



**Delta Dental PPO Proposal Provided For:
SUSAN MYKET ASSOCIATES
Ascent**

	Delta Dental PPO Network Dentist	Delta Dental Premier® Network Dentist	Non-Network Dentist
COVERAGE A: Diagnostic and Preventive Services <i>Diagnostics:</i> Exams (2 per person per benefit year); Bitewing X-rays (2 per person per benefit year); Full-mouth X-rays (every 5 years). <i>Preventive:</i> Cleanings (2 per person per benefit year); Fluoride treatments (1 per person per benefit year, under age 19); Space maintainers (under age 14) Sealants (under age 16).	100%*	100%**	100%***
COVERAGE B: Basic Restorative Services <i>Endodontics:</i> Root canals and pulpal therapy. <i>Non-Surgical Periodontics:</i> Non-surgical treatment of gum disease. <i>Oral Surgery:</i> Surgical Extractions (including pre- and post-operative care). <i>Surgical Periodontics:</i> Surgical treatment of gum disease. <i>Minor Restorative:</i> Fillings, amalgam and composite (including posterior composites). Oral Surgery, Simple Extractions	80%*	80%**	80%***
COVERAGE C: Major Restorative Services <i>Major Restorative:</i> Cast restorations: crowns, onlays, and other ceramic restorations to permanent teeth. <i>Prosthodontics:</i> Bridges, partial dentures and complete dentures. <i>Implant Therapy</i>	50%*	50%**	50%***
INDIVIDUAL KIDS PREFERRED PLAN (DELTA DENTAL PPO EXCLUSIVE PROVIDER FEATURE) RIDER (MEMBERS UNDER AGE 19) Plan rider that meets the pediatric oral EHB required by the ACA. Uses an Exclusive Provider Feature where benefits are paid only when a member uses a Delta Dental PPO dentist. Members under age 19 can use the benefits of both plans but can only receive benefits from Individual Kids Preferred Plan (Delta Dental PPO Exclusive Provider Feature) with PPO dentists.	N/A	N/A	N/A
ENHANCED BENEFITS PROGRAM – See enclosure for more information. 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 members' annual maximum. See enclosure for more information.	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.	\$1500	\$1500	\$1500
24 Month Guarantee	Included		

*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 the 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 dentists are reimbursed at the Delta Dental Premier levels (MPA).

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

TOTAL NUMBER OF ELIGIBLES: 6

	Cost Per Pay Single: \$22.24 EE + 1: \$44.47 Family: \$60.93
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