

## Illinois Institute of Technology Dental Insurance Plan



Category	DMO		PPO	
	In-Network	Out-Of-Network*	In-Network	Out-Of-Network
<b>Annual Deductible</b>	None	\$500 Per Participant No Family Maximum	\$50 Single \$150 Family	\$75 Single \$225 Family
<b>Services</b>				
<b>Office Visit Co-Pay</b>	None	None After Deductible	None	None
<b>Preventative/Diagnostic Services.</b> Cleanings and exams, sealants, flouride treatments, x-rays, and space maintainers.	Member co-pays apply to some services. See DMO benefit summary.	70% After Deductible	100%	80%
<b>Basic Services.</b> Minor restorative amalgams and composite resin fillings.	Member co-pays apply to some services. See DMO benefit summary.	50% After Deductible	80% After Deductible	80% After Deductible
<b>Other Basic Services.</b> Endodontics, periodontics and oral surgery. <i>These services fall under Basic or Major Services for the out-of-network DMO plan. Please refer to Benefit Summary.</i>	Member co-pays apply to some services. See DMO benefit summary.	N/A	80% After Deductible	80% After Deductible
<b>Major Services.</b> Crowns, fixed bridgework, dentures and general anesthesia.	Member co-pays apply to some services. See DMO benefit summary.	50% After Deductible	50% After Deductible	50% After Deductible
<b>Orthodontics</b>	\$1000 Co-Pay	50% With \$1000 Deductible (Separate From \$500 Deductible).	Not Covered	
<b>Plan Provisions</b>				
<b>Pre-Existing Condition Waiting Period</b>	None	None	12-Month waiting period for Major services. Waiting period can be waived with proof of at least 12 months of creditable dental coverage with any other carrier immediately preceding enrollment to Aetna.	
<b>Annual Benfit Maximum</b>	None	None	\$1000 Per participant in a calendar year	
<b>Subject to Usual, Customary and Reasonable (UCR) Limits</b>	No	Yes	No	Yes

\* Effective May 1, 2007, the State of Illinois mandated a limited out-of-network option for DMO programs. Human Resources advises participants to call Aetna at 877.238.6200 to determine out-of-pocket costs prior to service if utilizing an out-of-network dentist.

*Note: This sheet only highlights the general program. Specific program details are contained in the Group Benefit Booklet.*