

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

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