



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



Delta Dental of Illinois' PPO network is extensive. Our small group plans – available for groups with two to 100 employees – feature four Delta Dental PPO plans with several options, providing greater flexibility for small groups. With Delta Dental of Illinois, small groups are able to offer comprehensive, customized benefits while keeping costs in check.

Our suite of small plan options offer:

- **Four Delta Dental PPO plan options** – Platinum Plus, Platinum, Gold and Silver plans.
- **Three deductible options.** Groups also have the option to waive the deductible for members who visit Delta Dental PPO network dentists.
- **Three annual maximum options** – \$1,000, \$1,500 and \$2,000.
- **Orthodontia option** with two maximum options – \$1,000 or \$1,500.
- **Four tier rating available** (for groups with 20-100 eligibles).
- **Lowest out-of-pocket costs** with Delta Dental PPO network dentists.
- **Enhanced Benefits Program included with all plans.** Offers additional coverage to individuals who have specific health conditions that can be positively affected by additional oral health care.
- **To GoSM annual maximum carryover feature available for all plans.** Groups have the option of receiving credit for carryover maximums banked with other carriers' plans.
- **DeltaCare[®] can be added** as a dual choice option.

Summary of Coverages	Delta Dental PPO SM Platinum Plus Plan			Delta Dental PPO SM Platinum Plan		
	Delta Dental PPO SM	Delta Dental Premier [*]	Non-Network	Delta Dental PPO SM	Delta Dental Premier [*]	Non-Network
Deductible Options Groups have the option to waive the deductible (\$0 deductible) for members who visit Delta Dental PPO network dentists.	Single \$25 \$50 \$75		Family \$75 \$150 \$225		Single \$25 \$50 \$75 Family \$75 \$150 \$225	
	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 \$2,000			\$1,000, \$1,500 or \$2,000		
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"> Sealants (under age 16) 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**: <ul style="list-style-type: none"> (including preoperative and postoperative care) ** These benefits can be moved as a coverage grouping to Coverage C.	100%*	80%*	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 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 	60%*	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		
Coverage D Orthodontics (for children under age 19) Optional and available to all groups	50%*			50%*		
Orthodontia Maximum Options Optional and available to all groups	\$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). 5362PGSB (10/16) 6500

Summary of Coverages	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
Deductible Options Groups have the option to waive the deductible (\$0 deductible) for members who visit Delta Dental PPO network dentists.	Single \$25 \$50 \$75	Family \$75 \$150 \$225		Single \$25 \$50 \$75	Family \$75 \$150 \$225	
	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 \$2,000			\$1,000, \$1,500 or \$2,000		
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%*	80%*	80%*
Coverage B Basic Restorative: <ul style="list-style-type: none"> Sealants (under age 16) 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**: <ul style="list-style-type: none"> (including preoperative and postoperative care) ** These benefits can be moved as a coverage grouping to Coverage C.	80%*	60%*	60%*	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 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%*			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		
Coverage D Orthodontics (for children under age 19) Optional and available to all groups	50%*			50%*		
Orthodontia Maximum Options Optional and available to all groups	\$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). 5362PGSB (10/16) 6500



Smart plans for smart mouths.

deltadentalil.com