

Danville Consolidated School District 118 Plan Design Summary
Low Plan 1

Annual Deductible	\$50/person; \$150/family		
Deductible applies to Basic and Major services			
Annual Maximum	\$1000/ 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.		
	Delta Dental PPO Network Dentist*	Delta Dental Premier Network Dentist**	Non-Network Dentist**
PREVENTIVE/DIAGNOSTIC SERVICES			
• Routine exams (two per benefit year)	100%	100%	100%
• Cleanings (two per benefit year)	100%	100%	100%
• X-rays (bitewings -2 per benefit year; full mouth-1 per 5 years)	100%	100%	100%
• Fluoride treatments (once per benefit year to age 19)	100%	100%	100%
• Space maintainers (to age 14)	100%	100%	100%
• Sealants (to age 16)	100%	100%	100%
• Emergency exams and palliative (pain relief) treatment	100%	100%	100%
BASIC SERVICES			
• Fillings (silver (amalgam) and tooth colored (composite) on front teeth)	60%	60%	60%
• Oral surgery (simple extractions)	60%	60%	60%
• Oral surgery (surgical extractions including general anesthesia)	60%	60%	60%
• Oral surgery (all other)	60%	60%	60%
MAJOR RESTORATIVE SERVICES			
• Endodontics (root canals and pulpal therapy)	40%	40%	40%
• Non-surgical Periodontic (gum) maintenance	40%	40%	40%
• Surgical Periodontic (gum) maintenance	40%	40%	40%
• Crowns, onlays, and other ceramic restorations to permanent teeth	40%	40%	40%
• Partial/full dentures	40%	40%	40%
• Denture (repair, reline, rebase and adjustments)	40%	40%	40%
• Fixed/removable bridges	40%	40%	40%
ORTHODONTICS (treatment for proper alignment of teeth)	Not Included	Not Included	Not Included

*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.

**Non-network dentists (non-Delta Dental PPO/non-Delta Dental Premier) can charge the difference between their usual fee and our PPO allowed fee.