

INSURANCE COMPANY : Delta Dental
GROUP NUMBER : 10989
CUSTOMER SERVICE : 800-323-1743
WEBSITE : www.deltadentalil.com
NETWORK : PPO and Premier

Summary of Benefits - Dental

Voluntary Dental Insurance Triple Option Plan									
Annual Deductibles	Option 1			Option 2			Option 3		
	Delta Dental PPO	Delta Premier	**Non-Network	Delta Dental PPO	Delta Premier	**Non-Network	Delta Dental PPO	Delta Premier	**Non-Network
• Individual	\$0	\$0	\$0	\$50	\$50	\$50	\$50	\$50	\$50
• Family	\$0	\$0	\$0	\$150	\$150	\$150	\$150	\$150	\$150
Maximum Annual Benefit per Insured	\$2,000			\$1,500			\$1,000		
Dependent Age Limit	Up to age 26			Up to age 26			Up to age 26		
New Hire Waiting Period	None			None			None		
Late Entrant Waiting Period	None			None			None		
Covered Expenses									
• Preventive Services <i>*Deductible Waived</i>	100%*	100%*	100%*	100%*	100%*	100%*	100%*	100%*	100%*
	Oral Exams (two per calendar year) Cleanings (two per calendar year) X-Rays Space Maintainers to age 19 Fluoride Treatments to age 18 Sealants to age 15			Oral Exams (two per calendar year) Cleanings (two per calendar year) X-Rays Space Maintainers to age 19 Fluoride Treatments to age 18 Sealants to age 15			Oral Exams (two per calendar year) Cleanings (two per calendar year) X-Rays Space Maintainers to age 19 Fluoride Treatments to age 18 Sealants to age 15		
• Basic Services	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Fillings Oral Surgery Extractions Endodontics (root canal) Non-Surgical Periodontics (gum treatment)			Fillings Oral Surgery Extractions Endodontics (root canal) Non-Surgical Periodontics (gum treatment)			Fillings Oral Surgery Extractions Endodontics (root canal) Non-Surgical Periodontics (gum treatment)		
• Major Services	50%	50%	50%	50%	50%	50%	50%	50%	50%
	Surgical Periodontics (gum treatment) Inlays and Onlays Crowns Dentures Bridges Implants			Surgical Periodontics (gum treatment) Inlays and Onlays Crowns Dentures Bridges Implants			Surgical Periodontics (gum treatment) Inlays and Onlays Crowns Dentures Bridges Implants		
• Orthodontia (Child Only to age 19) Maximum Lifetime Orthodontia Benefit per child	50%	50%	50%	50%	50%	50%	50%	50%	50%
	\$3,000			\$1,500			\$1,000		

*** Non-Network services are subject to U&C/R&C limitations. The Patient will be responsible for any charges over these limits.*

This summary is intended to highlight your benefits and should not be relied on to fully determine coverage. Please refer to your certificate of coverage for a complete outline of covered services, limitations, and exclusions. Benefits are subject to change based on local and state mandated laws.

Benefit information listed in your carrier certificate always supersedes any information provided in this benefit summary.