

Summary of Benefits and Covered Services for Peoria Public School District #150

Annual Maximum

\$1,000/person

TO GO

Enrollees may carryover unused portions of their annual maximums to the new year's annual maximum. Maximum amounts eligible for carryover are subject to limitations.

Annual Deductible

(applies to Basic/Major only)

\$50/person; \$150/family

Lifetime Ortho. Maximum

\$1,000

	<u>Delta Dental PPO</u>	<u>Delta Dental Premier</u>	<u>Out-of-Network</u>
Preventive/Diagnostic	100% *	100% **	100% ***
<ul style="list-style-type: none"> ◆ oral evaluations (two per benefit year) ◆ X-rays (bitewings – two per benefit year; full mouth - once every three years) ◆ prophylaxis (cleaning; two per benefit year) ◆ fluoride treatment (once per benefit year for children under age 19) ◆ space maintainers ◆ sealants ◆ habit forming appliances 			
Basic	90% *	80% **	80% ***
<ul style="list-style-type: none"> ◆ fillings ◆ posterior composites ◆ stainless steel crowns ◆ endodontics ◆ general anesthesia (in conjunction with oral surgery) ◆ IV sedation ◆ recement crowns/inlays ◆ denture relines, adjustments & repairs ◆ pin retention 			
Major	60% *	50% **	50% ***
<ul style="list-style-type: none"> ◆ crowns, jackets, cast restorations ◆ veneers ◆ fixed/removable bridges ◆ partial/full dentures ◆ simple extractions ◆ oral surgery ◆ periodontics ◆ implants 			
Orthodontia	50% subject to lifetime maximum	50% subject to lifetime maximum	50% subject to lifetime maximum
<ul style="list-style-type: none"> ◆ for dependent children under age 19 			

*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. PPO dentists may not bill you for charges exceeding these fees.

**Delta Dental Premier dentists accept payment based on the lesser of the submitted fee or Delta Dental's maximum plan allowance. Premier dentists may not bill you for charges exceeding these fees.

***For non-network dentists, the maximum allowed fee is set at the 90th percentile. These dentists may balance bill you for charges in excess of Delta Dental's reimbursement.

The preceding information is a brief summary of the Peoria Public School District #150 Dental Plan and the services it covers. If you have specific questions regarding benefit coverage, limitations or exclusions, contact Delta Dental at 1-800-323-1743.

Note: Delta Dental imposes no restrictions on the method of diagnosis or treatment by a treating dentist. A benefit determination relates only to the level of payment that your group dental plan is required to make.