



Triple Option Dental Plan – *City of O’Fallon, IL*

Features

	Dental HMO	Dental PPO
Dentist Choice	Network DDS	PPO DDS, or choose any licensed DDS
Waiting Periods	None	None
Deductibles	No	Yes
Annual Maximums	No	Yes
Claim Forms	No	Yes

Coverage

Dental HMO	Benefit	Dental NAP*
		PPO
None	Annual Deductible for Basic and Major Services	\$50 per person \$50x3 per family
\$5.00	Office Visit Co-Payment	None
100%	Preventive	100%
100%	Diagnostic	100%
80%	Basic Restorative Endodontics	80%
80%	Basic Periodontics,,	50%
80%	Oral Surgery	50%
80%	Surgical Periodontics;	50%
50%	Major Services: Dentures, Crowns & Bridges	50%
Unlimited	Annual Maximum	\$1,000
\$1,000 Savings	Child Orthodontia	50% to 750
\$1,000 Savings	Adult Orthodontia	Not Covered
Designated Office		In & Out of Network Benefits

* PPO: IF YOU GO TO A DENTALGUARD PREFERRED NETWORK PROVIDER, THE BENEFITS DESCRIBED WILL BE PAID BASED ON A REDUCED FEE SCHEDULE (THIS MEANS LESS OUT-OF-POCKET). THE NETWORK PROVIDER CANNOT BALANCE BILL FOR CHARGES IN EXCESS OF THE FEE SCHEDULE AND YOU GET MORE SERVICES WITH YOUR YEARLY MAXIMUM. IF YOU GO TO A NON-CONTRACTED DENTIST, THE BENEFITS WILL BE BASED ON USUAL, CUSTOMARY AND REASONABLE RATES FOR A GIVEN AREA.