

Delta Dental PPO Plus Proposal Featuring ToGoSM Provided For: Lake County

	* Delta Dental PPO Network Dentist	** Delta Dental Premier Managed Fee-For-Service Network Dentist	*** Non-Network Dentist
<u>ENHANCED BENEFIT PROGRAM</u> 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 enrollees' annual maximum. See enclosure for more information.	Included	Included	Included
<u>TOGOSM CARRYOVER FEATURE</u> Allows enrollees to carry over qualified unused portions of their annual maximum from one year to the next.	Included	Included	Included
<u>Coverage A: Preventive & Diagnostic</u> Prophylaxis (cleanings) twice per benefit year Topical fluoride applications for dependents under age 19 once per benefit year Routine periodic evaluations Sealants on first and second molars once in a lifetime for dependents under age 16 X-rays	100%	90%	90%
<u>Coverage B: Minor</u> Amalgam and composite resin fillings Posterior composite fillings Emergency exams and Palliative treatment Sedative fillings Consultations Pulp capping Pulp therapy Local chemotherapeutic agents IV sedation Injection of antibiotic drugs Relining, rebasing, adjustments of existing dentures Re-cementing of cast restorations or dentures Simple repairs of cast restorations or dentures Space maintainers Desensitizing medications Occlusal adjustments Periodontics Endodontics Oral surgery including general anesthesia	80%	70%	70%
<u>Coverage C: Major</u> Dental implants (including repair) Implant supported prosthetics Labial veneers Cast restorations: crowns, onlays, post and core Prosthodontics: fixed and removable bridges and complete dentures	50%	50%	50%
<u>Coverage D: Orthodontics</u> Treatment necessary for proper alignment of teeth • Subject to lifetime maximum	50%	50%	50%
<u>Deductible:</u> • Applies to coverage B, C and D	\$35 Employee/\$70 Family	\$65 Employee/\$130 Family	\$65 Employee/\$130 Family
<u>Annual Maximum:</u> • Dependent children to age 26 • Dependent students to age 26	\$1,750	\$1,000	\$1,000
<u>Ortho. Lifetime Maximum:</u> • Dependent children to age 19	\$1,500	\$1,250	\$1,250

*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 nationally.

**Delta Dental Premier network dentists accept payment based on the lesser of the submitted fee or Delta Dental's maximum plan allowance (also known as "Usual & Customary" fee), which is established at a level that typically delivers a 5 – 20% discount off of average billed charges nationally.

*** Non-network dentists are reimbursed at Delta Dental Premier fee levels.

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