

Platinum Option

	Delta Dental PPO Network Dentist	Delta Dental Premier® Network Dentist	Non-Network Dentist
<u>DIAGNOSTIC & PREVENTIVE SERVICES</u> <i>Diagnostocs:</i> Routine exams twice a year; Bitewing X-rays twice a year; Full-mouth X-rays every five years. <i>Preventive:</i> Cleanings twice a year; Fluoride treatments for children once a year (to age 19); Space maintainers (to age 14); Sealants (to age 16)	100%*	100%*	100%*
<u>BASIC RESTORATIVE SERVICES</u> <i>Minor Restorative:</i> Fillings, amalgam and composite (including posterior composites) <i>Non-Surgical Periodontics:</i> Non-surgical treatment of gum disease <i>Endodontics:</i> Root canals and pulpal therapy Oral Surgery, Surgical Extractions (including pre- and post-operative care) Oral Surgery, Simple Extractions	80%*	80%*	80%*
<u>MAJOR RESTORATIVE SERVICES</u> <i>Major Restorative:</i> Cast restorations: crowns, onlays, and other ceramic restorations to permanent teeth <i>Prosthodontics:</i> Bridges, partial dentures and complete dentures Implant therapy <i>Surgical Periodontics:</i> Surgical treatment of gum disease	50%*	50%*	50%*
<u>ORTHODONTICS:</u>	50%*	50%*	50%*
<u>ENHANCED BENEFITS PROGRAM</u> Provides additional cleanings and/or applications of topical fluoride to people with specific health conditions that put them at risk for oral health disease. The costs of the additional cleanings and fluoride treatments will be applied to enrollees' annual maximum..	Included	Included	Included
Deductible:	\$50/\$150 Applies to B & C	\$50/\$150 Applies to B & C	\$50/\$150 Applies to B & C
Annual Maximum: Dependent children to age 26	\$1,000	\$1,000	\$1,000
Ortho Lifetime Maximum: Dependent children to age 19	\$1,000	\$1,000	\$1,000

*Delta Dental PPO dentists accept payment based on the lesser of the submitted fee or the PPO fee schedule, which is established at a level that typically delivers a 15- 35% discount off of average billed charges in Illinois.

**Delta Dental Premier dentists accept payment based on the lesser of the submitted fee or Delta Dental's maximum plan allowance (MPA), which is established at a level that typically delivers a 10-20% discount off of average billed charges in Illinois.

***Non-network (non-Delta Dental PPO/non-Delta Dental Premier) dentists are reimbursed at Delta Dental Premier fee levels.

Delta Dental PPO and Premier dentists cannot balance bill the enrollee for the difference between Delta Dental's allowed fee and the dentist's submitted charge