

**Danville Consolidated School District 118 Plan Design Summary
High Plan 1**

Annual Deductible	\$25/person; \$75/family (when using a Delta Dental PPO SM dentist)		
Deductible applies to Basic and Major services	\$50/person; \$150/family (when using a Delta Dental Premier [®] or non-network dentist)		
Annual Maximum	\$1500/ person		
To Go SM Carryover Feature	Not Included		
Enhanced Benefits Program	Your plan 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 your annual maximum.		
Lifetime Orthodontic Maximum Dependent Children to Age 19 Adults are not eligible for coverage	\$1000/ person		
	Delta Dental PPO Network Dentist*	Delta Dental Premier Network Dentist**	Non-Network Dentist***
<u>PREVENTIVE/DIAGNOSTIC SERVICES</u>			
• Routine exams (two per benefit year)	100%	100%	100%
• Cleanings (two per benefit year)	100%	100%	100%
• X-rays (bitewings -2 per benefit year; full mouth-1 per 5 years)	100%	100%	100%
• Fluoride treatments (once per benefit year to age 19)	100%	100%	100%
• Space maintainers (to age 14)	100%	100%	100%
• Sealants (to age 16)	100%	100%	100%
• Emergency exams and palliative (pain relief) treatment	100%	100%	100%
<u>BASIC SERVICES</u>			
• Fillings (silver (amalgam) and tooth colored (composite) on front teeth)	80%	80%	80%
• Oral surgery (simple extractions)	80%	80%	80%
• Oral surgery (surgical extractions including general anesthesia)	80%	80%	80%
• Oral surgery (all other)	80%	80%	80%
<u>MAJOR RESTORATIVE SERVICES</u>			
• Endodontics (root canals and pulpal therapy)	50%	50%	50%
• Non-surgical Periodontic (gum) maintenance	50%	50%	50%
• Surgical Periodontic (gum) maintenance	50%	50%	50%
• Crowns, onlays, and other ceramic restorations to permanent teeth	50%	50%	50%
• Partial/full dentures	50%	50%	50%
• Denture (repair, reline, rebase and adjustments)	50%	50%	50%
• Fixed/removable bridges	50%	50%	50%
<u>ORTHODONTICS (treatment for proper alignment of teeth)</u> Dependent Children to Age 19; Adults are not eligible for coverage	50%	50%	50%

*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 – 40% discount off of average billed charges nationally.

**Delta Dental Premier dentists accept payment based on the lesser of the submitted fee or Delta Dental's maximum plan allowance (MPA), which is established at a level that typically delivers a 5 – 15% discount off of average billed charges nationally.

***Non-network (non-Delta Dental PPO/non-Delta Dental Premier) dentist reimbursement is based on the lesser of the submitted fee or MPA.

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