

# 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, 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 Go<sup>SM</sup> annual maximum carryover feature can be added to Delta Dental PPO<sup>SM</sup> and Delta Dental Premier® Platinum, Silver and Gold plans.

## Delta Dental PPO<sup>SM</sup>

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 features.
- 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 Go<sup>SM</sup> annual maximum carryover feature available for Delta Dental PPO Platinum, Gold and Silver plans.

## Delta Dental PPO Plans with Kids Dental Wellness Plus

Delta Dental of Illinois offers small groups (2-50 employees) a plan companion/rider that meets the Pediatric Dental Essential Health Benefit (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 Kids Dental Wellness Plus – 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 Kids Dental Wellness Plus plan uses an Exclusive Provider Feature. With an Exclusive Provider Feature, benefits are paid only when 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 PPO<sup>SM</sup> Platinum, Gold, and Silver Plans for Small Groups

Delta Dental of Illinois' PPO network is extensive. Like most PPO's, 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 Go<sup>SM</sup> annual maximum carryover feature available for Delta Dental PPO Platinum, Gold and Silver plans.

Summary of Coverages	Delta Dental PPO <sup>SM</sup> Platinum Plan			Delta Dental PPO <sup>SM</sup> Gold Plan			Delta Dental PPO <sup>SM</sup> Silver Plan		
	Delta Dental PPO <sup>SM</sup>	Delta Dental Premier <sup>®</sup>	Non-Network	Delta Dental PPO <sup>SM</sup>	Delta Dental Premier <sup>®</sup>	Non-Network	Delta Dental PPO <sup>SM</sup>	Delta Dental Premier <sup>®</sup>	Non-Network
<b>Coverage A</b> <b>Diagnostic:</b> <ul style="list-style-type: none"> <li>• Routine exams twice per benefit year</li> <li>• Bitewing X-rays twice per benefit year</li> <li>• Full-mouth X-rays every three years</li> </ul> <b>Preventive:</b> <ul style="list-style-type: none"> <li>• Cleanings twice per benefit year</li> <li>• Fluoride treatments for children once per benefit year (to age 19)</li> <li>• Space maintainers (to age 14)</li> </ul>	100%*			100%*			100%*	80%*	80%*
<b>Coverage B</b> <b>Basic Restorative:</b> <ul style="list-style-type: none"> <li>• Sealants (to age 16)</li> <li>• Fillings, amalgam and composite (including posterior composites)</li> </ul> <b>Non-Surgical Periodontics*:</b> <ul style="list-style-type: none"> <li>• Non-surgical treatment of gum disease</li> </ul> <b>Endodontics*:</b> <ul style="list-style-type: none"> <li>• Root canals and pulpal therapy</li> <li>• Oral surgery, simple extractions</li> </ul> <b>Oral Surgery, Surgical Extractions* (including preoperative and postoperative care)</b> <p>* These benefits can be moved as a coverage grouping to Coverage C.</p>	80%*			80%*	60%*	60%*	80%*	60%*	60%*
<b>Coverage C</b> <b>Major Restorative:</b> <ul style="list-style-type: none"> <li>• Cast restorations: crowns, onlays and other ceramic restorations to permanent teeth</li> <li>• Implant therapy</li> </ul> <b>Prosthodontics:</b> <ul style="list-style-type: none"> <li>• Bridges, partial dentures and complete dentures</li> </ul> <b>Surgical Periodontics</b> <ul style="list-style-type: none"> <li>• Surgical treatment of gum disease</li> </ul>	50%*			50%*			50%*		
<b>Coverage D</b> <i>Orthodontics (for children under age 19)</i> <i>Optional and available for all groups</i>	50%*			50%*			50%*		
<b>Enhanced Benefits Program</b> <i>Offers additional coverage to individuals who have specific health conditions that can be positively affected by additional oral health care.</i>	Included			Included			Included		
Deductible Options	<b>Single</b> \$50 \$75 Applies to Coverages B & C only. Optional for Coverage A.	<b>Family</b> \$150 \$225		<b>Single</b> \$50 \$75 Applies to Coverages B & C only. Optional for Coverage A.	<b>Family</b> \$150 \$225		<b>Single</b> \$50 \$75 Applies to Coverages B & C only. Optional for Coverage A.	<b>Family</b> \$150 \$225	
Annual Maximum Options	\$1,000, \$1,500 or \$1,800			\$1,000, \$1,500 or \$1,800			\$1,000, \$1,500 or \$1,800		
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 PPO<sup>SM</sup> Maximum Allowable Charge (MAC) and MAC Voluntary Plans

## 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 PPO's, 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.

- Combines freedom of choice with cost-saving incentives.
- Features Platinum, Gold and Silver plans, as well as MAC Non-Voluntary or Voluntary features.
- 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 Go<sup>SM</sup> annual maximum carryover feature available for Delta Dental PPO Platinum, Gold and Silver 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 their eligible employees at a low group rate.

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

Summary of Coverages	Delta Dental PPO <sup>SM</sup> Maximum Allowable Charge Plan			Delta Dental PPO <sup>SM</sup> Maximum Allowable Charge Voluntary Plan Available for groups of 10 to 300 benefit eligible employees		
	Delta Dental PPO <sup>SM</sup>	Delta Dental Premier <sup>®</sup>	Non-Network	Delta Dental PPO <sup>SM</sup>	Delta Dental Premier <sup>®</sup>	Non-Network
<b>Coverage A</b> <b>Diagnostic:</b> <ul style="list-style-type: none"> <li>• Routine exams twice per benefit year</li> <li>• Bitewing X-rays twice per benefit year</li> <li>• Full-mouth X-rays every three years</li> </ul> <b>Preventive:</b> <ul style="list-style-type: none"> <li>• Cleanings twice per benefit year</li> <li>• Fluoride treatments for dependents under age 19 once per benefit year</li> <li>• Space maintainers (to age 14)</li> </ul>		100%*			100%*	
<b>Coverage B</b> <b>Basic Restorative:</b> <ul style="list-style-type: none"> <li>• Fillings, amalgam and composite (including posterior composites)</li> <li>• Sealants (to age 16)</li> <li>• Oral surgery (excluding surgical extractions)</li> </ul>		80%*			80%*	
<b>Coverage C</b> <b>Major Restorative:</b> <ul style="list-style-type: none"> <li>• Cast restorations: crowns, onlays and other ceramic restorations to permanent teeth</li> <li>• Implant therapy</li> </ul> <b>Non-Surgical Periodontics:</b> <ul style="list-style-type: none"> <li>• Non-surgical treatment of gum disease</li> </ul> <b>Surgical Periodontics:</b> <ul style="list-style-type: none"> <li>• Surgical treatment of gum disease</li> </ul> <b>Endodontics:</b> <ul style="list-style-type: none"> <li>• Root canals and pulpal therapy</li> </ul> <b>Oral Surgery:</b> <ul style="list-style-type: none"> <li>• Surgical extractions</li> </ul> <b>Prosthodontics:</b> <ul style="list-style-type: none"> <li>• Bridges, partial dentures and complete dentures</li> </ul> 12-month wait may apply for the Delta Dental PPO Maximum Allowable Charge Voluntary feature		50%*			50%*	
<b>Coverage D</b> Orthodontics (for children under age 19) Not available for the Delta Dental PPO Maximum Allowable Charge		50%*			N/A	
<b>Enhanced Benefits Program</b> Offers additional coverage to individuals who have specific health conditions that can be positively affected by additional oral health care.		Included			Included	
Deductible Options		<b>Single</b> \$50 <b>Family</b> \$150 Applies to Coverages B & C only.			<b>Single</b> \$50 <b>Family</b> \$150 Applies to Coverages B & C only.	
Annual Maximum Options		\$1,000			\$1,000	
Orthodontia Maximum Options		\$1,000			N/A	

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



## Delta Dental PPO<sup>SM</sup> Plans with Kids Dental Wellness Plus Companion/Rider

### Affordable Care Act (ACA) Compliant Dental Plans

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Our pediatric dental plan, Kids Dental Wellness Plus, meets all 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 that meets the pediatric dental EHB required by the ACA. The plan is offered as a companion/rider to Delta Dental PPO Gold and Silver plans\* or on a stand-alone basis. Members under age 19 can use the benefits of both plans but can only receive benefits from Kids Dental Wellness Plus with Delta Dental PPO dentists. **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 – Kids Dental Wellness Plus – 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 of Illinois Kids and Family Dental Wellness plans use an Exclusive Provider Feature. With an Exclusive Provider Feature, benefits are paid only when members see a Delta Dental PPO dentist. There are no benefits when members see a dentist outside of the Delta Dental PPO network.

#### Delta Dental of Illinois Kids Dental Wellness Plus Benefits

- Freedom to visit any Delta Dental PPO dentist.
- No requirement to choose a primary dental office location.
- Substantially lower costs.
- Flexible coverage options.
- Rich coverage for preventive services like exams, cleanings, X-rays, sealants and fluoride treatments.
- Coverage for major services like gum disease treatment, root canals, dentures and crowns.

## Delta Dental PPO<sup>SM</sup> Platinum Plan with Kids Dental Wellness Plus

Delta Dental PPO <sup>SM</sup> Platinum Plan		Delta Dental PPO <sup>SM</sup> Kids Dental Wellness Plus							
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.		Kids Dental Wellness Plus uses an Exclusive Provider Feature where benefits are paid only when members use 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 Gold and Silver plans* or on a stand-alone basis. Members under age 19 can use the benefits of both plans but can only receive benefits from Kids Dental Wellness Plus with Delta Dental PPO dentists.							
	<b>Delta Dental PPO<sup>SM</sup></b> <b>Delta Dental Premier<sup>®</sup></b> <b>Non-Network</b>								
<b>Deductible Options</b>	<table border="0"> <tr> <td style="text-align: center;"><b>Single</b></td> <td style="text-align: center;"><b>Family</b></td> </tr> <tr> <td style="text-align: center;">\$50</td> <td style="text-align: center;">\$150</td> </tr> <tr> <td style="text-align: center;">\$75</td> <td style="text-align: center;">\$225</td> </tr> </table> Applies to Coverages B & C only. Optional for Coverage A.	<b>Single</b>	<b>Family</b>	\$50	\$150	\$75	\$225	<b>Deductible</b> (benefit year; per person, applies to basic and major services only)	\$25
<b>Single</b>	<b>Family</b>								
\$50	\$150								
\$75	\$225								
<b>Out-of-Pocket Limit</b>	N/A	<b>Out-of-Pocket Limit</b>	\$700 individual child						
<b>Annual Maximum Options</b>	\$1,000, \$1,500 or \$1,800	<b>Family Out-of-Pocket Limit</b> (for children under age 19)	\$1,400						
<b>Coverage A</b> <b>Diagnostic:</b> <ul style="list-style-type: none"> <li>• Routine exams twice per benefit year</li> <li>• Bitewing X-rays twice per benefit year</li> <li>• Full-mouth X-rays every three years</li> </ul> <b>Preventive:</b> <ul style="list-style-type: none"> <li>• Cleanings twice per benefit year</li> <li>• Fluoride treatments for children once per benefit year (to age 19)</li> <li>• Space maintainers (to age 14)</li> </ul>	100%**	<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 18)</li> </ul>	100% in-network/ 0% out-of-network						
<b>Coverage B</b> <b>Basic Restorative:</b> <ul style="list-style-type: none"> <li>• Sealants (to age 16)</li> <li>• Fillings, amalgam and composite (including posterior composites)</li> </ul> <b>Non-Surgical Periodontics*:</b> <ul style="list-style-type: none"> <li>• Non-surgical treatment of gum disease</li> </ul> <b>Endodontics*:</b> <ul style="list-style-type: none"> <li>• Root canals and pulpal therapy</li> <li>• Oral surgery, simple extractions</li> </ul> <b>Oral surgery, surgical extractions*</b> (including preoperative and postoperative care) * These benefits can be moved as a coverage grouping to Coverage C.	80%**	<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>	80% in-network/ 0% out-of-network						
<b>Coverage C</b> <b>Major Restorative:</b> <ul style="list-style-type: none"> <li>• Cast restorations: crowns, onlays and other ceramic restorations to permanent teeth</li> <li>• Implant therapy</li> </ul> <b>Prosthodontics:</b> <ul style="list-style-type: none"> <li>• Bridges, partial dentures and complete dentures</li> </ul> <b>Surgical Periodontics</b> <ul style="list-style-type: none"> <li>• Surgical treatment of gum disease</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>Coverage D</b> Orthodontics (for children under age 19) Optional and available for all groups	50%**	<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 Kids Dental Wellness Plus plan.	50% in-network/ 0% out-of-network						
<b>Orthodontia Maximum Options</b> Optional and available to all groups	\$1,000 or \$1,500	<b>Orthodontia Maximum Options</b> Optional and available to all groups	N/A						
<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						

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

\*\*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 PPO<sup>SM</sup> Gold Plan with Kids Dental Wellness Plus

Delta Dental PPO <sup>SM</sup> Gold Plan				Delta Dental PPO <sup>SM</sup> Kids Dental Wellness Plus	
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.				Kids Dental Wellness Plus uses an Exclusive Provider Feature where benefits are paid only when members use 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 Gold and Silver plans* or on a stand-alone basis. Members under age 19 can use the benefits of both plans but can only receive benefits from Kids Dental Wellness Plus with Delta Dental PPO dentists.	
	<b>Delta Dental PPO<sup>SM</sup></b>	<b>Delta Dental Premier<sup>®</sup></b>	<b>Non-Network</b>		
<b>Deductible Options</b>	<b>Single</b> \$50 \$75 Applies to Coverages B & C only. Optional for Coverage A.	<b>Family</b> \$150 \$225		<b>Deductible</b> (benefit year; per person, applies to basic and major services only) \$25	
<b>Out-of-Pocket Limit</b>	N/A			<b>Out-of-Pocket Limit</b> \$700 individual child	
<b>Annual Maximum Options</b>	\$1,000, \$1,500 or \$1,800			<b>Family Out-of-Pocket Limit</b> (for children under age 19) \$1,400	
<b>Coverage A</b> <b>Diagnostic:</b> <ul style="list-style-type: none"> <li>Routine exams twice per benefit year</li> <li>Bitewing X-rays twice per benefit year</li> <li>Full-mouth X-rays every three years</li> </ul> <b>Preventive:</b> <ul style="list-style-type: none"> <li>Cleanings twice per benefit year</li> <li>Fluoride treatments for children once per benefit year (to age 19)</li> <li>Space maintainers (to age 14)</li> </ul>	100%**			<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 18)</li> </ul>	100% in-network/ 0% out-of-network
<b>Coverage B</b> <b>Basic Restorative:</b> <ul style="list-style-type: none"> <li>Sealants (to age 16)</li> <li>Fillings, amalgam and composite (including posterior composites)</li> </ul> <b>Non-Surgical Periodontics*:</b> <ul style="list-style-type: none"> <li>Non-surgical treatment of gum disease</li> </ul> <b>Endodontics*:</b> <ul style="list-style-type: none"> <li>Root canals and pulpal therapy</li> <li>Oral surgery, simple extractions</li> </ul> <b>Oral surgery, surgical extractions*</b> (including preoperative and postoperative care) * These benefits can be moved as a coverage grouping to Coverage C.	80%**	60%**	60%**	<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>	80% in-network/ 0% out-of-network
<b>Coverage C</b> <b>Major Restorative:</b> <ul style="list-style-type: none"> <li>Cast restorations: crowns, onlays and other ceramic restorations to permanent teeth</li> <li>Implant therapy</li> </ul> <b>Prosthetic:</b> <ul style="list-style-type: none"> <li>Bridges, partial dentures and complete dentures</li> </ul> <b>Surgical Periodontics</b> <ul style="list-style-type: none"> <li>Surgical treatment of gum disease</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>Coverage D</b> Orthodontia (for children under age 19) Optional and available for all groups	50%**			<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 Kids Dental Wellness Plus plan.	50% in-network/ 0% out-of-network
<b>Orthodontia Maximum Options</b> Optional and available to all groups	\$1,000 or \$1,500			<b>Orthodontia Maximum Options</b> Optional and available to all groups N/A	
<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

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

\*\*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 PPO<sup>SM</sup> Silver Plan with Kids Dental Wellness Plus

Delta Dental PPO <sup>SM</sup> Silver Plan				Delta Dental PPO <sup>SM</sup> Kids Dental Wellness Plus	
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.				Kids Dental Wellness Plus uses an Exclusive Provider Feature where benefits are paid only when members use 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 Gold and Silver plans* or on a stand-alone basis. Members under age 19 can use the benefits of both plans but can only receive benefits from Kids Dental Wellness Plus with Delta Dental PPO dentists.	
	<b>Delta Dental PPO<sup>SM</sup></b>	<b>Delta Dental Premier<sup>®</sup></b>	<b>Non-Network</b>		
<b>Deductible Options</b>	<b>Single</b> \$50 \$75 Applies to Coverages B & C only. Optional for Coverage A.	<b>Family</b> \$150 \$225		<b>Deductible</b> (benefit year; per person, applies to basic and major services only)	\$25
<b>Out-of-Pocket Limit</b>	N/A			<b>Out-of-Pocket Limit</b>	\$700 individual child
<b>Annual Maximum Options</b>	\$1,000, \$1,500 or \$1,800			<b>Family Out-of-Pocket Limit</b> (for children under age 19)	\$1,400
<b>Coverage A</b> <b>Diagnostic:</b> <ul style="list-style-type: none"> <li>Routine exams twice per benefit year</li> <li>Bitewing X-rays twice per benefit year</li> <li>Full-mouth X-rays every three years</li> </ul> <b>Preventive:</b> <ul style="list-style-type: none"> <li>Cleanings twice per benefit year</li> <li>Fluoride treatments for children once per benefit year (to age 19)</li> <li>Space maintainers (to age 14)</li> </ul>	100%**	80%**	80%**	<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 18)</li> </ul>	100% in-network/ 0% out-of-network
<b>Coverage B</b> <b>Basic Restorative:</b> <ul style="list-style-type: none"> <li>Sealants (to age 16)</li> <li>Fillings, amalgam and composite (including posterior composites)</li> </ul> <b>Non-Surgical Periodontics*:</b> <ul style="list-style-type: none"> <li>Non-surgical treatment of gum disease</li> </ul> <b>Endodontics*:</b> <ul style="list-style-type: none"> <li>Root canals and pulpal therapy</li> <li>Oral surgery, simple extractions</li> </ul> <b>Oral surgery, surgical extractions*</b> (including preoperative and postoperative care)	80%**	60%**	60%**	<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>	80% in-network/ 0% out-of-network
<b>Coverage C</b> <b>Major Restorative:</b> <ul style="list-style-type: none"> <li>Cast restorations: crowns, onlays and other ceramic restorations to permanent teeth</li> <li>Implant therapy</li> </ul> <b>Prosthodontics:</b> <ul style="list-style-type: none"> <li>Bridges, partial dentures and complete dentures</li> </ul> <b>Surgical Periodontics</b> <ul style="list-style-type: none"> <li>Surgical treatment of gum disease</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>Coverage D</b> Orthodontics (for children under age 19) Optional and available for all groups	50%**			<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 Kids Dental Wellness Plus plan.	50% in-network/ 0% out-of-network
<b>Orthodontia Maximum Options</b> Optional and available to all groups	\$1,000 or \$1,500			<b>Orthodontia Maximum Options</b> Optional and available to all groups	N/A
<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

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

\*\*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 PPO<sup>SM</sup> Maximum Allowable Charge Plan with Kids Dental Wellness Plus

Delta Dental PPO <sup>SM</sup> MAC		Delta Dental PPO <sup>SM</sup> Kids Dental Wellness Plus				
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.		Kids Dental Wellness Plus uses an Exclusive Provider Feature where benefits are paid only when members use 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 Gold and Silver plans* or on a stand-alone basis. Members under age 19 can use the benefits of both plans but can only receive benefits from Kids Dental Wellness Plus with Delta Dental PPO dentists.				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"><b>Delta Dental PPO<sup>SM</sup></b></td> <td style="width: 33%; text-align: center;"><b>Delta Dental Premier<sup>®</sup></b></td> <td style="width: 33%; text-align: center;"><b>Non-Network</b></td> </tr> </table>	<b>Delta Dental PPO<sup>SM</sup></b>	<b>Delta Dental Premier<sup>®</sup></b>	<b>Non-Network</b>		
<b>Delta Dental PPO<sup>SM</sup></b>	<b>Delta Dental Premier<sup>®</sup></b>	<b>Non-Network</b>				
<b>Deductible Options</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><b>Single</b> \$50 <small>Applies to Coverages B &amp; C only.</small></td> <td style="width: 50%; text-align: center;"><b>Family</b> \$150</td> </tr> </table>	<b>Single</b> \$50 <small>Applies to Coverages B &amp; C only.</small>	<b>Family</b> \$150	<b>Deductible</b> ( <i>benefit year; per person, applies to basic and major services only</i> )	\$25	
<b>Single</b> \$50 <small>Applies to Coverages B &amp; C only.</small>	<b>Family</b> \$150					
<b>Out-of-Pocket Limit</b>	N/A	<b>Out-of-Pocket Limit</b>	\$700 individual child			
<b>Annual Maximum Options</b>	\$1,000	<b>Family Out-of-Pocket Limit</b> ( <i>for children under age 19</i> )	\$1,400			
<b>Coverage A</b> <b>Diagnostic:</b> <ul style="list-style-type: none"> <li>• Routine exams twice per benefit year</li> <li>• Bitewing X-rays twice per benefit year</li> <li>• Full-mouth X-rays every three years</li> </ul> <b>Preventive:</b> <ul style="list-style-type: none"> <li>• Cleanings twice per benefit year</li> <li>• Fluoride treatments for dependents under age 19 once per benefit year</li> <li>• Space maintainers (<i>to age 14</i>)</li> </ul>	100%**	<b>Preventive Services</b> <ul style="list-style-type: none"> <li>• Exams (<i>limited to 2 per person in a benefit year</i>)</li> <li>• Cleanings (<i>limited to 2 per person in a benefit year</i>)</li> <li>• Bitewing X-rays (<i>limited to 2 per person in a benefit year</i>)</li> <li>• X-rays (<i>full mouth/panoramic – limited to 1 per person in 36 months</i>)</li> <li>• Fluoride Treatments (<i>limited to 1 per person in a benefit year; under age 19</i>)</li> <li>• Space Maintainers (<i>under age 19</i>)</li> <li>• Sealants (<i>under age 18</i>)</li> </ul>	100% in-network/ 0% out-of-network			
<b>Coverage B</b> <b>Basic Restorative:</b> <ul style="list-style-type: none"> <li>• Fillings, amalgam and composite (<i>including posterior composites</i>)</li> <li>• Sealants (<i>to age 16</i>)</li> <li>• Oral surgery (excluding surgical extractions)</li> </ul>	80%**	<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>	80% in-network/ 0% out-of-network			
<b>Coverage C</b> <b>Major Restorative:</b> <ul style="list-style-type: none"> <li>• Cast restorations: crowns, onlays and other ceramic restorations to permanent teeth</li> <li>• Implant therapy</li> </ul> <b>Non-Surgical Periodontics:</b> <ul style="list-style-type: none"> <li>• Non-surgical treatment of gum disease</li> </ul> <b>Surgical Periodontics:</b> <ul style="list-style-type: none"> <li>• Surgical treatment of gum disease</li> </ul> <b>Endodontics:</b> <ul style="list-style-type: none"> <li>• Root canals and pulpal therapy</li> </ul> <b>Oral Surgery:</b> <ul style="list-style-type: none"> <li>• Surgical extractions</li> </ul> <b>Prosthodontics:</b> <ul style="list-style-type: none"> <li>• Bridges, partial dentures and complete dentures</li> </ul> <small>12-month wait may apply for the Delta Dental PPO<sup>SM</sup> Maximum Allowable Charge Voluntary feature</small>	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>Coverage D</b> Orthodontics ( <i>for children under age 19</i> ) Not available for the Delta Dental PPO <sup>SM</sup> Maximum Allowable Charge	50%**	<b>Orthodontia</b> ( <i>medically necessary orthodontia only</i> )* <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 Kids Dental Wellness Plus plan.</small>	50% in-network/ 0% out-of-network			
<b>Orthodontia Maximum Options</b> Optional and available to all groups	\$1,000	<b>Orthodontia Maximum Options</b> Optional and available to all groups	N/A			
<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			

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

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

## Delta Dental PPO<sup>SM</sup> Maximum Allowable Charge Voluntary Plan with Kids Dental Wellness Plus

Delta Dental PPO <sup>SM</sup> MAC Voluntary		Delta Dental PPO <sup>SM</sup> Kids Dental Wellness Plus				
<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>Kids Dental Wellness Plus uses an Exclusive Provider Feature where benefits are paid only when members use 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 Gold and Silver plans* or on a stand-alone basis. Members under age 19 can use the benefits of both plans but can only receive benefits from Kids Dental Wellness Plus with Delta Dental PPO dentists.</p>				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"><b>Delta Dental PPO<sup>SM</sup></b></td> <td style="width: 33%; text-align: center;"><b>Delta Dental Premier<sup>®</sup></b></td> <td style="width: 33%; text-align: center;"><b>Non-Network</b></td> </tr> </table>	<b>Delta Dental PPO<sup>SM</sup></b>	<b>Delta Dental Premier<sup>®</sup></b>	<b>Non-Network</b>		
<b>Delta Dental PPO<sup>SM</sup></b>	<b>Delta Dental Premier<sup>®</sup></b>	<b>Non-Network</b>				
<b>Deductible Options</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><b>Single</b> \$50 <small>Applies to Coverages B &amp; C only.</small></td> <td style="width: 50%; text-align: center;"><b>Family</b> \$150</td> </tr> </table>	<b>Single</b> \$50 <small>Applies to Coverages B &amp; C only.</small>	<b>Family</b> \$150	<b>Deductible</b> ( <i>benefit year; per person, applies to basic and major services only</i> )	\$25	
<b>Single</b> \$50 <small>Applies to Coverages B &amp; C only.</small>	<b>Family</b> \$150					
<b>Out-of-Pocket Limit</b>	N/A	<b>Out-of-Pocket Limit</b>	\$700 individual child			
<b>Annual Maximum Options</b>	\$1,000	<b>Family Out-of-Pocket Limit</b> ( <i>for children under age 19</i> )	\$1,400			
<b>Coverage A Diagnostic:</b> <ul style="list-style-type: none"> <li>• Routine exams twice per benefit year</li> <li>• Bitewing X-rays twice per benefit year</li> <li>• Full-mouth X-rays every three years</li> </ul> <b>Preventive:</b> <ul style="list-style-type: none"> <li>• Cleanings twice per benefit year</li> <li>• Fluoride treatments for dependents under age 19 once per benefit year</li> <li>• Space maintainers (<i>to age 14</i>)</li> </ul>	100%**	<b>Preventive Services</b> <ul style="list-style-type: none"> <li>• Exams (<i>limited to 2 per person in a benefit year</i>)</li> <li>• Cleanings (<i>limited to 2 per person in a benefit year</i>)</li> <li>• Bitewing X-rays (<i>limited to 2 per person in a benefit year</i>)</li> <li>• X-rays (<i>full mouth/panoramic – limited to 1 per person in 36 months</i>)</li> <li>• Fluoride Treatments (<i>limited to 1 per person in a benefit year; under age 19</i>)</li> <li>• Space Maintainers (<i>under age 19</i>)</li> <li>• Sealants (<i>under age 18</i>)</li> </ul>	100% in-network/ 0% out-of-network			
<b>Coverage B Basic Restorative:</b> <ul style="list-style-type: none"> <li>• Fillings, amalgam and composite (<i>including posterior composites</i>)</li> <li>• Sealants (<i>to age 16</i>)</li> <li>• Oral surgery (excluding surgical extractions)</li> </ul>	80%**	<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>	80% in-network/ 0% out-of-network			
<b>Coverage C Major Restorative:</b> <ul style="list-style-type: none"> <li>• Cast restorations: crowns, onlays and other ceramic restorations to permanent teeth</li> <li>• Implant therapy</li> </ul> <b>Non-Surgical Periodontics:</b> <ul style="list-style-type: none"> <li>• Non-surgical treatment of gum disease</li> </ul> <b>Surgical Periodontics:</b> <ul style="list-style-type: none"> <li>• Surgical treatment of gum disease</li> </ul> <b>Endodontics:</b> <ul style="list-style-type: none"> <li>• Root canals and pulpal therapy</li> </ul> <b>Oral Surgery:</b> <ul style="list-style-type: none"> <li>• Surgical extractions</li> </ul> <b>Prosthetics:</b> <ul style="list-style-type: none"> <li>• Bridges, partial dentures and complete dentures</li> </ul> <small>12-month wait may apply for the Delta Dental PPO<sup>SM</sup> Maximum Allowable Charge Voluntary feature</small>	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>Coverage D</b> Orthodontics ( <i>for children under age 19</i> ) Not available for the Delta Dental PPO <sup>SM</sup> Maximum Allowable Charge	N/A	<b>Orthodontia</b> ( <i>medically necessary orthodontia only</i> )* <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 Kids Dental Wellness Plus plan.</small>	50% in-network/ 0% out-of-network			
<b>Orthodontia Maximum Options</b> Optional and available to all groups	\$1,000	<b>Orthodontia Maximum Options</b> Optional and available to all groups	N/A			
<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			

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

\*\*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
<b>Individuals with:</b> <ul style="list-style-type: none"> <li>• Diabetes</li> <li>• Kidney Failure/Dialysis Treatment</li> <li>• High-Risk Cardiac Conditions*</li> </ul>	Prophylaxis (General Cleaning) and Periodontal Maintenance	Same percent as the Group Contracted Benefit Level	4 Times Total in any Combination
<b>Individuals with:</b> <ul style="list-style-type: none"> <li>• Periodontal Disease</li> <li>• Suppressed Immune Systems**</li> <li>• Cancer-Related Chemotherapy and/or Radiation Treatments</li> </ul>	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
<b>Pregnant Women</b>	Prophylaxis (General Cleaning) and Periodontal Maintenance	Same percent as the Group Contracted Benefit Level	3 Times Total in any Combination
<b>All Enrollees</b>	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 PPO<sup>SM</sup> and Delta Dental Premier<sup>®</sup> 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 Go<sup>SM</sup>

## Take it To Go with Delta Dental of Illinois

The To Go<sup>SM</sup> feature – an option for Delta Dental PPO<sup>SM</sup> and Delta Dental Premier<sup>®</sup> 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<sup>1</sup>. 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. (Contact your sales executive for complete underwriting guidelines; this feature may not be available for all Delta Dental PPO and Delta Dental Premier plans.) 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.

<sup>1</sup> 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 Go<sup>SM</sup> is a trademark of Delta Dental of Illinois.

### Example

Year 1		Year 2		Year 3	
<b>Annual Maximum</b>	\$1,500	<b>Annual Maximum</b> <i>To Go Bank balance for Year 2</i>	\$1,500 \$1,000	<b>Annual Maximum</b> <i>To Go Bank balance for Year 3</i>	\$1,500 \$1,500
<b>Eligible Benefits Received</b>	\$500	<b>Eligible Benefits Received</b> <i>(Applied to Year 2 Annual Maximum)</i>	\$400	<b>Eligible Benefits Received</b> <i>(Applied to Year 3 Annual Maximum)</i>	\$2,000
<b>Unused Annual Maximum</b>	\$1,000	<b>Unused Annual Maximum</b> <i>(\$1,500 - \$400)</i>	\$1,100	<b>Unused Annual Maximum</b> <i>(Exhausted all \$1,500 of Annual Maximum)</i>	\$0
				<b>To Go Benefit Used:</b> <i>(Claims exceeded Annual Maximum by \$500 so \$500 deducted from To Go Bank)</i>	\$500
<b>To Go Benefit / Carryover</b>	\$1,000	<b>To Go Benefit / Carryover</b> <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*	<b>To Go Benefit / Carryover</b> <i>(Used all \$1,500, therefore there is a \$0 to carryover into the To Go Bank, but there is still a To Go Bank balance that will carryover to Year 4)</i>	\$0
<b>To Go Bank Balance</b> <i>(Available for use in Year 2)</i>	\$1,000	<b>To Go Bank Balance</b> <i>(Available for use in Year 3)</i>	\$1,500	<b>To Go Bank Balance</b> <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.**