

2025 Delta Dental of Illinois Benefit Plan for All Benefit Eligible Employees

Dental Plan Type			Delta Dental PPO Option	
Group Number			20473	
Single			\$22.92/month	
Single + 1 Dependent			\$45.15/month	
Family			\$69.36/month	
Benefits			Delta PPO and Premier Network	Out-Of-Network
Type A - Preventive/Diagnostic			100%	100% of usual and customary
Type B - Basic Services			80%	80% of usual and customary
Type C - Major Services			50%	50% of usual and customary
Orthodontics (coverage for children up to age 19)			50%	50% of usual and customary
Deductible			In-Network	Out-Of-Network
Individual			\$0.00	\$50.00
Family			\$0.00	\$150.00
Annual Maximum Benefit			In-Network	Out-Of-Network
Per Person			\$2,000.00	\$2,000.00
Orthodontia Lifetime Maximum			In-Network	Out-Of-Network
Per Person			\$1,500.00	\$1,500.00
Delta Dental Premier is a safety net for the Delta Dental PPO network. You will pay more out-of-pocket with a Delta Dental Premier dentist compared to a Delta Dental PPO dentist. However, you may save more money with a Delta Dental Premier dentist compared to a non-network dentist. Delta Dental Premier dentists agree to the maximum plan allowances as payment in full, which may be lower than what a dentist would typically charge.				

Dental Plan Type	Delta Dental HMO Option
Group Number	20473
Single	\$8.06/month
Single + 1 Dependent	\$15.73/month
Family	\$21.53/month
Benefits	Delta HMO Network Patient Copay Amount
Deductible	n/a
Annual Maximum	n/a
Ortho Lifetime Maximum	24 months of active treatment
Preventative Services	
Periodic oral exam, 2x per year	\$0
Prophylaxis, adults, 2x per year	\$0
Prophylaxis, children, 2x per year	\$0
X-Ray, occlusal film	\$0
X-Ray, bitewing - one, two or four	\$0
Restoration Services	
Amalgam, one surface, (primary or permanent)	\$13
Amalgam, two surfaces, (primary or permanent)	\$22
Endodontics	
Endodontics (root canal therapy - anterior)*	\$97
Endodontics (root canal therapy - bicuspid)*	\$119
Endodontics (root canal therapy - molar)*	\$275
*excludes final restoration	
Preventative Services	
Orthodontia (under age 19)	\$2,125
Orthodontia (adult)	\$2,625