Delta Dental PPO℠ Maximum Allowable Charge
Delta Dental PPO℠ Maximum Allowable Voluntary Charge

Under these PPO plans both in-network and out-of-network services are paid off discounted fees or the same fee schedule. *This plan includes Delta Dental of Illinois' Enhanced Benefits Program. Please see our Enhanced Benefits Program brochure for more information.*

Summary of Coverages	Delta Dental PPO℠ Maximum Allowable Charge Feature			Delta Dental PPO℠ Maximum Allowable Charge Voluntary Feature Available for groups of 10 to 300 benefit eligible employees		
Coverage A *Diagnostic:* • Routine exams twice per benefit year • Bitewing X-rays twice per benefit year • Full-mouth X-rays every three years *Preventive:* • Cleanings twice per benefit year • Fluoride treatments for dependents under age 19 once per benefit year • Space maintainers (to age 14)	**Delta Dental PPO℠** 100%*	**Delta Dental Premier®** 100%*	**Non-Network** 100%*	**Delta Dental PPO℠** 100%*	**Delta Dental Premier®** 100%*	**Non-Network** 100%*
Coverage B *Basic Restorative:* • Fillings, amalgam and composite (including posterior composites) • Sealants (to age 16) • Oral Surgery (excluding surgical extractions)	**Delta Dental PPO** 80%*	**Delta Dental Premier** 80%*	**Non-Network** 80%*	**Delta Dental PPO** 80%*	**Delta Dental Premier** 80%*	**Non-Network** 80%*
Coverage C *Major Restorative:* • Cast restorations: crowns, onlays and other ceramic restorations to permanent teeth • Implant therapy *Non-Surgical Periodontics:* • Non-surgical treatment of gum disease *Surgical Periodontics:* • Surgical treatment of gum disease *Endodontics:* • Root canals and pulpal therapy *Oral Surgery:* • Surgical extractions *Prosthodontics:* • Bridges, partial dentures and complete dentures 12-month wait may apply for the Delta Dental PPO℠ Maximum Allowable Charge Voluntary feature	**Delta Dental PPO** 50%*	**Delta Dental Premier** 50%*	**Non-Network** 50%*	**Delta Dental PPO** 50%*	**Delta Dental Premier** 50%*	**Non-Network** 50%*
Coverage D *Orthodontics* (for children under age 19) Not available for the Delta Dental PPO℠ Maximum Allowable Charge Voluntary feature	**Delta Dental PPO** 50%*	**Delta Dental Premier** 50%*	**Non-Network** 50%*	Not Available		
Deductible Options	**Single** • $50	**Family** • $150		**Single** • $50	**Family** • $150	
	Applies to Coverages B & C only.			Applies to Coverages B & C only.		
Annual Maximum Option	$1,000			$1,000		
Orthodontia Maximum Options	$1,000			Not Available		

*In-network and and out-of-network payments are based on discounted fees.

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