

## COUNTY OF KANKAKEE Plan Design Summary

| Annual Deductible<br>Deductible applies to Basic and Major services  | \$50/person; \$150/family (when using a Delta Dental PPO <sup>SM</sup> dentist).<br>\$75/person; \$225/family (when using a Delta Dental Premier <sup>®</sup> or a non-network dentist).   |  |                        |
|--|--|--|------------------------|
| Annual Maximum   | \$1500 / person  |  |                        |
| To Go <sup>SM</sup> Carryover Feature  | Not Included   |  |                        |
| Enhanced Benefits Program  | Your plan 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 your annual maximum. |  |                        |
| Lifetime Orthodontic Maximum<br>Dependent Children to Age 19<br>Adults are not eligible for coverage                               | \$1500/ person   |  |                        |
|  | Delta Dental PPO Network Dentist*  | Delta Dental Premier Network Dentist** | Non-Network Dentist*** |
| PREVENTIVE/DIAGNOSTIC SERVICES   | 100%   | 100%                                   | 100%                   |
| BASIC RESTORATIVE SERVICES   | 100%   | 80%                                    | 80%                    |
| MAJOR RESTORATIVE SERVICES   | 60%  | 50%                                    | 50%                    |
| ORTHODONTICS (treatment for proper alignment of teeth)<br><br>Dependent Children to Age 19<br>Adults are not eligible for coverage | 50%  | 50%                                    | 50%                    |

\*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 – 40% discount off of average billed charges nationally.

\*\*Delta Dental Premier dentists accept payment based on the lesser of the submitted fee or Delta Dental's maximum plan allowance (MPA), which is established at a level that typically delivers discounts of 25% - 30% off of average billed charges nationally.

\*\*\*Non-network (non-Delta Dental PPO/non-Delta Dental Premier) dentist reimbursement is based on the lesser of the submitted fee or MPA.

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