

## Illinois Institute of Technology Dental Insurance Plan: Plan Highlights 2024



Category	DeltaCare DHMO	PPO		
		PPO In-Network	PPO Premier	PPO Out-of-Network
<b>Annual Deductible:</b> Applies to Basic and Major services only	None	\$50/ person \$150 1+1 & Family	\$75/ person \$225 1+1 & Family	\$75/ person \$225 1+1 & Family
<b>Services</b>				
<b>Preventative / Diagnostic Services:</b> Cleanings and exams, sealants, fluoride treatments, x-rays, and space maintainers.	Member co-pays apply to some services	100%	100% of MPA*	100% of MPA**
<b>Basic Services:</b> Minor restorative amalgams, composite resin fillings, endodontics, and oral surgery	Member co-pays apply to some services	80%	80% of MPA*	80% of MPA**
<b>Major Services:</b> Crowns, fixed bridgework, and dentures	Member co-pays apply to some services	50%	50% of MPA*	50% of MPA**
<b>Orthodontics</b>	Adult: \$2,625 max Child: \$2,125 max	Dependents to 26: 50% up to \$1,500 Lifetime	Dependents to 26: 50% of MPA* up to \$1,500 Lifetime	Dependents to 26: 50% of MPA** up to \$1,500 Lifetime
<b>Plan Provisions</b>				
<b>Pre-Existing Condition Waiting Period</b>	None	None	None	None
<b>Annual Benefit Maximum</b>	None	\$2,000/ per participant in a calendar year***	\$2,000/ per participant in a calendar year***	\$2,000/ per participant in a calendar year***
<b>Subject to Maximum Plan Allowances</b>	No	No	Yes	Yes
<b>To Go Carryover Option</b>	No	Yes	Yes	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*