



Eder Financial

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INSURANCE COMPANY : Delta Dental

GROUP NUMBER : 10989

CUSTOMER SERVICE : 800-323-1743

WEBSITE : www.deltadentalil.com

NETWORK : PPO and Premier

Summary of Benefits -Dental

Voluntary Dental Insurance Triple Option Plan									
	Option 1			Option 2			Option 3		
Annual Deductibles	Delta Dental PPO	Delta Premier	**Non-Network	Delta Dental PPO	Delta Premier	**Non-Network	Delta Dental PPO	Delta Premier	**Non-Network
•Individual	\$0	\$0	\$0	\$50	\$50	\$50	\$50	\$50	\$50
•Family	\$0	\$0	\$0	\$150	\$150	\$150	\$150	\$150	\$150
Maximum Annual Benefit per Insured	\$2,000			\$1,500			\$1,000		
Dependent Age Limit	Up to age 26			Up to age 26			Up to age 26		
New Hire Waiting Period	None			None			None		
Late Entrant Waiting Period	None			None			None		
Covered Expenses									
•Preventive Services *Deductible Waived	100%*	100%*	100%*	100%*	100%*	100%*	100%*	100%*	100%*
	Oral Exams (two per calendar year)			Oral Exams (two per calendar year)			Oral Exams (two per calendar year)		
	Cleanings (two per calendar year)			Cleanings (two per calendar year)			Cleanings (two per calendar year)		
	X-Rays			X-Rays			X-Rays		
	Space Maintainers to age 19			Space Maintainers to age 19			Space Maintainers to age 19		
	Fluoride Treatments to age 18			Fluoride Treatments to age 18			Fluoride Treatments to age 18		
	Sealants to age 15			Sealants to age 15			Sealants to age 15		
•Basic Services	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Fillings			Fillings			Fillings		
	Oral Surgery			Oral Surgery			Oral Surgery		
	Extractions			Extractions			Extractions		
	Endodontics (root canal)			Endodontics (root canal)			Endodontics (root canal)		
	Non-Surgical Periodontics (gum treatment)			Non-Surgical Periodontics (gum treatment)			Non-Surgical Periodontics (gum treatment)		
•Major Services	50%	50%	50%	50%	50%	50%	50%	50%	50%
	Surgical Periodontics (gum treatment)			Surgical Periodontics (gum treatment)			Surgical Periodontics (gum treatment)		
	Inlays and Onlays			Inlays and Onlays			Inlays and Onlays		
	Crowns			Crowns			Crowns		
	Dentures			Dentures			Dentures		
	Bridges			Bridges			Bridges		
	Implants			Implants			Implants		
•Orthodontia (Child Only to age 19)	50%	50%	50%	50%	50%	50%	50%	50%	50%
Maximum Lifetime Orthodontia Benefit per child	\$3,000			\$1,500			\$1,000		
** Non-Network services are subject to U&C/R&C limitations. The Patient will be responsible for any charges over these limits.									

This summary is intended to highlight your benefits and should not be relied on to fully determine coverage. Please refer to your certificate of coverage for a complete outline of covered services, limitations, and exclusions. Benefits are subject to change based on local and state mandated laws.

Benefit information listed in your carrier certificate always supersedes any information provided in this benefit summary.