

COUNTY OF KANKAKEE Plan Design Summary

Annual Deductible Deductible applies to Basic and Major services	\$50/person; \$150/family (when using a Delta Dental PPO SM dentist). \$75/person; \$225/family (when using a Delta Dental Premier [®] or a non-network dentist).		
Annual Maximum	\$1500 / person		
To Go SM 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 Dependent Children to Age 19 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) Dependent Children to Age 19 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.