: none"> • Root Canals and Pulpal Therapy <p>Oral Surgery, Surgical Extractions*** (including preoperative and postoperative care)</p> <p>***Groups can choose to move these benefits as a coverage grouping to Coverage C.</p>	<p>100%**</p>	<p>80%**</p>
<p>Occlusal guard coverage (once per lifetime) <i>Optional add-on</i></p>	<p>100%**</p>	<p>80%**</p>
Coverage C		
<p>Major Restorative:</p> <ul style="list-style-type: none"> • Cast Restorations: Crowns, Onlays and Other Ceramic Restorations to Permanent Teeth • Implant Therapy <p>Prosthodontics:</p> <ul style="list-style-type: none"> • Bridges, Partial Dentures and Complete Dentures <p>Surgical Periodontics****:</p> <ul style="list-style-type: none"> • Surgical Treatment of Gum Disease <p>****Groups can choose to move this benefit to Coverage B.</p>	<p>60%**</p>	<p>50%**</p>
Coverage D		
<p>Orthodontics <i>Optional for children under age 19, or children and adults. There is no adult coverage without child coverage.</i></p>	<p>50%**</p>	<p>50%**</p>
<p>Orthodontia Lifetime Maximum Options</p>	<p>\$1,000 \$1,500 \$2,000</p>	<p>\$1,000 \$1,500 \$2,000</p>
Enhanced Benefits Program		
<p>Offers additional coverage to individuals who have specific health conditions that can be positively affected by additional oral health care.</p>	<p>Included</p>	<p>Included</p>
To Go SM Annual Maximum Carryover Feature		
<p>Allows members to carry over qualified unused portions from their annual maximum to subsequent years.</p>	<p>Optional plan feature add-on</p>	<p>Optional plan feature add-on</p>
DeltaCare [®] Dental HMO Plan Option	<p>Optional alternate dental plan offering</p>	<p>Optional alternate dental plan offering</p>
Standard Low Delta Dental PPO Plan Option	<p>Optional alternate dental plan offering</p>	<p>Optional alternate dental plan offering</p>

Standard Low Plan

An option with Ascent and Pinnacle Plans only.

Deductible	Single \$75		Family \$225
Annual Maximum	\$1,000		
	Delta Dental PPO™	Delta Dental Premier*	Non-Network
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 5 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) • Sealants (under age 16) 		80%*	
Coverage B			
Basic Restorative: <ul style="list-style-type: none"> • Fillings/Amalgams/Composites (including posterior composites) 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, Surgical Extractions (including preoperative and postoperative care)		50%*	
Coverage C			
Major Restorative: <ul style="list-style-type: none"> • Cast Restorations: Crowns, Onlays and Other Ceramic Restorations to Permanent Teeth • Implant Therapy Prosthodontics: <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>Orthodontics can only be offered on the Standard Low Plan if it is offered on the Ascent or Pinnacle Plan.</i>		50%*	
Orthodontia Lifetime Maximum Options			
<i>Orthodontic Lifetime Maximum Option must match the maximum on the Ascent or Pinnacle Plan.</i>		\$1,000 \$1,500 \$2,000	
Enhanced Benefits Program			
Offers additional coverage to individuals who have specific health conditions 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).

Note: This plan is available as an option coupled with Ascent and Pinnacle Plans only. All benefit exceptions/options must match the quoted Ascent or Pinnacle Plan.

Individual Kids Preferred Plan

An ACA rider option with Base, Ascent or Pinnacle Plans for groups with 50 or fewer employees.

Groups with 50 or fewer employees can select the Delta Dental of Illinois Individual Kids Preferred Plan as an ACA rider option with Base, Ascent or Pinnacle Plans. The Individual Kids Preferred Plan uses the Delta Dental PPO network with 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. Delta Dental of Illinois' pediatric plan covers Illinois children under 19. After three children are enrolled under a primary policy holder, additional children are free.

Deductible (benefit year, per person; applies to basic and major services only)	\$50	
Out-of-Pocket Limit	\$350 per individual child	
Family Out-of-Pocket Limit (for children under age 19)	\$700	
	Delta Dental PPO™	Delta Dental Premier and Non-Network
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 every 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%	0%
Basic Services		
<ul style="list-style-type: none"> • Fillings/Amalgams • Simple Extractions • Gum Disease Treatment • Root Canals • Surgical Extractions 	80%	0%
Major Services		
<ul style="list-style-type: none"> • Denture Relines and Rebases, Adjustments • Crowns • Complete and Partial Dentures • Fixed Bridgework 	50%	0%
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 (medically necessary orthodontia)		
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 for children under age 19.	50%	0%



deltadentalil.com/small-group

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