

Summary of Coverages	Platinum Option			Gold Option			Silver Option		
Coverage A <i>Diagnostic:</i> <ul style="list-style-type: none">• Routine exams twice per benefit year• Bitewing X-rays twice per benefit year• Full-mouth X-rays every three years <i>Preventive:</i> <ul style="list-style-type: none">• Cleanings twice per benefit year• Fluoride treatments for children once per benefit year (to age 19)• Space maintainers (to age 14)	Delta Dental PPOSM Dentist	Delta Dental Premier	Out-of Network	Delta Dental PPOSM Dentist	Delta Dental Premier	Out-of Network	Delta Dental PPOSM Dentist	Delta Dental Premier	Out-of Network
	100%*	100%*	100%*	100%*	100%*	100%*	100%*	80%*	80%*
Coverage B <i>Minor Restorative:</i> <ul style="list-style-type: none">• Sealants (to age 16)• Fillings, amalgam and composite (including posterior composites) <i>Non-Surgical Periodontics</i> ♦: <ul style="list-style-type: none">• Non-surgical treatment of gum disease <i>Endodontics</i> ♦: <ul style="list-style-type: none">• Root canals and pulpal therapy• Oral Surgery, Simple Extractions <i>Oral Surgery, Surgical Extractions</i> ♦ (including preoperative and postoperative care) ♦These benefits can be moved as a coverage grouping to Coverage C.	Delta Dental PPOSM Dentist	Delta Dental Premier	Out-of Network	Delta Dental PPOSM Dentist	Delta Dental Premier	Out-of Network	Delta Dental PPOSM Dentist	Delta Dental Premier	Out-of Network
	80%*	80%*	80%*	80%*	60%*	60%*	80%*	60%*	60%*
Coverage C <i>Major Restorative:</i> <ul style="list-style-type: none">• Cast restorations: crowns, onlays and other ceramic restorations to permanent teeth• Implant therapy <i>Prosthodontics:</i> <ul style="list-style-type: none">• Bridges, partial dentures and complete dentures <i>Surgical Periodontics</i> <ul style="list-style-type: none">• Surgical treatment of gum disease	Delta Dental PPOSM Dentist	Delta Dental Premier	Out-of Network	Delta Dental PPOSM Dentist	Delta Dental Premier	Out-of Network	Delta Dental PPOSM Dentist	Delta Dental Premier	Out-of Network
	50%*	50%*	50%*	50%*	50%*	50%*	50%*	50%*	50%*
Coverage D <i>Orthodontics</i> (for children under age 19) Optional and available for all groups	Delta Dental PPOSM Dentist	Delta Dental Premier	Out-of Network	Delta Dental PPOSM Dentist	Delta Dental Premier	Out-of Network	Delta Dental PPOSM Dentist	Delta Dental Premier	Out-of Network
	50%*	50%*	50%*	50%*	50%*	50%*	50%*	50%*	50%*
Deductible Options	Single <ul style="list-style-type: none">• \$50• \$75 Applies to Coverages B & C only. Optional for Coverage A	Family <ul style="list-style-type: none">• \$150• \$225	Premier <ul style="list-style-type: none">• \$150• \$225	Single <ul style="list-style-type: none">• \$50• \$75 Applies to Coverages B & C only. Optional for Coverage A	Family <ul style="list-style-type: none">• \$150• \$225	Premier <ul style="list-style-type: none">• \$150• \$225	Single <ul style="list-style-type: none">• \$50• \$75 Applies to Coverages B & C only. Optional for Coverage A	Family <ul style="list-style-type: none">• \$150• \$225	Premier <ul style="list-style-type: none">• \$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, \$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 of Illinois

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Delta Dental of Illinois Enhanced Benefits Program Summary

Oral Health Meets Overall Health with Delta Dental of Illinois' Enhanced Benefits Program

Offering enhanced benefits for those with high-risk medical conditions

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 program addresses the unique health challenges faced by people with conditions that put them at risk for oral health disease, and can also play an important role in the management of an individual's medical condition. The costs of the additional cleanings and fluoride treatments will be applied to enrollees' annual maximum.

Those eligible for Delta Dental of Illinois' Enhanced Benefits Program include:

- **People with periodontal (gum) disease.** Enrollees with periodontal disease are eligible for **two additional teeth cleanings**, either prophylaxis (general cleaning) or periodontal maintenance, in a benefit year. Additionally, the enrollee is eligible for **fluoride applications**; frequency is determined by their group contract.
- **People with diabetes.** Enrollees with diabetes are eligible for **two additional teeth cleanings**, either prophylaxis (general cleaning) or periodontal maintenance, in a benefit year.
- **Pregnant women.** Pregnant enrollees are eligible for **one additional cleaning**, either prophylaxis (general cleaning) or periodontal maintenance visit during the time of the pregnancy.
- **People with high-risk cardiac conditions.** People with high-risk cardiac conditions are eligible for **two additional teeth cleanings**, either prophylaxis (general cleaning) or periodontal maintenance, in a benefit year. *Conditions include: a history of infective endocarditis; certain congenital heart defects such as having one ventricle instead of the normal two; 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 prolapse with regurgitation (blood leakage).*
- **People with kidney failure or who are undergoing dialysis.** People with kidney failure or who are undergoing dialysis are eligible for **two additional teeth cleanings**, either prophylaxis (general cleaning) or periodontal maintenance, in a benefit year.
- **People undergoing cancer-related chemotherapy and/or radiation.** Enrollees who are undergoing cancer-related chemotherapy and/or radiation are eligible for **two additional teeth cleanings**, either prophylaxis (general cleaning) or periodontal maintenance, in a benefit year. Additionally, the enrollee is eligible for **fluoride applications**; frequency is determined by their group contract.
- **People with suppressed immune systems due to HIV positive status, organ transplant, and/or stem cell (bone marrow) transplant.** Enrollees who have suppressed immune systems due to HIV positive status, organ transplant, and/or stem cell (bone marrow) transplant are eligible for **two additional teeth cleanings**, either prophylaxis (general cleaning) or periodontal maintenance, in a benefit year. Additionally, the enrollee is eligible for **fluoride applications**; frequency is determined by their group contract.
- **People at risk for oral cancer.** The OralCDx brush biopsy is a powerful tool in the **early detection of oral cancer/precancerous cells** - and represents a major breakthrough in the fight against oral cancer. The procedure is indicated to evaluate unexplained tiny white and red lesions - and the software used to analyze the samples can spot a precancerous/cancerous cell even if it is partially obscured by other cells.



Delta Benefit Underwriting Guidelines

Designed for small to mid-size businesses

With Delta Dental of Illinois, employers with two to 49 eligibles can enjoy the rating advantages usually given only to the largest employers. How? We pool together small and mid-size companies to offer the most competitively priced dental benefit programs available. The following industry types are ineligible for dental coverage through this pool: dental offices, insurance firms (not including brokerage firms), and real estate organizations with 1099 employees.

Benefit Periods

If deductible credits are requested, deductible and maximum accumulators from previous carrier must be provided prior to effective date.

Waiting Period

For groups of two to 19 eligibles, there is a 12-month waiting period under the Delta Dental Premier® and Delta Dental PPO Plans for Coverages C and D services. These waiting periods are waived if your company has had a dental plan for the prior 12 consecutive months.

For groups of 20 or more eligibles, there is no waiting period.

Rate Guarantee

There is a 12-month rate guarantee for all groups. Rates are developed based on the experience of a pool of groups of similar size. Individual claims experience is not available.

Participation

If 10 percent or more of your employees work in locations outside the area in which the headquarters is rated, underwriting review is required.

Programs are based on 50 percent employee enrollment.

For groups of more than 49 eligibles, contact your Delta Dental of Illinois sales and marketing representative.

Broker Commission

7.5%

HIGHLIGHTS OF DELTA DENTAL OF ILLINOIS DELTACARE PROGRAM PLAN 305

CODE	PROCEDURE	PATIENT PAYS	CODE	PROCEDURE	PATIENT PAYS
	Office Visit Copay	\$0	RESTORATIVE (cont.)		
DIAGNOSTIC			D2150	Amalgam - two surfaces, primary or permanent	\$32.00
D0120	Periodic oral evaluation	\$0	D2160	Amalgam - three surfaces, primary or permanent	\$46.00
D0140	Limited oral evaluation - problem focused	\$0	D2161	Amalgam - four or more surfaces, primary or perm.	\$54.00
D0150	Comprehensive oral evaluation - new or established patient	\$0	D2330	Resin-based composite - one surface, anterior	\$32.00
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$0	D2331	Resin-based composite - two surfaces, anterior	\$37.00
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$0	D2332	Resin-based composite - three surfaces, anterior	\$45.00
D0180	Comprehensive periodontal evaluation - new or established patient	\$0	D2335	Resin-based composite, four or more surfaces or involving incisal angle (anterior)	\$55.00
D0210	Intraoral radiographs - complete series (including bitewings)	\$0	D2390	Resin-based composite crown, anterior	\$142.00
D0220	Intraoral - periapical first film	\$0	D2391	Resin-based composite - one surface, posterior	\$24.00#
D0230	Intraoral - periapical each additional film	\$0	D2392	Resin-based composite - two surfaces, posterior	\$32.00#
D0240	Intraoral - occlusal film	\$0	D2393	Resin-based composite - three surfaces, posterior	\$46.00#
D0270	Bitewing - single film	\$0	D2394	Resin-based composite - four or more surfaces, post.	\$54.00#
D0272	Bitewings - two films	\$0	D2910	Recement inlay, only or partial coverage rest.	\$38.00
D0274	Bitewings - four films	\$0	D2920	Recement crown	\$38.00
D0277	Vertical bitewings - 7 to 8 films	\$0	D2940	Sedative filling	\$45.00
D0330	Panoramic film	\$0	D2951	Pin retention - per tooth, in addition to rest.	\$44.00
D0460	Pulp vitality tests	\$0	CROWNS/BRIDGES		
D0470	Diagnostic casts	\$0	D2710	Crown - resin (indirect)	\$313.00
PREVENTIVE			D2720	Crown - resin with high noble metal*	\$394.00
D1110	Prophylaxis (cleaning) - adult	\$0	D2721	Crown - resin with predominantly base metal	\$394.00
D1120	Prophylaxis (cleaning) - child	\$0	D2722	Crown - resin with noble metal	\$394.00
D1201	Topical application of fluoride (including prophylaxis - child (to age 19)	\$0	D2740	Crown - porcelain/ceramic substrate	\$394.00
D1203	Topical application of fluoride (prophylaxis not included) - child (to age 19)	\$0	D2750	Crown - porcelain fused to high noble*	\$394.00
D1330	Oral hygiene instructions	\$0	D2751	Crown - porcelain fused to predom. base metal	\$394.00
D1351	Sealant, per tooth (through age 15)	\$14.00	D2752	Crown - porcelain fused to noble metal	\$394.00
D1510	Space maintainer - fixed - unilateral	\$79.00	D2780	Crown - ¾ cast high noble metal*	\$394.00
D1515	Space maintainer - fixed - bilateral	\$79.00	D2781	Crown - ¾ cast predom. base metal	\$394.00
D1520	Space maintainer - removable - unilateral	\$79.00	D2782	Crown - ¾ cast noble metal	\$394.00
D1525	Space maintainer - removable - bilateral	\$79.00	D2783	Crown - ¾ porcelain/ceramic	\$394.00
D1550	Recementation of space maintainer	\$11.00	D2790	Crown - full cast high noble metal*	\$394.00
Diagnostic and Preventive services may be subject to frequency limitations. See your booklet for details.			D2791	Crown - full cast predominantly base metal	\$394.00
RESTORATIVE			D2792	Crown - full cast noble metal	\$394.00
D2140	Amalgam - one surface, primary or permanent	\$24.00	D2794	Crown - titanium	\$397.00
			D2910	Recement inlay, onlay or partial coverage rest.	\$38.00
			D2915	Recement cast or prefab. post and core	\$38.00
			D2930	Prefab. stainless steel crown - prim. tooth	\$130.00
			D2931	Prefab. stainless steel crown - perm. tooth	\$130.00
			D2932	Prefab. resin crown [anterior teeth only]	\$130.00

CODE	PROCEDURE	PATIENT PAYS	CODE	PROCEDURE	PATIENT PAYS
CROWNS/BRIDGES (cont.)			PERIODONTICS		
D2933	Prefab. stainless steel crown with resin window	\$130.00#	D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quad.	\$255.00
D2950	Core buildup, including any pins	\$111.00	D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth, per quadrant	\$255.00
D2951	Pin retention - per tooth, in addition to rest.	\$44.00	D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	\$387.00
D2952	Cast post and core in addition to crown*	\$132.00	D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth, per quadrant	\$368.00
D2953	Each additional cast post - same tooth*	\$132.00	D4341	Periodontal scaling/root planing - 4 or more per quad.	\$47.00
D2954	Prefab. post and core in addition to crown	\$112.00	D4342	Periodontal scaling/root planing - one to three teeth, per quadrant	\$45.00
D2957	Each additional prefab. post - same tooth	\$112.00	D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$31.00
D2971	Additional procedures to construct new crown under existing partial denture framework	\$107.00	PROSTHODONTICS-REMOVABLE*		
D6210	Pontic - cast high noble metal*	\$394.00	D5110	Complete denture - maxillary**	\$603.00
D6211	Pontic - cast predominantly base metal	\$394.00	D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)**	\$603.00
D6240	Pontic - porcelain fused to high noble metal*	\$394.00	D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)**	\$793.00
D6241	Pontic - porcelain fused to predom. base metal	\$394.00	D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$793.00#
D6242	Pontic - porcelain fused to noble metal	\$394.00	D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$793.00#
D6250	Pontic - resin with high noble metal*	\$394.00	D5410	Adjust complete denture - maxillary	\$20.00
D6251	Pontic - resin with predom. base metal	\$394.00	D5421	Adjust partial denture - maxillary	\$20.00
D6252	Pontic - resin with noble metal	\$394.00	D5520	Replace missing or broken teeth - complete denture (each tooth)	\$67.00
D6750	Crown - porcelain fused to high noble metal*	\$394.00	D5630	Repair or replace broken clasp	\$101.00
D6790	Crown - full cast high noble metal*	\$394.00	REPAIRS TO PROSTHETICS		
D6930	Recement fixed partial denture	\$66.00	D5510	Repair broken complete denture base	\$92.00
D6971	Cast post as part of fixed partial denture retainer	\$194.00	D5520	Replace missing or broken teeth - complete denture (each tooth)	\$67.00
ENDODONTICS			D5610	Repair resin denture base	\$93.00
D3110	Pulp cap - direct (excluding final restoration)	\$22.00	D5640	Replace broken teeth - per tooth	\$75.00
D3120	Pulp cap - indirect (excluding final restoration)	\$12.00	D5650	Add tooth to existing partial denture	\$87.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to dentinocemental junction and application of medicament	\$58.00	D5660	Add clasp to existing partial denture	\$115.00
D3221	Pulpal debridement, primary and permanent teeth	\$58.00	D5710	Rebase complete maxillary denture	\$218.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$40.00	D5720	Rebase maxillary partial denture	\$218.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$40.00	D5730	Reline complete maxillary denture (chairside)	\$222.00
D3310	[Root canal] - anterior (excluding final restoration)	\$102.00	D5740	Reline maxillary partial denture (chairside)	\$222.00
D3320	[Root canal] - bicuspid (excluding final restoration)	\$125.00	D5750	Reline complete maxillary denture (laboratory)	\$233.00
D3330	[Root canal] - molar (excluding final restoration)	\$289.00	D5760	Reline maxillary partial denture (laboratory)	\$233.00
D3346	Retreatment of previous root canal therapy - anterior	\$305.00	ORAL SURGERY		
D3347	Retreatment of previous root canal therapy - bicuspid	\$383.00	D7111	Extraction, coronal remnants - deciduous tooth	\$30.00
D3348	Retreatment of previous root canal therapy - molar	\$488.00	D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal); includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary	\$30.00
D3410	Apicoectomy/periradicular surgery - anterior	\$273.00			
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$273.00			
D3425	Apicoectomy/periradicular surgery - molar (first root)	\$273.00			
D3426	Apicoectomy/periradicular surgery (ea. add'l. root)	\$92.00			
D3430	Retrograde filling - per root	\$68.00			

CODE	PROCEDURE	PATIENT PAYS	CODE	PROCEDURE	PATIENT PAYS
ORAL SURGERY(cont.)			OTHER (ADJUNCTIVE) SERVICES		
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth, minor smoothing of socket bone closure	\$68.00	D9110	Palliative (emergency) treatment of dental plan - minor procedure	\$25.00
D7220	Removal of impacted tooth - soft tissue	\$89.00	D9215	Local anesthesia	\$0
D7230	Removal of impacted tooth - partially bony	\$126.00	D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	\$25.00
D7240	Removal of impacted tooth - completely bony	\$152.00	D9450	Case presentation, detailed and extensive treatment	\$0
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$152.00	ORTHODONTICS		
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$68.00	D8080	Comprehensive orthodontic treatment of the adolescent dentition***	\$2,235.00
D7310	Alveoloplasty in conjunction with extractions - per quadrant	\$86.00	D8090	Comprehensive orthodontic treatment of the adult dentition***	\$2,760.00
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	\$129.00	D8660	Pre-orthodontic treatment visit [applied to treatment fee if patient proceeds with treatment]	\$30.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$129.00	D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))*	\$265.00
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$179.00			
<p>'Patient Pays' applies to those procedures provided by the member's primary care dentist or approved specialty dentist.</p> <p>*All charges for crown and bridge are per unit. There will be an additional patient charge for the actual cost for gold/high noble metal including any upgrade in materials such as porcelain.</p> <p>**Includes any adjustments for 6 months.</p> <p>***Plan benefits are for active comprehensive orthodontic treatment. They include initial examination, diagnosis, consultation, initial banding, 24 months of active treatment, de-banding, and the retention phase. The retention phase includes the initial construction, placement and adjustments to retainers and office visits for a maximum of two years. For treatment plans extending beyond 24 months of active treatment, the patient will be subject to an office visit fee, not to exceed \$75 per month.</p> <p>#These procedures are specialized and considered a limited benefit. For these procedures, the patient pays the listed copayment plus the difference between the dentist's usual fees for the applicable covered benefit and the dentist's usual fees for the specialized treatment. For example, for a maxillary partial denture with a flexible base (D5225), the patient would pay the copay plus the difference between the dentist's usual fee for this procedure and the usual fee for the covered benefit, a maxillary partial denture resin base (D5213).</p> <p>This is a brief description of your DeltaCare dental plan. Please consult your Certificate of Coverage for the complete Schedule of Dental Benefits, as well as the terms and conditions of coverage and any limitations and exclusions. Delta Dental imposes no restrictions on the method of diagnosis or treatment by a treating dentist. A benefit determination relates only to the level of payment Delta Dental is required to make.</p>					