# Illinois Institute of Technology Dental Insurance Plan: Plan Highlights 2022-2023

![DeltaCare DHMO Logo]

<table>
<thead>
<tr>
<th>Category</th>
<th>DeltaCare DHMO</th>
<th>PPO In-Network</th>
<th>PPO Premier</th>
<th>PPO Out-of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible:</strong> Applies to Basic and Major services only</td>
<td>None</td>
<td>$50/ person $150 1+1 &amp; Family</td>
<td>$75/ person $225 1+1 &amp; Family</td>
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</tr>
</tbody>
</table>

**Services**

- **Preventive / Diagnostic Services:** Cleanings and exams, sealants, fluoride treatments, x-rays, and space maintainers.  
  - Member co-pays apply to some services:  
    - DeltaCare DHMO: None  
    - PPO In-Network: 100%  
    - PPO Premier: 100% of MPA*  
    - PPO Out-of Network: 100% of MPA**

- **Basic Services:** Minor restorative amalgams, composite resin fillings, endodontics, and oral surgery.  
  - Member co-pays apply to some services:  
    - DeltaCare DHMO: None  
    - PPO In-Network: 80%  
    - PPO Premier: 80% of MPA*  
    - PPO Out-of Network: 80% of MPA**

- **Major Services:** Crowns, fixed bridgework, and dentures.  
  - Member co-pays apply to some services:  
    - DeltaCare DHMO: None  
    - PPO In-Network: 50%  
    - PPO Premier: 50% of MPA*  
    - PPO Out-of Network: 50% of MPA**

**Orthodontics**  
- Adult: $2,625 max  
- Child: $2,125 max  
- Dependents to 26: 50% of MPA*  
- Dependents to 26: 50% of MPA**

**Plan Provisions**

- **Pre-Existing Condition Waiting Period**  
  - DeltaCare DHMO: None  
  - PPO In-Network: None  
  - PPO Premier: None  
  - PPO Out-of Network: None

- **Annual Benefit Maximum**  
  - DeltaCare DHMO: None  
  - PPO In-Network: $2,000/ per participant in a calendar year***  
  - PPO Premier: $2,000/ per participant in a calendar year***  
  - PPO Out-of Network: $2,000/ per participant in a calendar year***

- **Subject to Maximum Plan Allowances**  
  - DeltaCare DHMO: No  
  - PPO In-Network: No  
  - PPO Premier: Yes  
  - PPO Out-of Network: Yes

- **To Go Carryover Option**  
  - DeltaCare DHMO: No  
  - PPO In-Network: Yes  
  - PPO Premier: Yes  
  - PPO Out-of Network: Yes

* Will not be "balance billed" for charges exceeding Delta Dental's maximum plan allowances

** Responsible for charges exceeding Delta Dental's maximum plan allowances

***The PPO includes the "To-Go" carryover feature, which increase the amount available.

Effective 1/1/2022