



Dental Coverage



Delta Dental

The Delta Dental Plan offers you flexibility to see the provider of your choice each time you seek dental care. You can find a Delta Dental network dentist online at www.deltadentalil.com or by calling 1-800-323-1743.

	Delta Dental	
	High Plan	Low Plan
Calendar Year Maximum Class I, II, III Expenses	\$2,000 per person	\$1,500 per person
Calendar Year Deductible Per Individual / Per Family	\$50 / \$150	\$50 / \$150
Class I Expenses - Preventive & Diagnostic Care Oral Exams, Cleanings, Routine X-Rays, Fluoride Application	100%, No Deductible	100%, No Deductible
Class II Expenses - Basic Restorative Care Fillings, Simple Extractions, Anesthetics, Root Canal Therapy, Repairs (Bridges, Crowns, Inlays and Dentures)	80%, After Deductible	60%, After Deductible
Class III Expenses - Major Restorative Care Crowns, Inlays, Onlays, Dentures, Bridges, Stainless Steel/Resin Crowns	50%, After Deductible	50%, After Deductible
Class IV Expenses - Orthodontia Coverage for Eligible Children Only	50%, No Ortho Deductible	No Coverage
Lifetime Maximum	\$2,000 per child	No Coverage

This summary is for informational purposes only. For specific benefit information, please refer to the applicable insurance contract.



Plan Cost Per Pay Period

	High Plan	Low Plan
Employee Only	\$18.19	\$14.67
Employee + One	\$36.32	\$27.74
Family	\$65.78	\$42.08

Out-of-Network Providers & Balance Billing

Under Delta Dental, the plan pays the same amount to out-of-network providers as it would for in-network providers. Please note that providers that do not participate with your insurance plan can “balance bill” you for any difference between their charge and what the plan pays. Therefore, using non-participating providers may result in significant patient liability.