

## Dental Care Benefits

You may choose from two dental plan options: **Delta Dental** (a dental PPO plan) and **Guardian/First Commonwealth** (a managed-care dental plan).

### Delta Dental PPO

Through the Delta Dental PPO Plan, you choose the dentist of your choice. To access the PPO Provider list call (800) 323-1743 or go to Delta Dental of Illinois' website at [www.deltadentalil.com](http://www.deltadentalil.com) to select a dental provider. There are different levels of coverage based on the PPO network. See the table below.

Delta Dental PPO Plan			
Features	Delta Dental PPO (In-network)	Delta Premier	Non-Network
	You receive highest level of benefits when using network providers.	Benefit level is lower than PPO Plan. You are not responsible for charges exceeding "Usual and Customary."	If you use out-of-network providers, you pay charges exceeding the "Usual and Customary."
<b>Annual Deductible</b> (For family coverage, two individuals members must both meet deductible before plan begins to pay percentage of costs)	\$50	\$75	\$75
<b>Preventative &amp; Diagnostic Services</b> Bi-annual oral examination including full mouth and bite-wing x-rays, teeth cleaning, and, for patients under age 19, topical fluoride application.	100%; no deductible	90%; no deductible	90%; no deductible
<b>Basic Services</b> Extractions, dental surgery, space maintainers, sealants treatment of gum disease, general anesthesia required in relation to dental surgery, endodontic, and periodontal treatment.	80% after deductible	50% after deductible	50% after deductible
<b>Major Services</b> Crowns, fixed bridge restorations, implants, removable partial or complete dentures, and repairs to existing dentures.	60% after deductible	50% after deductible	50% after deductible
<b>Annual Maximum Benefit Per Person</b>	\$1,800	\$1,500	\$1,500
<b>Orthodontic Lifetime Benefit for Children up to age 19</b>	50% coverage up to a lifetime maximum of \$1,000 per individual		