

Illinois Institute of Technology Dental Insurance Plan: Plan Highlights 2025



Category	DeltaCare DHMO	PPO		
		PPO In-Network	PPO Premier	PPO Out-of Network
Annual Deductible: Applies to Basic and Major services only	None	\$50/ person \$150 1+1 & Family	\$75/ person \$225 1+1 & Family	\$75/ person \$225 1+1 & Family
Services				
Preventative / Diagnostic Services: Cleanings and exams, sealants, fluoride treatments, x-rays, and space maintainers.	Member co-pays apply to some services	100%	100% of MPA*	100% of MPA**
Basic Services: Minor restorative amalgams, composite resin fillings, endodontics, and oral surgery	Member co-pays apply to some services	80%	80% of MPA*	80% of MPA**
Major Services: Crowns, fixed bridgework, and dentures	Member co-pays apply to some services	50%	50% of MPA*	50% of MPA**
Orthodontics	Adult: \$2,625 max Child: \$2,125 max	Dependents to 26: 50% up to \$1,500 Lifetime	Dependents to 26: 50% of MPA* up to \$1,500 Lifetime	Dependents to 26: 50% of MPA** up to \$1,500 Lifetime
Plan Provisions				
Pre-Existing Condition Waiting Period	None	None	None	None
Annual Benefit Maximum	None	\$2,000/ per participant in a calendar year***	\$2,000/ per participant in a calendar year***	\$2,000/ per participant in a calendar year***
Subject to Maximum Plan Allowances	No	No	Yes	Yes
To Go Carryover Option	No	Yes	Yes	Yes

* Will not be "balance billed" for charges exceeding Delta Dental's maximum plan allowances

** Responsible for charges exceeding Delta Dental's maximum plan allowances

***The PPO includes the "To-Go" carryover feature, which increase the amount available.

Effective 1/1/2022