

Cooperative 90's Dental Plan

Dental Summary with 2020 Premiums

Premiums	Delta Dental of Illinois DHMO - DeltaCare 285	Delta Dental of Illinois DPPO
Employee	\$16.31	\$45.00
Family	\$38.23	\$130.00
	<i>No Rate Change</i>	<i>1.3% Increase</i>

Benefits	<u>DeltaCare Network</u>	<u>PPO Network</u>	<u>Premier Network</u>	<u>Non-Network</u>
Individual Annual Deductible	None	None	\$50	\$50
Family Annual Deductible	None	None	\$150	\$150
Preventive	Fee Schedule	100%	100%	100%
Basic	Fee Schedule	80%	80%	80%
Major	Fee Schedule	50%	50%	50%
Endodontics	Fee Schedule	Basic	Basic	Basic
Periodontics	Fee Schedule	Basic	Basic	Basic
Annual Maximum	None	\$2,000	\$2,000	\$2,000
Orthodontia	Fee Schedule	50%	50%	50%
Orthodontia Lifetime Maximum	Fee Schedule	\$2,000	\$2,000	\$2,000