



Delta Dental of Illinois Small Group Plans

Delta Dental of Illinois in partnership with Health Alliance offers three small group plans to Health Alliance groups: Delta Dental PPOSM - Platinum with Individual Kids Preferred, Delta Dental PPOSM - Silver with Individual Kids Preferred and Delta Dental of Illinois Individual Kids Preferred. All plans meet the guidelines of the Affordable Care Act's (ACA) Pediatric Dental Essential Health Benefit.

Delta Dental of Illinois' PPO network is extensive. Like most PPOs, enrollees will enjoy lower out-of-pocket costs when they use a Delta Dental PPO network dentist because these providers have agreed to accept fees that are typically 15-40 percent lower than average billed charges. Small groups (2-100 employees) are able to enhance benefits while keeping costs in check.

Our small group plans offer:

- Freedom of choice with cost-saving incentives.
- Lower out-of-pocket costs with Delta Dental PPO network dentists.
- Enhanced Benefits Program that offers additional coverage to individuals who have specific health conditions that can be positively affected by additional oral health care is included with all plans.
- Rich coverage for preventive services like exams, cleanings, X-rays, sealants and fluoride treatments.
- Coverage for major services like gum disease treatment, root canals, dentures and crowns.

Delta Dental PPOSM – Platinum Plan with the Individual Kids Preferred Plan

Delta Dental PPO SM – Platinum Plan				Individual Kids Preferred Plan
<p>All plans are based on the Delta Dental PPO network. Delta Dental PPO dentists cannot bill over the PPO allowed amount. Delta Dental Premier and non-network dentists can bill for charges above the allowed Delta Dental PPO amount. However, Delta Dental Premier dentists cannot bill for charges above the allowed Delta Dental Premier amount.</p>				<p>(Children under age 19 only) The Individual Kids Preferred plan uses an Exclusive Provider Feature where benefits are paid only when a member uses a Delta Dental PPO dentist. Delta Dental PPO dentists cannot bill members for charges over the PPO allowed amount. There are no benefits when a member uses a non-Delta Dental PPO network dentist. The plan is offered as a companion/ rider to Delta Dental PPO – Platinum Plus, Platinum, Gold and Silver plans. Members under age 19 can use the benefits of both the Platinum and Individual Kids Preferred plans but can only receive benefits from the Individual Kids Preferred plan with Delta Dental PPO dentists.</p>
	Delta Dental PPO SM	Delta Dental Premier [*]	Non-Network	
<p>Deductible Options Groups can choose from three set single and family deductible options or a lifetime deductible for each covered member. Groups also have the option to waive the deductible for covered members who visit a Delta Dental PPO network dentist.</p>	Single \$25 \$50 \$75	Family \$75 \$150 \$225		<p>Deductible (benefit year; per person, applies to basic and major services only)</p> <p style="text-align: right;">\$50</p>
	\$100 lifetime deductible per covered member			
	\$0 deductible for covered members when visiting a Delta Dental PPO dentist			
	Applies to Coverages B and C only Optional for Coverage A			
<p>Out-of-Pocket Limit</p>	N/A			<p>Out-of-Pocket Limit</p> <p style="text-align: right;">\$350 per individual child</p>
<p>Annual Maximum Options</p>	\$1,000, \$1,500 or \$2,000			<p>Family Out-of-Pocket Limit (for children under age 19)</p> <p style="text-align: right;">\$700</p>
<p>Coverage A Diagnostic:</p> <ul style="list-style-type: none"> • Exams (limited to 2 per person in a benefit year) • Bitewing X-rays (limited to 1 per person in a benefit year) • Full-Mouth X-rays (every three years) <p>Preventive:</p> <ul style="list-style-type: none"> • 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) • Sealants (under age 16) 	100%*		<p>Preventive Services</p> <ul style="list-style-type: none"> • Exams (limited to 2 per person in a benefit year) • Cleanings (limited to 2 per person in a benefit year) • Bitewing X-rays (limited to 2 per person in a benefit year) • X-rays (full mouth/panoramic – limited to 1 per person in 36 months) • Fluoride Treatments (limited to 1 per person in a benefit year, under age 19) • Space Maintainers (under age 19) • Sealants (under age 19) <p style="text-align: right;">100% in-network/ 0% out-of-network</p>	
<p>Coverage B Basic Restorative:</p> <ul style="list-style-type: none"> • Fillings/Amalgams/Composites (including posterior composites) <p>Non-Surgical Periodontics**:</p> <ul style="list-style-type: none"> • Non-Surgical Treatment of Gum Disease <p>Endodontics**:</p> <ul style="list-style-type: none"> • Root Canals and Pulpal Therapy • Oral Surgery, Simple Extractions <p>Oral Surgery, Surgical Extractions**: (including preoperative and postoperative care)</p> <p><small>**Groups can choose to move these benefits as a coverage grouping to Coverage C.</small></p>	80%*		<p>Basic Services</p> <ul style="list-style-type: none"> • Fillings/Amalgams • Simple Extractions • Gum Disease Treatment • Root Canals • Surgical Extractions <p style="text-align: right;">80% in-network/ 0% out-of-network</p>	
<p>Coverage C Major Restorative:</p> <ul style="list-style-type: none"> • Cast Restorations: Crowns, Onlays and Other Ceramic Restorations to Permanent Teeth • Implant Therapy <p>Prosthodontics:</p> <ul style="list-style-type: none"> • Bridges, Partial Dentures and Complete Dentures <p>Surgical Periodontics:</p> <ul style="list-style-type: none"> • Surgical Treatment of Gum Disease 	50%*		<p>Major Services</p> <ul style="list-style-type: none"> • Denture Relines and Rebases, Adjustments • Repairs to Crowns, Dentures and Bridges • Crowns • Complete and Partial Dentures • Fixed Bridgework <p style="text-align: right;">50% in-network/ 0% out-of-network</p>	
<p>Coverage D Orthodontics (for children under age 19) Optional and available to all groups</p>	50%*		<p>Orthodontia (medically necessary orthodontia only)</p> <p>The ACA requires coverage for medically necessary orthodontia only. Predeterminations will be necessary to determine if there is any coverage for orthodontia under the Individual Kids Preferred plan.</p> <p style="text-align: right;">50% in-network/ 0% out-of-network</p>	
<p>Orthodontia Maximum Options Optional and available to all groups</p>	\$1,000 or \$1,500			<p>Orthodontia Maximum Options Optional and available to all groups</p> <p style="text-align: right;">N/A</p>
<p>Enhanced Benefits Program Offers additional coverage for individuals who have specific health conditions (including pregnancy, diabetes, high-risk cardiac conditions and suppressed immune systems) that can be positively affected by additional oral health care.</p>	Included			<p>Enhanced Benefits Program Offers additional coverage for individuals who have specific health conditions (including pregnancy, diabetes, high-risk cardiac conditions and suppressed immune systems) that can be positively affected by additional oral health care.</p> <p style="text-align: right;">Included</p>

Delta Dental PPOSM – Silver Plan with the Individual Kids Preferred Plan

Delta Dental PPO SM – Silver Plan				Individual Kids Preferred Plan
<p>All plans are based on the Delta Dental PPO network. Delta Dental PPO dentists cannot bill over the PPO allowed amount. Delta Dental Premier and non-network dentists can bill for charges above the allowed Delta Dental PPO amount. However, Delta Dental Premier dentists cannot bill for charges above the allowed Delta Dental Premier amount.</p>				
	Delta Dental PPO SM	Delta Dental Premier*	Non-Network	
<p>Deductible Options Groups can choose from three set single and family deductible options or a lifetime deductible for each covered member. Groups also have the option to waive the deductible for covered members who visit a Delta Dental PPO network dentist.</p>	Single \$25 \$50 \$75	Family \$75 \$150 \$225		<p>Deductible (benefit year; per person, applies to basic and major services only)</p> <p style="text-align: right;">\$50</p>
	\$100 lifetime deductible per covered member			
	\$0 deductible for covered members when visiting a Delta Dental PPO dentist			
	Applies to Coverages B and C only - optional for Coverage A			
<p>Out-of-Pocket Limit</p>	N/A			<p>Out-of-Pocket Limit</p> <p style="text-align: right;">\$350 per individual child</p>
<p>Annual Maximum Options</p>	\$1,000, \$1,500 or \$2,000			<p>Family Out-of-Pocket Limit (for children under age 19)</p> <p style="text-align: right;">\$700</p>
<p>Coverage A Diagnostic:</p> <ul style="list-style-type: none"> • Exams (limited to 2 per person in a benefit year) • Bitewing X-rays (limited to 1 per person in a benefit year) • Full-Mouth X-rays (every five years) <p>Preventive:</p> <ul style="list-style-type: none"> • 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) • Sealants (under age 16) 	100%*	80%*	80%*	<p>Preventive Services</p> <ul style="list-style-type: none"> • Exams (limited to 2 per person in a benefit year) • Cleanings (limited to 2 per person in a benefit year) • Bitewing X-rays (limited to 2 per person in a benefit year) • X-rays (full mouth/panoramic - limited to 1 per person in 36 months) • Fluoride Treatments (limited to 1 per person in a benefit year, under age 19) • Space Maintainers (under age 19) • Sealants (under age 19) <p style="text-align: right;">100% in-network/ 0% out-of-network</p>
<p>Coverage B Basic Restorative:</p> <ul style="list-style-type: none"> • Fillings/Amalgams/Composites (including posterior composites) <p>Non-Surgical Periodontics**:</p> <ul style="list-style-type: none"> • Non-Surgical Treatment of Gum Disease <p>Endodontics**:</p> <ul style="list-style-type: none"> • Root Canals and Pulpal Therapy • Oral Surgery, Simple Extractions <p>Oral Surgery, Surgical Extractions** (including preoperative and postoperative care)</p> <p><small>**Groups can choose to move these benefits as a coverage grouping to Coverage C.</small></p>	80%*	60%*	60%*	<p>Basic Services</p> <ul style="list-style-type: none"> • Fillings/Amalgams • Simple Extractions • Gum Disease Treatment • Root Canals • Surgical Extractions <p style="text-align: right;">80% in-network/ 0% out-of-network</p>
<p>Coverage C Major Restorative:</p> <ul style="list-style-type: none"> • Cast Restorations: Crowns, Onlays and Other Ceramic Restorations to Permanent Teeth • Implant Therapy <p>Prosthodontics:</p> <ul style="list-style-type: none"> • Bridges, Partial Dentures and Complete Dentures <p>Surgical Periodontics:</p> <ul style="list-style-type: none"> • Surgical Treatment of Gum Disease 	50%*			<p>Major Services</p> <ul style="list-style-type: none"> • Denture Relines and Rebases, Adjustments • Repairs to Crowns, Dentures and Bridges • Crowns • Complete and Partial Dentures • Fixed Bridgework <p style="text-align: right;">50% in-network/ 0% out-of-network</p>
<p>Coverage D Orthodontics (for children under age 19) Optional and available to all groups</p>	50%*			<p>Orthodontia (medically necessary orthodontia only)</p> <p>The ACA requires coverage for medically necessary orthodontia only. Predeterminations will be necessary to determine if there is any coverage for orthodontia under the Individual Kids Preferred plan.</p> <p style="text-align: right;">50% in-network/ 0% out-of-network</p>
<p>Orthodontia Maximum Options Optional and available to all groups</p>	\$1,000 or \$1,500			<p>Orthodontia Maximum Options Optional and available to all groups</p> <p style="text-align: right;">N/A</p>
<p>Enhanced Benefits Program Offers additional coverage for individuals who have specific health conditions (including pregnancy, diabetes, high-risk cardiac conditions and suppressed immune systems) that can be positively affected by additional oral health care.</p>	Included			<p>Enhanced Benefits Program Offers additional coverage for individuals who have specific health conditions (including pregnancy, diabetes, high-risk cardiac conditions and suppressed immune systems) that can be positively affected by additional oral health care.</p> <p style="text-align: right;">Included</p>

Delta Dental of Illinois Individual Kids Preferred Plan Delta Dental PPOSM - Exclusive Provider Feature

(Children under age 19 only)

The Individual Kids Preferred plan uses an Exclusive Provider Feature where benefits are paid only when a member uses a Delta Dental PPO dentist. Delta Dental PPO dentists cannot bill members for charges over the PPO allowed amount. There are no benefits when a member uses a non-Delta Dental PPO network dentist.

Deductible (benefit year; per person, applies to basic and major services only)	\$50
Out-of-Pocket Limit	\$350 per individual child
Family Out-of-Pocket Limit (for children under age 19)	\$700
Covered Dental Services	
Preventive Services <ul style="list-style-type: none"> • Exams (limited to 2 per person in a benefit year) • Cleanings (limited to 2 per person in a benefit year) • Bitewing X-rays (limited to 2 per person in a benefit year) • X-rays (full mouth/panoramic - limited to 1 per person in 36 months) • Fluoride Treatments (limited to 1 per person in a benefit year, under age 19) • Space Maintainers (under age 19) • Sealants (under age 19) 	100% in-network/ 0% out-of-network
Basic Services <ul style="list-style-type: none"> • Fillings/Amalgams • Simple Extractions • Gum Disease Treatment • Root Canals • Surgical Extractions 	80% in-network/ 0% out-of-network
Major Services <ul style="list-style-type: none"> • Denture Relines and Rebases, Adjustments • Crowns • Complete and Partial Dentures • Fixed Bridgework 	50% in-network/ 0% out-of-network
Enhanced Benefits Program Offers additional coverage for individuals who have specific health conditions (including pregnancy, diabetes, high-risk cardiac conditions and suppressed immune systems) that can be positively affected by additional oral health care.	Included
Orthodontia (medically necessary orthodontia only) The ACA requires coverage for medically necessary orthodontia only. Predeterminations will be necessary to determine if there is any coverage for orthodontia under the Individual Kids Preferred plan for children under age 19.	50% in-network/ 0% out-of-network

Visit deltadentalil.com/healthalliance for monthly premiums and to enroll members or call 800-323-1743.



Enhanced Benefits Program

Oral Health Meets Overall Health with Delta Dental of Illinois

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 costs of the additional cleanings and fluoride treatments will be applied to enrollees' annual maximums.

People Eligible	Treatment	Coverage Level	Frequency per Benefit Year
Individuals with: <ul style="list-style-type: none"> • Diabetes • Kidney Failure/Dialysis Treatment • High-Risk Cardiac Conditions* 	Prophylaxis (General Cleaning) and Periodontal Maintenance	Same Percent as the Group Contracted Benefit Level	4 Times Total in any Combination
Individuals with: <ul style="list-style-type: none"> • Periodontal Disease • Suppressed Immune Systems** • Cancer-Related Chemotherapy and/or Radiation Treatments 	Prophylaxis (General Cleaning) and Periodontal Maintenance	Same Percent as the Group Contracted Benefit Level	4 Times Total in any Combination
	Topical Fluoride Treatment (No Age Limits)	Same Percent as the Group Contracted Benefit Level	Frequency Determined by Group Contract
Pregnant Women	Prophylaxis (General Cleaning) and Periodontal Maintenance	Same Percent as the Group Contracted Benefit Level	3 Times Total in any Combination
All Enrollees	Oral CDx Brush Biopsy (Oral Cancer)***	Same Percent as the Group Contracted Benefit Level	N/A

The Enhanced Benefits Program is available with Delta Dental PPOSM and Delta Dental Premier[®] plans only.

* Includes the following conditions: a history of infective endocarditis; certain congenital heart defects; 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 prolapsed with regurgitation (blood leakage).

** Includes the following conditions: HIV positive, organ transplant, stem cell (bone marrow) transplant.

*** The Oral CDx brush biopsy is standardly covered under oral surgery in Delta Dental of Illinois' benefit plan designs.