



Welcome to Delta Dental

Village of Mt Prospect

Group #20473



Delta Dental of Illinois



Delta Dental of Illinois will make you smile.

You are a member of the largest and most experienced dental benefits carrier. You have the benefit of our over 50 years of dental expertise. You've made a smart choice to elect dental benefit coverage. Good oral health starts with good dental coverage and knowledge. Your smile is a powerful thing and it's safe with Delta Dental of Illinois.

Your oral health and satisfaction are extremely important to us. We are committed to ensuring you and your covered dependents receive quality dental care and superior customer service. For help answering any questions, please visit us online at deltadentalil.com, download our Delta Dental mobile app, (see the enclosures here for all you can access through our website and mobile app) or contact our Customer Service Department at 800-323-1743. We look forward to serving you.

Delta Dental of Illinois is partnering with Amplifon to provide you with an added benefit for deeply discounted hearing aids and hearing healthcare services. One in 9 Americans experience some form of hearing loss – and that number is expected to double by 2030. The good news is that 95 percent of hearing loss is treatable with hearing aids. Please see the information sheet included in this packet or visit <http://www.amplifonusa.com/deltadentalil> to learn more.

Your Delta Dental Program

With your dental benefit program, you are free to go to any licensed dentist. However, you will save the most money by visiting a dentist in the Delta Dental PPOSM network.

Delta Dental PPO dentists agree to accept our allowed PPO fees as payment in full, which means they can't charge you the difference between their usual fee and our allowed fee. On average, patients save 30 percent on the fee a Delta Dental PPO dentist would typically submit for a claim. Not only will you save money, but you can also stretch your benefit dollars – the less the claim reimbursement, the less dollars applied to your annual maximum.

Delta Dental Premier[®] is a safety net for our Delta Dental PPO network. You will pay more out-of-pocket with a Delta Dental Premier dentist compared to a Delta Dental PPO dentist. However, you may save more money with a Delta Dental Premier dentist compared to a non-network dentist. Delta Dental Premier dentists agree to our maximum plan allowances as payment in full, which may be lower than what a dentist would typically charge. See below for savings examples.

	 Amount Billed	 Delta Dental of Illinois' Allowed Amount	 Coverage Percentage Paid by Delta Dental of Illinois	 Amount Delta Dental of Illinois Pays*	 Amount Dentist Can Bill You Over the Allowed Amount	 Total Amount You Pay	 Your Total Cost Savings
Procedure 1							
Delta Dental PPO™ Network	\$80	\$57	100%	\$57	\$0	\$0	\$23
Delta Dental Premier® Network	\$80	\$70	100%	\$70	\$0	\$0	\$10
Out-of-Network	\$80	\$70	100%	\$70	\$10	\$10	\$0
Procedure 2							
Delta Dental PPO™ Network	\$1,200	\$850	50%	\$425	\$0	\$425	\$350
Delta Dental Premier® Network	\$1,200	\$995	50%	\$497.50	\$0	\$497.50	\$205
Out-of-Network	\$1,200	\$995	50%	\$497.50	\$205	\$702.50	\$0

The information in the chart above is for illustrative purposes only and assumes the deductible has been met and the annual maximum has not been reached. There are some limitations on the expenses for which your dental plan pays. If you have specific questions regarding benefit coverage, limitations, exclusions or non-covered services, please refer to your certificate of coverage/dental benefit booklet or contact Delta Dental of Illinois. For specific fees and costs for a certain procedure, you can request a pre-estimate from your dentist.

You also have the option of DeltaCare, a dental HMO plan, with set copayments for certain procedures. See the DeltaCare highlight sheet for more details.

Finding a Network Dentist

As you can see, it pays to use a Delta Dental PPO dentist. Visit deltadentalil.com today to find a network dentist. You can also download our free Delta Dental mobile app, available for Apple and Android devices, to find dentists and gauge the cost of common dental treatments using the Dental Care Cost Estimator tool.

What are my Benefits?

A highlight of your benefit plan is included with this packet. You can also review your benefits through the Member Connection at deltadentalil.com (please see the Member Connection sheet included in this packet). Please also review your certificate of coverage for a detailed description of your benefits. Delta Dental offers an array of dental benefits programs to our clients. The benefits you receive depend on the program options your group has selected. Payment policies differ for each program and likewise, not all treatments are covered similarly. Depending on the treatment, Delta Dental of Illinois will pay only the applicable percentage of the fee for the maximum we allow for that service.

Remember that you'll likely enjoy the most out-of-pocket savings if you visit a Delta Dental PPO network dentist. The better you understand your program, the more you will know about what dental services are covered and understand what you may owe your dentist. We're here to help. If you have questions, visit deltadentalil.com or call 800-323-1743 to connect with us.

Your dental benefit program also includes our Enhanced Benefits Program. Information is below.

Enhanced Benefits Program — Oral Health Meets Overall Health

Delta Dental of Illinois offers an Enhanced Benefit Program that enhances coverage for individuals who have specific health conditions that can be positively affected by additional oral health care. These enhancements are based on scientific evidence that shows treating and preventing oral disease in these situations can improve overall health. If you are eligible, you can sign up through the Member Connection (information is included).

When Do You Need a Predetermination of Benefits?

It is not required, but we recommend that you ask your dentist to predetermine services over \$200. If your dentist recommends a certain procedure that will cost over \$200, ask him or her to send a predetermination to Delta Dental of Illinois. We will issue a predetermination that indicates the amount covered for the procedure in advance. Assuming no changes are made to eligibility or additional benefits for other claims are paid prior to receiving treatment, you and your dentist will have a better idea how much will be covered under the benefit program and how much you will be required to pay for the service.

Submitting a Claim

Network dentists automatically submit claims to us. If you use a non-network dentist, you may have to file your own claim form. Our claims mailing address is: P.O. Box 5402, Lisle IL 60532.

Your Oral Health Matters: Be a Smart Mouth

Visit deltadentalil.com/oralhealth to find oral health resources that can answer your oral health questions and offer information to help you protect your smile for a lifetime.

Get Answers

Visit our website at deltadentalil.com. Our online resources are available 24 hours a day. On deltadentalil.com, you can:

- Retrieve benefit information (through the Member Connection). You can find specific information about your benefits, such as program type, benefit coverage levels, deductibles, coordination of benefits and age limitations, maximums used to date and copayments.
- Sign up to receive electronic EOBs (Explanation of Benefits) and other electronic documents (through the Member Connection).
- Check claim status and access EOBs (through the Member Connection).
- Print an ID card (through the Member Connection).
- Sign up for the Enhanced Benefits Program (through the Member Connection).

- Find network dentists.
- Access claim forms and information on the claims appeal process.
- Find answers to frequently asked questions.
- Assess your risk of dental disease.
- Get oral health information and tips.

You can contact Customer Service at 800-323-1743 from 7 a.m. to 7 p.m. Monday – Thursday and 7 a.m. to 6 p.m. Friday.

Connect with Us Today

Follow us on social media for oral health tips, recent news, contests and more!



www.facebook.com/DeltaDentalIL



www.instagram.com/DeltaDentalIL



www.linkedin.com/company/delta-dental-of-illinois



www.youroralhealthhub.com/blog/





Delta Dental of Illinois and Philips Sonicare Team Up for Your Oral Health

A special offer for our valued clients and members



1 $\overline{\text{IN}}$ 4 ADULTS DON'T BRUSH
their teeth twice a day.¹

Delta Dental of Illinois employer clients can now help employees (and their family members) brush up on oral health habits while saving money on Sonicare products.*

With this exclusive program, Delta Dental of Illinois is providing an opportunity for you to access monthly offers on Sonicare products — including electric toothbrushes, power flossers, brush heads and more.

Visit philips.com/deltadentalil today and enter the provided promo code at checkout.

PHILIPS
sonicare



¹ Delta Dental Adult's Oral Health & Well-Being Survey, 2020

* This offering is exclusive for Delta Dental of Illinois clients and their employees and covered members only. External distribution outside your company/group and employees is prohibited.



Introducing Smile Perks

Exclusive program for
Delta Dental of Illinois members



At Delta Dental of Illinois, we're committed to your overall health and well-being. That's why we're offering this exclusive free program to help you save money on everyday expenses just by being a Delta Dental member.

Whether you're planning a major purchase like a car or trip abroad, or just want to save on the day-to-day essentials, Smile Perks has you covered.

Member Discount Program

powered by **LifeMart**®

With our LifeMart member discount program, Delta Dental of Illinois members can save on everything from flights, gifts and groceries to electronics, entertainment and much more. You can shop as much as you like - there's no limit and offers are updated regularly.



Scan this code to access discounts from LifeMart.

You can also access a **web link** through the member portal at **deltadentalil.com**.

With our Philips Sonicare member discount program, Delta Dental of Illinois members can save on Sonicare products - including electric toothbrushes, power flossers, brush heads and more. Philips also offers discounts on other lifestyle essentials such as Avent mother and baby products and Norelco shaving and grooming products.



You can access these savings at **philips.com/deltadentalil** using your discount code. At the top of the website, you can access the code and also select a link to visit the Avent and Norelco stores. The discount code is also available through the member portal at **deltadentalil.com**.

*This offering is exclusive for Delta Dental of Illinois clients and their employees and covered members only. External distribution outside your company/group and employees is prohibited.

Delta Dental of Illinois is pleased to be your dental benefits carrier. Your group plan offers you the dental benefits program: Delta Dental PPO Plus Delta Dental Premier.

Delta Dental PPO Plus Premier

On the reverse side of this sheet is a summary of your plan coverage*. Please also see the enclosed sheet, "How You Can Save with a Delta Dental Network Dentist," which provides an example of your out-of-pocket costs with network dentists and a non-network dentist. With Delta Dental PPO Plus Premier:

- You can go to any licensed general or specialty dentist.
- **You will maximize your benefits by receiving care from a Delta Dental PPO or Delta Dental Premier network dentist.**
- Delta Dental's network dentists have agreed to reduced fees as payment in full, which means you will likely save money by going to a Delta Dental PPO or Delta Dental Premier network dentist. Non-network dentists have not agreed to accept our reduced fees as payment in full, which means they may bill you for any charges over our allowed fees.
- You are charged only the patient's share** at the time of treatment. Delta Dental pays its portion directly to network dentists.

Finding a Dentist

Visit our web site at www.deltadentalil.com and click on Provider Search. Please see the enclosed "How to Find a Network Dentist" sheet for more details.

Example of Your Copayment with Delta Dental Network Dentists and Non-Network Dentists

- Delta Dental PPO: Lowest out-of-pocket costs and network protection.
- Delta Dental Premier: Higher out-of-pocket costs than PPO, but may be lower than non-network and network protection.
- Non-network: You may have the highest out-of-pocket costs.

Delta Dental PPO Plus Premier Plan Features

Your Delta Dental PPO Plus Premier plan includes the following features (please see enclosed pieces for more information):

- **Enhanced Benefit Program** offers additional coverage for individuals who have specific health conditions (including pregnancy, diabetes, high-risk cardiac conditions, suppressed immune systems, and special needs) that can be positively affected by additional oral health care.

Customer Service

The enclosed Member Connection sheet explains how to register on Delta Dental of Illinois' website, www.deltadentalil.com. Once registered, you can **get real time benefit information, check claim status, sign up for electronic Explanation of Benefits and print a temporary ID card.**

Call 1-800-323-1743 to access our automated phone system or speak to a customer service representative from 7 am to 7 pm Monday through Thursday and 7 am to 6 pm Friday, Central Time. Our automated phone system is available 24 hours a day, seven days a week, and offers dentist listings and claim information.

You can also connect with us through our mobile app, Facebook, Twitter, our blog and more. See the enclosed sheets on connecting with us.

Learn More

You can learn more about your Delta Dental of Illinois dental plan by reading the information included in your enrollment kit.

***The information on the reverse side of this sheet is a brief summary of your dental plan and the services it covers. There are some limitations on the expenses for which your dental plan pays. If you have specific questions regarding benefit coverage, limitations, exclusions, or non-covered services, please refer to your certificate of coverage/dental benefit booklet or contact Delta Dental of Illinois.

**Patient's share is the coinsurance/copayment, any remaining deductible any amount over the annual maximum and any services your plan does not cover.

Note: Delta Dental imposes no restrictions on the method of diagnosis or treatment by a treating dentist. A benefit determination relates only to the level of payment that your group dental plan is required to make.

Intergovernmental Personnel Benefit Cooperative Plan Design Summary

Village of Mt Prospect

Annual Deductible			
Deductible applies to Basic and Major services	\$0/person; \$0/family (when using a Delta Dental PPO SM or a Delta Dental Premier [®] dentist). \$50/person; \$150/family (when using a non-network dentist).		
Annual Maximum	\$2000/ person		
To GoSM 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.		
Lifetime Orthodontic Maximum			
Dependent Children to Age 19	\$1500/ person		
Adults are not eligible for coverage			
	Delta Dental PPO Network Dentist*	Delta Dental Premier Network Dentist**	Non-Network Dentist***
<u>PREVENTIVE/DIAGNOSTIC SERVICES (no waiting period)</u>			
• Routine exams (two per benefit year)	100%	100%	100%
• Cleanings (two per benefit year)	100%	100%	100%
• X-rays (bitewings -2 per benefit year; <i>full mouth-1 per 3 years</i>)	100%	100%	100%
• Fluoride treatments (once per benefit year to age 19)	100%	100%	100%
• Space maintainers (to age 14)	100%	100%	100%
• Emergency exams and palliative (pain relief) treatment	100%	100%	100%
• Consultations	100%	100%	100%
<u>BASIC SERVICES (no waiting period)</u>			
• Sealants (to age 16)	80%	80%	80%
• Fillings (silver (amalgam) and tooth colored (composite) on front teeth)	80%	80%	80%
• Non-surgical Periodontic (gum) maintenance	80%	80%	80%
• Oral surgery (simple extractions)	80%	80%	80%
• Oral surgery (surgical extractions including general anesthesia/ <i>IV sedation</i>)	80%	80%	80%
• Oral surgery (all other)	80%	80%	80%
• Endodontics (root canals and pulpal therapy)	80%	80%	80%
• Local chemotherapeutic agents	80%	80%	80%
• Injectable antibiotics	80%	80%	80%
• Recementation of crowns, bridges and dentures	80%	80%	80%
<u>MAJOR RESTORATIVE SERVICES (no waiting period)</u>			
• Surgical Periodontic (gum) maintenance	50%	50%	50%
• Crowns, onlays, and other ceramic restorations to permanent teeth	50%	50%	50%
• Partial/full dentures	50%	50%	50%
• Denture (repair, relines, rebase and adjustments)	50%	50%	50%
• Fixed/removable bridges	50%	50%	50%
• Implants	50%	50%	50%
• Repairs of crowns, inlays/onlays and bridges	50%	50%	50%
• Sedative fillings	50%	50%	50%
<u>ORTHODONTICS (no waiting period)</u>			
Dependent Children to Age 19; Adults are not eligible for coverage	50%	50%	50%

v. 6

*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.

**Delta Dental Premier dentists accept payment based on the lesser of the submitted fee or Delta Dental's maximum plan allowance (MPA), which is established at a level that typically delivers a 5 – 15% discount off of average billed charges nationally.

***Non-network (non-Delta Dental PPO/non-Delta Dental Premier) dentists are reimbursed at the 90th MDR.

Delta Dental PPO and Premier dentists cannot balance bill the enrollee for the difference between Delta Dental's allowed fee and the dentist's submitted charge.

When it comes to pearly whites, everyone wants to save a little green. With the Delta Dental PPO™ network, you'll get the coverage you need at a lower out-of-pocket cost.

Here's why: When general and specialty dentists participate in the Delta Dental PPO network, they agree to accept Delta Dental's PPO fees for services as payment in full. On average, **patients save 30%** on the fee a Delta Dental PPO dentist would submit for a claim versus their regular fee. Delta Dental PPO network dentists have also agreed **not to "balance bill" patients**. This means they can't bill you the difference between the Delta Dental PPO fee and their regular fee.

Delta Dental Premier® is a safety net for our Delta Dental PPO network. You will pay more out-of-pocket with a Delta Dental Premier Dentist compared to a Delta Dental PPO Dentist. However, you may save more with a Delta Dental Premier Dentist compared to a non-network Dentist. Delta Dental Premier Dentists agree to our maximum plan allowances as payment in full, which may be lower than the dentist's regular fee.

	 Amount Billed	 Delta Dental of Illinois' Allowed Amount	 Coverage Percentage Paid by Delta Dental of Illinois	 Amount Delta Dental of Illinois Pays*	 Amount Dentist Can Bill You Over the Allowed Amount	 Total Amount You Pay	 Your Total Cost Savings
Procedure 1							
Delta Dental PPO™ Network	\$80	\$57	100%	\$57	\$0	\$0	\$23
Delta Dental Premier® Network	\$80	\$70	100%	\$70	\$0	\$0	\$10
Out-of-Network	\$80	\$70	100%	\$70	\$10	\$10	\$0
Procedure 2							
Delta Dental PPO™ Network	\$1,200	\$850	50%	\$425	\$0	\$425	\$350
Delta Dental Premier® Network	\$1,200	\$995	50%	\$497.50	\$0	\$497.50	\$205
Out-of-Network	\$1,200	\$995	50%	\$497.50	\$205	\$702.50	\$0

Whether you see a general dentist or visit a specialist, it pays to use a Delta Dental PPO dentist. [Visit delatadentalil.com](https://deltadentalil.com) today to find participating dentists in your area.

You can also download our free Delta Dental mobile app to search dentists and gauge the cost of common dental treatments using the Dental Care Cost Estimator tool.

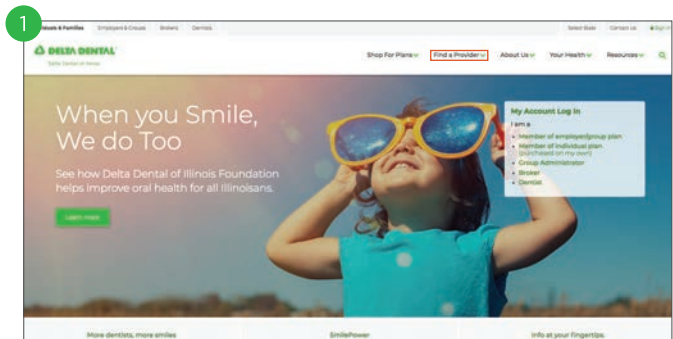
* The example chart is relative to plans where Delta Dental Premier network and out-of-network services are paid off of the maximum plan allowance. This information is for illustrative purposes only and assumes the deductible has been met and the annual maximum has not been reached. There are some limitations on the expenses for which your dental plan pays. If you have specific questions regarding benefit coverage, limitations, exclusions or non-covered services, please refer to your policy or certificate of coverage, or contact Delta Dental of Illinois. For specific fees and costs for a certain procedure, you can request a pre-estimate from your dentist.

Finding a Delta Dental PPO™ or Delta Dental Premier® Dentist

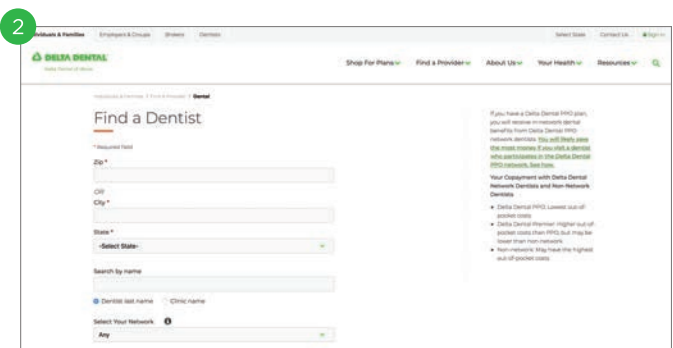
Finding a Delta Dental network dentist is easy. More than 3 out of every 4 dentists nationwide participate in a Delta Dental network. In Illinois, more than 75 percent of dentists participate in a Delta Dental network. You can find a network dentist today by using the Dentist Search on our website or calling our automated phone system.

Provider Search

- 1 Go to deltadentalil.com, and select “Find a Provider.” On the following page, select “Dental.”



- 2 To start your search, you can either enter the location where you want to locate network dentists (search by city/state or ZIP code), or search for a particular dentist or practice by name and ZIP code.



3 Results will automatically display by proximity (within 10 miles from city or ZIP code) and all Delta Dental networks the dentist participates in will be listed. You can change the distance by selecting a new option under the “Distance from results” dropdown menu and clicking “Search Again.”

4 You have the option to narrow your search based on the Delta Dental network a dentist participates in. You will save the most if you use a Delta Dental PPO network dentist.

Any field marked with a red asterisk is a required field.

5 You can further narrow your search by selecting a specialty (such as orthodontist), languages spoken and gender.

The screenshot shows the Delta Dental website's dentist search results page. At the top, there are navigation links for 'Individuals & Families', 'Employers & Groups', 'Broken', and 'Dentists'. Below this is a search bar with fields for Zip (60604), City, State, and a search by name field. There are also dropdown menus for Specialty, Distance from results (10 Miles), Languages Spoken, and Gender. The results section shows four entries for 'DOE, JOHN' at 'ABC DENTAL', each with a red asterisk indicating a required field. The entries show the dentist's name, address, phone number, and the networks they participate in.

Automated Phone System

You can also find a dentist through our automated phone system. Delta Dental PPO and Delta Dental Premier members can call 800-323-1743, say “Dentist Directory” and follow the automated instructions.

Member Connection

Connecting with Delta Dental of Illinois is easy!

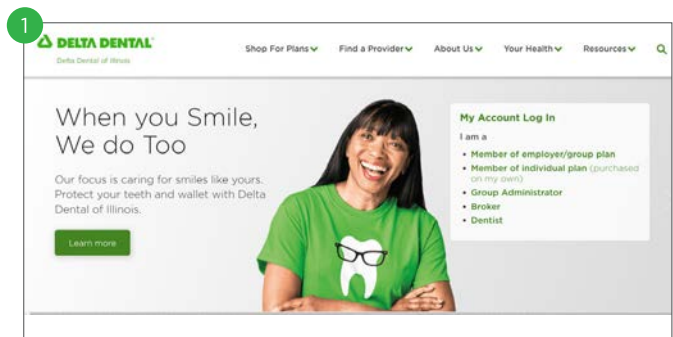
Get real-time benefit and claim information 24 hours a day, seven days a week through the Member Connection at deltadentalil.com or through our automated phone system at 800-323-1743.

With the Member Connection, you can find everything you need to know about your and your covered dependents' benefits, including:

- Claim status
- Eligibility information
- Maximum and deductibles used to date
- Benefit levels
- Frequency and age limits
- Waiting periods
- Preventive history
- Explanation of Benefits (EOBs)

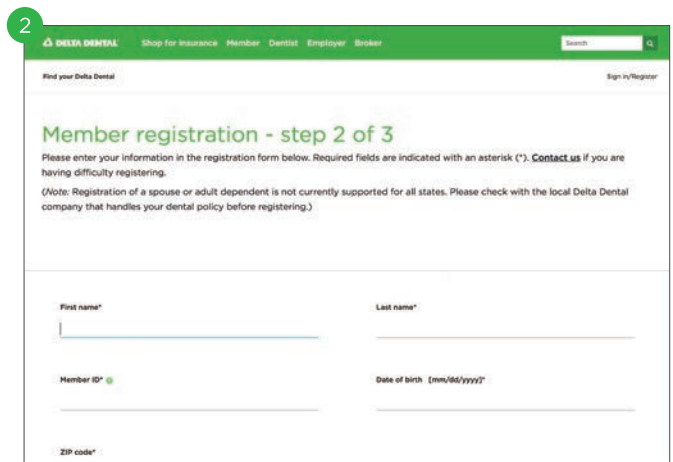
How to Register:

- 1 Go to deltadentalil.com, select "Member of employer/group plan" in the "My Account Log In" box located on the right side of the homepage. On the next page, click "Don't have an account? Create an account." Select "I am a member or adult dependent and have coverage with Delta Dental" on the next screen.



- 2 You will need to enter the primary member's first and last name, member ID or Social Security number and date of birth.

- For name:
 - The name must appear exactly how your employer entered it during enrollment; for example, "Bob" may be "Robert."
 - If you have a suffix before or after your first name – for example, Jr., II or an initial – you may also need to list it; for example, Robert Jr., Robert III or J Robert.
 - There is a 10-character limit for first name and a 15-character limit for last name. For example, if your first name is Christopher, you are limited to Christophe for first name.
- For member ID: If your member ID is less than 9 digits, you must enter zero's in front of the number; for example, 001234567. You may also use Social Security number with no dashes.
- For date of birth: You must enter two-digit month, two-digit day and four-digit year with dividers; for example, 03/15/1984.



Member registration - step 2 of 3

Please enter your information in the registration form below. Required fields are indicated with an asterisk (*). [Contact us](#) if you are having difficulty registering.

(Note: Registration of a spouse or adult dependent is not currently supported for all states. Please check with the local Delta Dental company that handles your dental policy before registering.)

First name*

Last name*

Member ID*

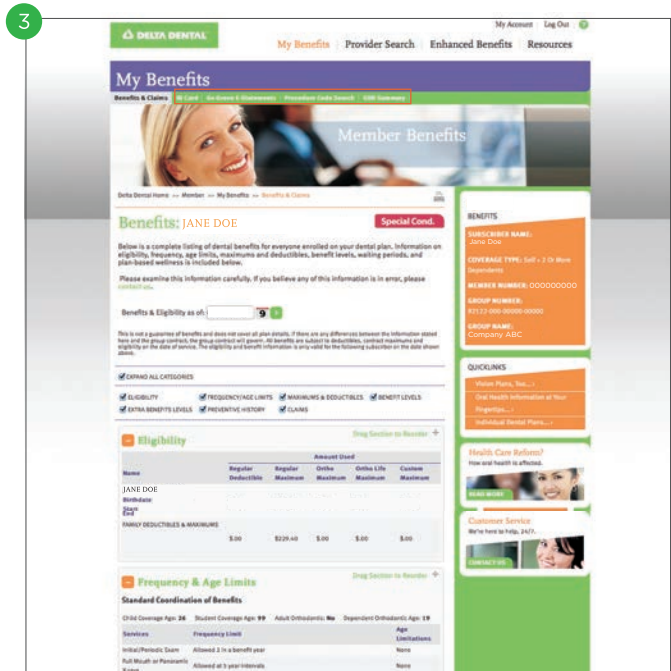
Date of birth (mm/dd/yyyy)*

ZIP code*

- Once registered, you can easily access your and your covered dependents' benefits and claims information, print a temporary ID card, sign up to receive electronic EOBs (Go Green E-Statements), conduct a procedure code search and access EOB history.

Automated Phone System. Faster service for you.

You can also call 800-323-1743 to access our automated phone system 24 hours a day, seven days a week or to speak to a customer service representative during normal business hours (7 a.m. to 7 p.m. Monday through Thursday, 7 a.m. to 6 p.m. Friday, Central Time.).





A Smart Way to Enhance Your Overall Health

Delta Dental of Illinois offers an Enhanced Benefits Program for individuals who have specific health conditions that can be positively affected by extra oral health care. Benefits include additional cleanings and/or fluoride treatments.*

Qualified conditions include:



Diabetes



Periodontal disease



Cardiac conditions



Pregnancy



Kidney failure/
undergoing dialysis



Suppressed
immune systems**



Special
needs***



Cancer-related
chemotherapy and/or radiation

To receive additional benefits, enroll in the Enhanced Benefits Program through Delta Dental of Illinois' Member Connection portal. Visit deltadentalil.com to sign up today.

Delta Dental of Illinois



* Costs of additional cleanings and fluoride treatments will be applied to enrollees' annual maximums.

** Includes the following conditions: HIV positive, organ transplant, stem cell (bone marrow) transplant.

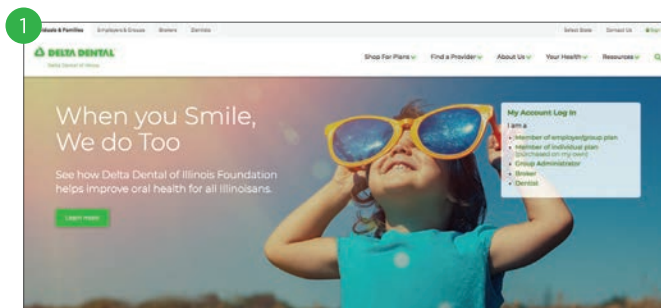
*** Includes individuals with physical, medical, developmental and/or cognitive needs, including those with autism, Alzheimer's disease, Down syndrome, spinal cord injuries and other conditions where modifications are necessary to provide the best oral health treatment possible.

Enrolling in Delta Dental of Illinois' Enhanced Benefits Program

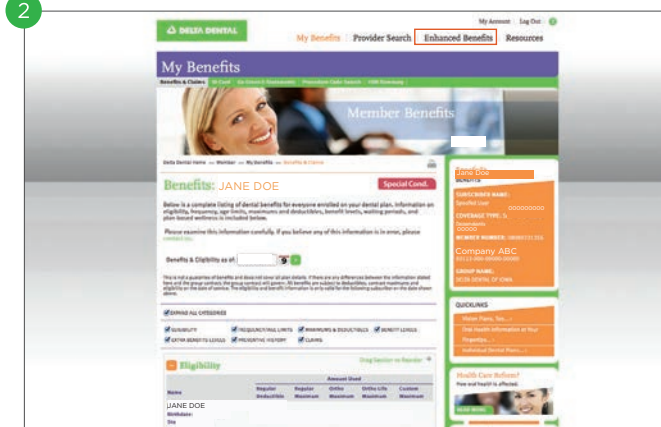
Your dental plan includes Delta Dental of Illinois' Enhanced Benefits Program that integrates oral health and overall health to offer additional benefits to people who have specific health conditions. To receive the additional benefits, you must enroll in the Enhanced Benefits program.

How to Enroll:

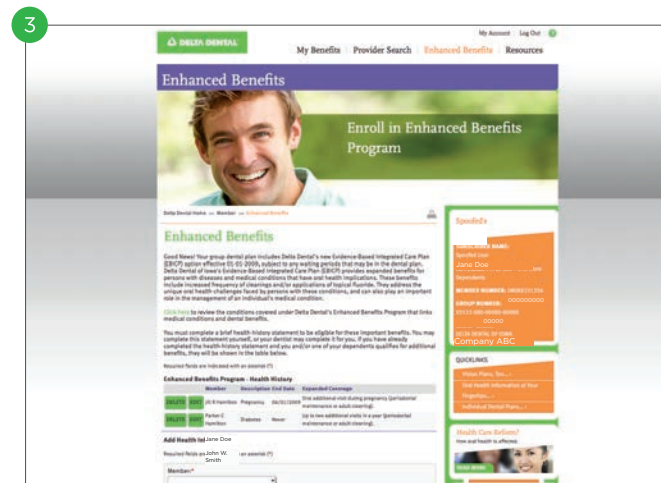
- 1 Go to Delta Dental of Illinois' member website at deltadentalil.com.



- 2 Sign into Member Connection. (You must be a registered user of the Member Connection to enroll in the Enhanced Benefits Program to protect the confidentiality of your personal health information. If you are not enrolled, see "How to register" on the next page.) After you have successfully signed in, select the "Enhanced Benefits" tab.



- 3 You will be able to enter or update the small amount of health information required to qualify for extra benefits for yourself or dependents. You and/or your dependents will be immediately eligible for those benefits.



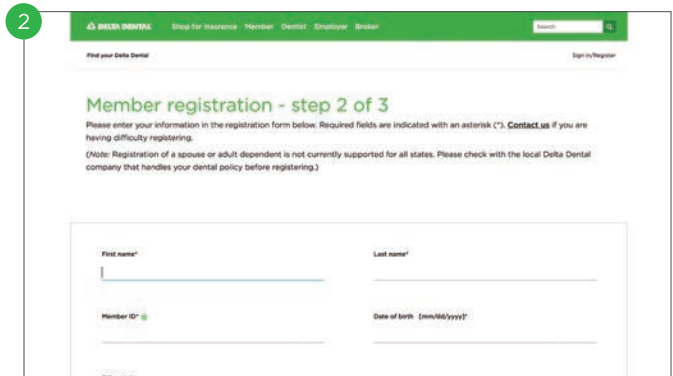
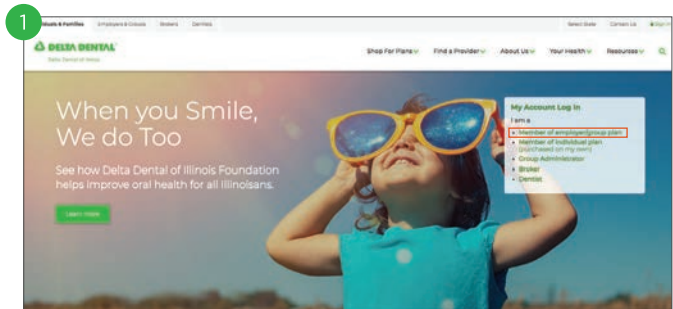
Please note: The periodontal disease health condition indicator will automatically be updated when nonsurgical or surgical periodontal procedures are processed by Delta Dental of Illinois.

How to Register:

- 1 Go to deltadentalil.com and select “Member of employer/group plan” in the “My Account Log In” box located on the right side of the homepage. On the next page, click “New to Delta Dental? Enroll Here.”
- 2 Complete the online registration. Enter the primary enrollee’s first and last name (the name must appear exactly as what your employer entered during enrollment; e.g., “Bob” may be “Robert”), the assigned member ID or Social Security number and date of birth (enter two-digit month, two-digit day and four-digit year with dividers, e.g., 03/15/1984).
- 3 Create a username and password, enter your email, create a challenge question and then click on “Register User.”
- 4 Once registered, you can easily access your and your covered dependents’ benefits and claims information, print a temporary ID card, sign up to receive electronic EOBs (Go Green E-Statements), conduct a procedure code search and access EOB history.

Automated Phone System.
Faster Service For You.

You can also call 800-323-1743 to access our automated phone system 24 hours a day, seven days a week.

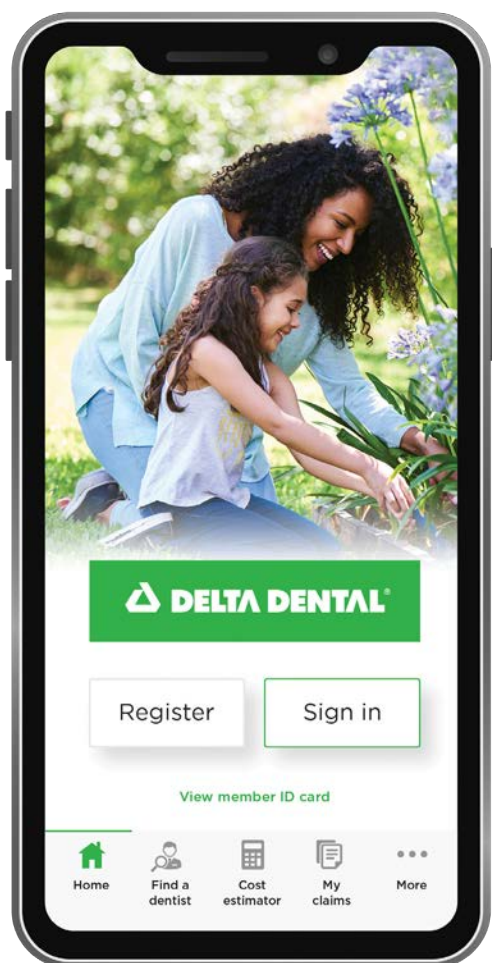


Delta Dental Mobile App

Manage your oral health anytime, anywhere



Your oral health is important to Delta Dental — and to your overall health! We've designed our mobile app to make it easy for you to make the most of your dental benefits. Maximize your health, wherever you are! Search for a dentist near you, view ID cards and more, right on your mobile device.



Getting started

The Delta Dental Mobile App is optimized for iOS (Apple) and Android devices. To download our app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental Mobile App. Or, scan the QR code below. You will need an internet connection in order to download and use most features of our free app.

Logging in to view benefits

Delta Dental members can sign in using the username and password they use to sign in to our website. If you haven't registered for an account yet, you can do that within the app. If you've forgotten your username or password, you can also retrieve these via the Delta Dental Mobile App.



SCAN TO DOWNLOAD
DELTA DENTAL MOBILE APP

Delta Dental Mobile App features

Sign in to access the full range of tools and resources

	Mobile ID card No need for a paper card. View and share your ID card from your phone, and easily save it to your device for quick access, including Apple Passbook and Google Wallet.
	Find a dentist It's easy to find a dentist near you. Search and compare dental offices to find one that suits your needs. Save your family's preferred dentists to your account for easy access.
	Dental Care Cost Estimator Find out what to expect with our Dental Care Cost Estimator. Our easy to use tool provides estimated cost ranges on common dental care needs for dentists in your area, now with the option to select your dentist for tailored cost estimates.
	Save your preferred dentist for quick access Save your favorite dentists using the Delta Dental Mobile App for quick access to contact information making it easy to schedule your routine cleaning.
	My claims Look up detailed claims information for your dentist visits over the last 18 months.
	My coverage Review your dental policy coverage details such as deductibles, maximums, and other benefits.

Secure access to your benefits

You must sign in each time you access the secure portion of the mobile app. No personal health information is ever stored on your device. For more details on security, our [Privacy Policy](#) can be viewed by clicking the lock icon on the main menu.

Please note information displayed may vary based on your particular coverage. For more information on your coverage, contact Delta Dental of Illinois.

Delta Dental of Illinois is pleased to be your dental benefits carrier. Your group plan offers you the dental benefit program: DeltaCare Illinois. Your benefits begin on the effective date listed above. Note: you will not be able to schedule an appointment until you are on your DeltaCare primary dentist monthly roster.

DeltaCare

- Your DeltaCare plan is designed to make dental care affordable and convenient for you and your covered dependents. Under this plan, you pay only the patient copayment for a covered procedure. There are no deductibles, no annual benefit maximums and no claim forms to complete. **Please see the enclosed DeltaCare Highlight, which provides examples of common procedures and the associated copayments. For orthodontia, additional records and retention copayments may apply.**
- In order to receive dental benefits, you must receive services from a dentist in the DeltaCare network and this dentist must be the primary dentist for you and your covered dependents. You and your covered dependents are then included on a monthly roster sent to DeltaCare primary network dentists. **Rosters are sent the 1st of each month. You should call the office first to ensure the office has received the roster and you can schedule an appointment. PLEASE NOTE: PEDIATRIC DENTISTS AND ORTHODONTISTS ARE SPECIALISTS.** Pediatric dentists are available to children 4 and younger.

How DeltaCare Works

- The DeltaCare general dentist you select when you enroll in this DeltaCare plan is your and your covered dependents primary dentist and will provide all routine dental care for you and your covered dependents.
- If specialty care is required, your primary dentist will refer you to a specialist who is also a member of the DeltaCare network. You will need a written referral in order to visit a specialist. **PLEASE NOTE: PEDIATRIC DENTISTS AND ORTHODONTISTS ARE SPECIALISTS.**
- When you visit your primary dentist, you pay the copayment for a given procedure according to your DeltaCare plan. Please note: some procedures are specialized and have a limited benefit, and you pay the listed copayment plus the difference between the dentist's usual fee for the applicable covered treatment and the dentist's usual fees for the specialized treatment. These procedures are noted on your DeltaCare Highlight. For orthodontia, additional records and retention copayments may apply.

Finding a Primary DeltaCare Dentist

A DeltaCare directory listing is included in your enrollment packet. Please see the enclosed "How to Find a DeltaCare Network Dentist" to access dentists online. Referrals to specialists, including pediatric dentists, are required.

Changing Your Primary Care Dentist

- You can change your primary dentist at any time by calling our customer service department at 800-942-3772. However, all changes must be received prior to the 20th of the month in order for your change to be effective for the upcoming month. If you make a change after the 20th of the month, your change will take effect the next month.
- If you need to see a specialist, your primary dentist must provide a written referral to a DeltaCare network specialist per program guidelines). There is an authorization process for both non-emergency and emergency referrals. Please contact our customer service department at 800-942-3772 to confirm the specialist's eligibility on any referrals provided. **PLEASE NOTE: PEDIATRIC DENTISTS AND ORTHODONTISTS ARE SPECIALISTS.**

DeltaCare Standards of Care

Non-Emergency

- The first available appointment, regardless of time or day, for a new patient examination is within four weeks.
- The first available appointment, regardless of time or day, for a routine follow-up appointment with a dentist is within four weeks.
- The first available hygiene appointment, regardless of time or day, is within six weeks.

Emergency

- Triage and/or palliative care, if needed, must be available 24/7 for— severe dental/oral pain, bleeding or swelling; or dental emergencies that risk life or disability without timely professional care.

If you are more than 35 miles from your primary dentist or are unable to see your primary dentist within 24 hours AND you require emergency treatment, you may go to any dentist and will be reimbursed for the treatment cost, less any applicable co-payment amount, up to a maximum of \$50 once during any 12-month period. Please note that emergency treatment and reimbursement for that treatment is intended for the relief of severe dental/oral pain or to treat dental emergencies that risk life or disability without professional care. Follow-up care for treatment completion must be performed by your primary DeltaCare DHMO dentist.

If you are in this situation, you must contact customer service within 24 hours of treatment for authorization. You must also submit the dentist's statement and proof of payment for emergency services within 90 days after receiving treatment. If a DeltaCare dentist is not available in the timeframes designated, please contact Delta Dental of Illinois Customer Service at 800-942-3772 and we will immediately investigate the specific reason for the unavailability.

Customer Service

Call 800-942-3772 speak to a customer service representative from 7 a.m. to 7 p.m. Monday through Thursday and 7 a.m. to 6 p.m.

Office Visit Copay

\$0

Code	Procedure	Patient Pays
Diagnostic		
D0120	Periodic oral evaluation	\$0
D0140	Limited oral evaluation (problem focused)	\$0
D0150	Comprehensive oral evaluation (new or established patient)	\$0
D0160	Detailed and extensive oral evaluation (problem focused, by report)	\$0
D0170	Re-evaluation limited; problem focused (established patient; not post-operative visit)	\$0
D0180	Comprehensive periodontal evaluation (new or established patient)	\$0
D0210	Intraoral radiographs complete series (including bitewings)	\$0
D0220	Intraoral: Periapical first film	\$0
D0230	Intraoral: Periapical each additional film	\$0
D0240	Intraoral: Occlusal film	\$0
D0270	Bitewing: Single film	\$0
D0272	Bitewings: 2 films	\$0
D0274	Bitewings: 4 films	\$0
D0277	Vertical bitewings: 7 to 8 films	\$0
D0330	Panoramic film	\$0
D0460	Pulp vitality tests	\$0
D0470	Diagnostic casts	\$0
Preventive		
D1110	Prophylaxis (cleaning): Adult	\$0
D1120	Prophylaxis (cleaning): Child	\$0
D1201	Topical application of fluoride including prophylaxis - child (to age 19)	\$0
D1208	Topical application of fluoride excluding varnish	\$0
D1330	Oral hygiene instructions	\$0
D1351	Sealant (per tooth, through age 15)	\$10.00
D1510	Space maintainer: Fixed, unilateral	\$75.00
D1516	Space maintainer: Fixed, bilateral, maxillary	\$75.00
D1517	Space maintainer: Fixed, bilateral, mandibular	\$75.00
D1520	Space maintainer: Removable, unilateral	\$75.00
D1526	Space maintainer: Removable, bilateral, maxillary	\$75.00
D1527	Space maintainer: Removable, bilateral, mandibular	\$75.00
D1551	Re-cement or re-bond bilateral space maintainer: Maxillary	\$10.00
D1552	Re-cement or re-bond bilateral space maintainer: Mandibular	\$10.00
Diagnostic and Preventive services may be subject to frequency limitations. See your booklet for details.		
Restorative		
D2140	Amalgam: Single surface (primary or permanent)	\$13.00
D2150	Amalgam: 2 surfaces (primary or permanent)	\$22.00
D2160	Amalgam: 3 surfaces (primary or permanent)	\$26.00
D2161	Amalgam: 4 or more surfaces (primary or permanent)	\$29.00
D2330	Resin-based composite: Single surface, anterior	\$30.00
D2331	Resin-based composite: 2 surfaces, anterior	\$35.00
D2332	Resin-based composite: 3 surfaces, anterior	\$43.00

Code	Procedure	Patient Pays
Restorative (cont.)		
D2335	Resin-based composite: 4 or more surfaces or involving incisal angle (anterior)	\$47.00
D2390	Resin-based composite: Crown, anterior	\$135.00
D2391	Resin-based composite: Single surface, posterior	\$13.00+
D2392	Resin-based composite: 2 surfaces, posterior	\$22.00+
D2393	Resin-based composite: 3 surfaces, posterior	\$26.00+
D2394	Resin-based composite: 4 or more surfaces, posterior	\$29.00+
D2940	Sedative filling	\$11.00
Crowns/Bridges		
D2710	Crown: Resin, indirect	\$135.00
D2720	Crown: Resin with high noble metal*	\$297.00
D2721	Crown: Resin with predominantly base metal	\$297.00
D2722	Crown: Resin with noble metal	\$297.00
D2740	Crown: Porcelain/ceramic substrate*	\$297.00
D2750	Crown: Porcelain fused to high noble*	\$297.00
D2751	Crown: Porcelain fused to predominantly base metal	\$297.00
D2752	Crown: Porcelain fused to noble metal	\$297.00
D2780	Crown: 3/4 cast high noble metal*	\$297.00
D2781	Crown: 3/4 cast predominantly base metal	\$297.00
D2782	Crown: 3/4 cast noble metal	\$297.00
D2783	Crown: 3/4 porcelain/ceramic	\$297.00
D2790	Crown: Full cast high noble metal*	\$297.00
D2791	Crown: Full cast predominantly base metal	\$297.00
D2792	Crown: Full cast noble metal	\$297.00
D2794	Crown: Titanium	\$297.00
D2910	Recement or rebond inlay, onlay, veneer or partial coverage restoration	\$25.00
D2915	Recement cast or prefabricated post and core	\$25.00
D2920	Recement crown	\$25.00
D2930	Prefabricated stainless steel crown: Primary	\$125.00
D2931	Prefabricated stainless steel crown: Permanent tooth	\$125.00
D2932	Prefabricated resin crown (anterior teeth only)	\$125.00
D2933	Prefabricated stainless steel crown with resin window	\$125.00+
D2950	Core buildup (including any pins)	\$82.00
D2951	Pin retention (per tooth, in addition to restoration)	\$17.00
D2952	Cast post and core in addition to crown*	\$125.00
D2953	Each additional cast post (same tooth)*	\$125.00
D2954	Prefabricated post and core in addition to crown	\$93.00
D2957	Each additional prefabricated post (same tooth)	\$93.00
D2971	Additional procedures to construct new crown under existing partial denture framework	\$87.00
D6210	Pontic: Cast high noble metal*	\$297.00
D6211	Pontic: Cast predominantly base metal	\$297.00
D6240	Pontic: Porcelain fused to high noble metal*	\$297.00
D6241	Pontic: Porcelain fused to predominantly base metal	\$297.00

Highlights of Delta Dental of Illinois DeltaCare® Program Plan 285

Code	Procedure	Patient Pays
Crowns/Bridges (cont.)		
D6242	Pontic: Porcelain fused to noble metal	\$297.00
D6250	Pontic: Resin with high noble metal*	\$297.00
D6251	Pontic: Resin with predominantly base metal	\$297.00
D6252	Pontic: Resin with noble metal	\$297.00
D6750	Crown: Porcelain fused to high noble metal*	\$297.00
D6790	Crown: Full cast high noble metal*	\$297.00
D6930	Recement fixed partial denture	\$40.00
Endodontics		
D3110	Pulp cap: Direct (excluding final restoration)	\$11.00
D3120	Pulp cap: Indirect (excluding final restoration)	\$8.00
D3220	Therapeutic pulpotomy (excluding final restoration) removal of pulp coronal to dentinocemental junction and application of medicament	\$55.00
D3221	Pulpal debridement (primary and permanent teeth)	\$55.00
D3230	Pulpal therapy (resorbable filling): Anterior, primary tooth (excluding final restoration)	\$30.00
D3240	Pulpal therapy (resorbable filling): Posterior, primary tooth (excluding final restoration)	\$30.00
D3310	[Root canal]: Anterior (excluding final restoration)	\$97.00
D3320	[Root canal]: Bicuspid (excluding final restoration)	\$119.00
D3330	[Root canal]: Molar (excluding final restoration)	\$275.00
D3346	Retreatment of previous root canal therapy: Anterior	\$290.00
D3347	Retreatment of previous root canal therapy: Bicuspid	\$365.00
D3348	Retreatment of previous root canal therapy: Molar	\$465.00
D3410	Apicoectomy/periradicular surgery: Anterior	\$260.00
D3421	Apicoectomy/periradicular surgery: Bicuspid (first root)	\$260.00
D3425	Apicoectomy/periradicular surgery: Molar (first root)	\$260.00
D3426	Apicoectomy/periradicular surgery (each additional root)	\$88.00
D3430	Retrograde filling (per root)	\$65.00
Periodontics		
D4210	Gingivectomy or gingivoplasty: 4 or more contiguous teeth or bounded teeth spaces, per quadrant	\$165.00
D4211	Gingivectomy or gingivoplasty: 1 to 3 contiguous teeth, per quadrant	\$165.00
D4260	Osseous surgery (including flap entry and closure): 4 or more contiguous teeth or bounded teeth spaces, per quadrant	\$330.00
D4261	Osseous surgery (including flap entry and closure): 1 to 3 contiguous teeth, per quadrant	\$330.00
D4341	Periodontal scaling/root planing: 4 or more, per quadrant	\$45.00
D4342	Periodontal scaling/root planing: 1 to 3 teeth, per quadrant	\$45.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$45.00
Prosthodontics — Removable*		
D5110	Complete denture: Maxillary**	\$380.00

Code	Procedure	Patient Pays
Prosthodontics — Removable* (cont.)		
D5211	Maxillary partial denture: Resin base (including any conventional clasps, rests and teeth)**	\$380.00
D5213	Maxillary partial denture: Cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)**	\$420.00
D5225	Maxillary partial denture: Flexible base (including any clasps, rests and teeth)	\$420.00+
D5226	Mandibular partial denture: Flexible base (including any clasps, rests and teeth)	\$420.00+
D5410	Adjust complete denture: Maxillary	\$18.00
D5421	Adjust partial denture: Maxillary	\$18.00
Repairs to Prosthetics		
D5511	Repair broken complete denture base: Mandibular	\$60.00
D5512	Repair broken complete denture base: Maxillary	\$60.00
D5520	Replace missing or broken teeth: Complete denture (each tooth)	\$50.00
D5611	Repair resin partial denture base: Mandibular	\$60.00
D5612	Repair resin partial denture base: Maxillary	\$60.00
D5630	Repair or replace broken clasp	\$75.00
D5640	Replace broken teeth (per tooth)	\$53.00
D5650	Add tooth to existing partial denture	\$85.00
D5660	Add clasp to existing partial denture	\$99.00
D5710	Rebase complete maxillary denture	\$160.00
D5720	Rebase maxillary partial denture	\$160.00
D5730	Reline complete maxillary denture (chairside)	\$80.00
D5740	Reline maxillary partial denture (chairside)	\$80.00
D5750	Reline complete maxillary denture (laboratory)	\$140.00
D5760	Reline maxillary partial denture (laboratory)	\$140.00
Oral Surgery		
D7111	Extraction, coronal remnants: Deciduous tooth	\$18.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal); includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary	\$18.00
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth, minor smoothing of socket bone closure	\$65.00
D7220	Removal of impacted tooth: Soft tissue	\$85.00
D7230	Removal of impacted tooth: Partially bony	\$120.00
D7240	Removal of impacted tooth: Completely bony	\$145.00
D7241	Removal of impacted tooth: Completely bony, with unusual surgical complications	\$145.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$65.00
D7310	Alveoloplasty in conjunction with extractions (per quadrant)	\$80.00
D7320	Alveoloplasty not in conjunction with extractions (per quadrant)	\$120.00
D7321	Alveoloplasty not in conjunction with extractions: 1 to 3 teeth or tooth spaces, per quadrant	\$120.00
D7960	Frenulectomy (frenectomy or frenotomy): Separate procedure	\$170.00



Highlights of Delta Dental of Illinois DeltaCare® Program Plan 285

Code	Procedure	Patient Pays
Other (Adjunctive) Services		
D9110	Palliative (emergency) treatment of dental pain: Minor procedure	\$20.00
D9215	Local anesthesia	\$0
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	\$20.00
D9450	Case presentation, detailed and extensive treatment	\$0

Code	Procedure	Patient Pays
Orthodontics		
D8080	Comprehensive orthodontic treatment of the adolescent dentition***	\$2,125.00
D8090	Comprehensive orthodontic treatment of the adult dentition***	\$2,625.00
D8660	Pre-orthodontic treatment visit (applied to treatment fee if patient proceeds with treatment)	\$25.00
D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))*	\$250.00

"Patient Pays" applies to those procedures provided by the member's primary care dentist or approved specialty dentist.

* All charges for crown and bridge are per unit. There will be an additional patient charge for the actual cost for gold/high noble metal including any upgrade in materials such as porcelain.

** Includes any adjustments for 6 months.

*** Plan benefits are for active comprehensive orthodontic treatment. They include initial examination, diagnosis, consultation, initial banding, 24 months of active treatment, de-banding and the retention phase. The retention phase includes the initial construction, placement and adjustments to retainers and office visits for a maximum of 2 years. For treatment plans extending beyond 24 months of active treatment, the patient will be subject to an office visit fee, not to exceed \$75 per month. Additional charges may apply for records, post records and retention.

† These procedures are specialized and considered a limited benefit. For these procedures, the patient pays the listed copayment plus the difference between the dentist's usual fees for the applicable covered benefit and the dentist's usual fees for the specialized treatment. For example, for a maxillary partial denture with a flexible base (D5225), the patient would pay the copay plus the difference between the dentist's usual fee for this procedure and the usual fee for the covered benefit, a maxillary partial denture resin base (D5213).

This is a brief description of your DeltaCare dental plan. Please consult your Certificate of Coverage for the complete Schedule of Dental Benefits, as well as the terms and conditions of coverage and any limitations and exclusions. Delta Dental imposes no restrictions on the method of diagnosis or treatment by a treating dentist. A benefit determination relates only to the level of payment Delta Dental is required to make.

Your DeltaCare dental HMO plan is designed to make dental care affordable and convenient for you and your family. Under this plan, you pay only the patient copayment amount listed in the Schedule of Dental Benefits. There are no deductibles, no annual benefit maximums and no claim forms to complete.

How DeltaCare Works

The panel dentist you select when you enroll in this DeltaCare plan will provide all routine dental care for you and your family. If specialty care is required, your panel dentist will refer you to a specialist who is also a member of the DeltaCare network. You will need a written referral in order to visit a specialist. You may select a new panel dentist at any time; however, you must notify the DeltaCare administrator. Change requests received prior to the 20th of the month become effective on the first day of the following month.

Emergency Treatment

If you require emergency treatment and you are more than 35 miles from your panel dentist's office or you are unable to schedule an appointment with your panel dentist within 24 hours, you may go to any licensed dentist. Upon submission of the dentist's statement and your proof of payment, Delta Dental will reimburse you up to \$50 (less any copayment amount) in any year for the cost of emergency treatment.

About the Procedures

The procedures listed below are performed as needed and deemed necessary by the DeltaCare network dentist and are subject to the limitations and exclusions of the program. Please refer to those sections for further clarification of benefits. These procedures are specialized and considered a limited benefit. For these procedures, the patient pays the listed copayment plus the difference between the dentist's usual fees for the applicable covered benefit and the dentist's usual fees for the specialized treatment. For example, for a maxillary partial denture with a flexible base (D5225), the patient would pay the copay plus the difference between the dentist's usual fee for this procedure and the usual fee for the covered benefit, a maxillary partial denture resin base (D5213).

Missed appointments without 24 hour notice are subject to a \$10 charge per 15 minutes of appointment time.

Any procedure not listed is available on a fee-for-service basis.

If you have questions, contact Delta Dental of Illinois at 800-942-3772.

Exclusions of Benefits

1. General anesthesia, IV sedation and nitrous oxide and the services of a special anesthesiologist.
2. Dental procedures performed for purely cosmetic purposes.
3. Dental conditions arising out of and due to Enrollee's employment for which Worker's Compensation is payable. Services which are provided to the Enrollee by state government or agency thereof, or are provided without cost to the Enrollee by any municipality, county or other subdivision.
4. Treatment required by reason of war, declared or undeclared.
5. Charges by any hospital or other surgical or treatment facility, or any additional fees charged by a dentist for treatment in any such facility.
6. Treatment of fractures, dislocations and subluxations of the mandible or maxilla. This includes any surgical treatment to correct facial mal-alignments of TMJ abnormalities.
7. Loss or theft of fixed and removable prosthetics (crowns, bridges, full or partial dentures).
8. Dental expenses incurred in connection with any dental procedures started after termination of eligibility for coverage or dental expenses incurred in connection with any dental procedure started prior to Enrollee's eligibility with the DeltaCare program. Examples: teeth prepared for crowns, root canals in progress, orthodontic treatment.
9. Any service that is not specifically listed as a covered expense.
10. Correcting congenital or developmental malformations, including replacement of congenitally missing teeth, unless restoration is needed to restore normal bodily function. This exclusion does not apply to newly born children.
11. Cysts and malignancies.
12. Prescription drugs.
13. Accidental injury. Accidental injury is defined as damage to the hard and soft tissues of the oral cavity resulting from forces external to the mouth. Damages to the hard and soft tissues of the oral cavity from normal masticatory (chewing) function will be covered at the normal schedule of benefits.
14. Cases in which, in the professional judgment of the attending Dentist, a satisfactory result cannot be obtained or where the prognosis is poor or guarded.
15. Dental services received from any dental office other than the assigned dental office, unless expressly authorized in writing by DeltaCare or as cited under "Emergency Treatment."
16. Prophylactic removal of impactions (asymptomatic, nonpathological).
17. "Consultations" for noncovered benefits.
18. Implant placement or removal, appliances placed on or services associated with implants including but not limited to prophylaxis and periodontal treatment.
19. Placement of a crown where there is sufficient tooth structure to retain a standard filling.
20. Porcelain crowns and porcelain fused to metal crowns on all molars.
21. Restorations placed due to cosmetics, abrasions, attrition, erosion, restoring or altering vertical dimension, congenital or developmental malformation of teeth.
22. Fixed bridges used to replace missing posterior teeth are considered optional when the abutment teeth are dentally sound and would be crowned only for the purpose of supporting a pontic. A fixed bridge used under these circumstances is considered optional dental treatment. The patient must pay the difference in cost between the Dentist's usual fees for the covered benefit and optional treatment, plus any coinsurance for the covered benefit.
23. Appliances or restorations necessary to increase vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth, periodontal splinting, gnathologic recordings, equilibration or treatment of disturbances of the temporomandibular joint (TMJ).
24. Extensive treatment plans involving 10 or more crowns or units of fixed bridgework (major mouth reconstruction).
25. Precious metal for removable appliances, precision abutments for partials or bridges (overlays, implants and appliances associated therewith), personalization and characterization.
26. Soft tissue management (irrigation, infusion, special toothbrush).
27. Treatment or appliances that are provided by a dentist whose practice specializes in prosthodontic services.
28. Restorative work caused by orthodontic treatment.
29. Extractions solely for the purpose of orthodontics.

Orthodontic Exclusions

1. Lost, stolen or broken orthodontic appliances, functional appliances, headgear, retainers and expansion appliances.
2. Retreatment of orthodontic cases.
3. Changes in treatment necessitated by accident of any kind and/or lack of patient cooperation.
4. Surgical procedures incidental to orthodontic treatment.
5. Myofunctional therapy.
6. Surgical procedures related to cleft palate, micrognathia or macrognathia.
7. Treatment related to temporomandibular joint disturbances.
8. Supplemental appliances not routinely utilized in typical Phase II orthodontics.
9. Active treatment that extends more than 24 months from the point of banding dentition will be subject to an office visit charge not to exceed \$75 per month.
10. Restorative work caused by orthodontic treatment.
11. Phase I* orthodontics is an exclusion as well as activator appliances and minor treatment for tooth guidance and/or arch expansion.
12. Extractions solely for the purpose of orthodontics.
13. Treatment in progress at inception of eligibility.
14. Transfer after banding has been initiated.
15. Composite bands and lingual adaptation of orthodontic bands are considered optional treatment and would be subject to additional charges.

*Phase I is defined as early treatment including interceptive orthodontia prior to the development of late mixed dentition.

Finding a DeltaCare® Illinois Network Dentist*

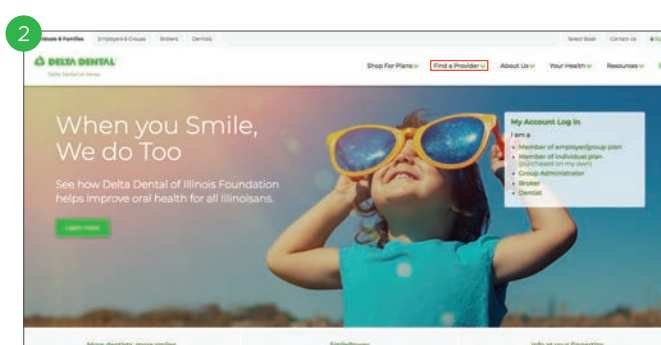
Finding a DeltaCare® Illinois network dentist is easy. The best method is referring to the DeltaCare Directory of Dentists provided in your enrollment kit or available online at deltadentalil.com/resources/deltacare-directory/. You may also use the dentist search on our website at deltadentalil.com or call us at 800-942-3772.

DeltaCare Illinois members must select a primary dentist for themselves and their dependents in the DeltaCare Illinois network in order to receive dental benefits. The primary dentist must be the same for the member and their covered dependents.

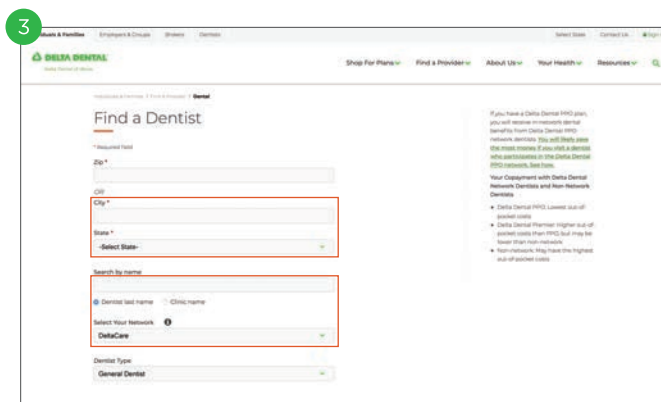
Finding a Provider Online:

1 For a complete listing of DeltaCare Illinois network dentists, please visit deltadentalil.com/resources/deltacare-directory/. The DeltaCare Directory of Dentists is updated monthly.

2 You can also search for a DeltaCare Illinois dentist using our dentist search. Go to deltadentalil.com, and select “Find a Provider.” On the following page, select “Dental.”



3 For the most accurate results, enter the city/state where you want to locate a network dentist in Illinois and select “DeltaCare” as your network. DeltaCare Illinois members should also select “General Dentist” under “Dentist Type” as referrals to specialists† by your primary DeltaCare general dentist are required. Click the “Search” button for a list of dentists.



- 4 You can further narrow your search by languages spoken, distance, gender or hours.

4

- 5 After you find a DeltaCare dentist you would like to select as the primary dentist for you and your family, you will need to provide Delta Dental of Illinois with the DeltaCare Facility ID provided in each dentist result under “Network/s Dentist Participate in:.” Not all DeltaCare Illinois dentists accept new patients; if the office is closed to new patients, this information is noted in each dentist result after the “DeltaCare Facility ID.”

5

Any field marked with a red asterisk is a required field.

Finding a Provider By Phone

DeltaCare Illinois members can call 800-942-3772 for assistance finding a network dentist.

*Please contact your Human Resources department to confirm that you have a DeltaCare Illinois dental plan and not a DeltaCare USA dental plan.

†Pediatric dentists are considered specialists and cannot be selected as the primary DeltaCare dentist. A referral from your DeltaCare primary general dentist is required to receive dental benefits from specialists, including pediatric dentists.



DeltaCare Directory of Dentists

DeltaCare General Facility Listing

Delta Dental of Illinois

September 2023

ADDISON

323

ACCESS DENTAL CENTER
276 WEST FULLERTON AVENUE
ADDISON, IL 60101
(630) 628-8884

BUFFALO GROVE

682

BUFFALO GROVE DENTAL CLINIC
317 W DUNDEE RD
BUFFALO GROVE, IL 60085
(847) 520-3020

CHICAGO

726

GLORIA KHOSHNOOD DDS
111 NORTH WABASH STE 2003
CHICAGO, IL 60602
(312) 372-2945

BURBANK

751

ADAMS FAMILY DENTISTRY LTD
5600 W. 87TH ST.
BURBANK, IL 60459
(708) 952-0000

047

MICHIGAN AVENUE DENTAL ASSOC.
122 S. MICHIGAN AVE., #1212
CHICAGO, IL 60603
(312) 922-9595

532

ADDISON DENTAL CENTER
190 NORTH SWIFT RD. STE. G
ADDISON, IL 60101
(630) 627-7626
* Closed - Please select another facility

ARLINGTON HEIGHTS

088

PREMIER DENTAL ASSOC. OF ARLINGTON HTS
605 E. ALGONQUIN RD., #400
ARLINGTON HEIGHTS, IL 60005
(847) 640-1122

222

BURBANK DENTAL ASSOCIATES
4817 W. 83RD STREET
BURBANK, IL 60459
(708) 423-6114

730

JEFFREY WOLSZON DDS LTD
1511 W TAYLOR
CHICAGO, IL 60607
(312) 733-1080

AURORA

063

VILLAGE GREEN DENTAL CENTER
2853 E NEW YORK ST STE A
AURORA, IL 60502
(630) 851-0710

CALUMET CITY

842

CROSSROAD OF AMERICA DENTAL CLINIC
1721 SIBLEY BLVD
CALUMET CITY, IL 60409
(708) 868-1771
* Closed - Please select another facility

848

PILSEN DENTAL CENTER
2158 W CERMAK RD
CHICAGO, IL 60608
(773) 823-1924

BARRINGTON

054

NORTHWEST DENTAL ASSOC., LTD.
414 N. HOUGH STREET
BARRINGTON, IL 60010
(847) 382-1600

083

MY DENTIST
97 PAXTON AVENUE
CALUMET CITY, IL 60409
(708) 868-2888

790

PILSEN DENTAL GROUP
2507 W CERMAK RD
CHICAGO, IL 60608
(312) 666-5560

BENSENVILLE

576

BRENTWOOD FAMILY DENTAL
1145 S. YORK RD.
PO BOX 1054
BENSENVILLE, IL 60106
(630) 694-4937

CAROL STREAM

858

CREST DENTAL
1354 W. ARMY TRAIL ROAD
CAROL STREAM, IL 60188
(630) 830-9000

153

GANGER FAMILY DENTSTRY
1858 W. 35TH STREET
CHICAGO, IL 60609
(773) 247-5554

BERWYN

735

KULHANKE AND ROMANEK DDS
6642 W CERMAK RD.
BERWYN, IL 60402
(708) 749-3222

033

DUPAGE DENTAL CARE, INC.
206 N. GARY
CAROL STREAM, IL 60188
(630) 665-2147

075

METRO SMILES BACK YARDS
4322 S ASHLAND AVE
CHICAGO, IL 60609
(773) 510-4159

DeltaCare General Facility Listing

Delta Dental of Illinois

September 2023

CHICAGO

062

DENTAL ASSOCIATES OF NORTH PIER

419 E ILLINOIS ST
CHICAGO, IL 60611
(312) 321-7645

515

JAMES L. ORRINGTON, II, DDS, PC

7931-33 S. KING DRIVE
CHICAGO, IL 60619
(773) 994-1600

997

METROSMILES-GAGE PARK DENTAL

5825 S KEDZIE AVE
CHICAGO, IL 60629
(773) 925-5020

908

IRSHAD RAHAMAN DDS

3924 N. SOUTHPORT AVE. UNIT 1N
CHICAGO, IL 60613
(773) 348-6194

150

UPTOWN DENTAL LLC

1635 W CORTLAND STREET STE 1
CHICAGO, IL 60622
(773) 490-7337

142

SILVER LAKE DENTAL LTD

4020 W. 59TH STREET
CHICAGO, IL 60629
(773) 585-5176

467

SOBELLE FAMILY DENTISTRY

2266 N. LINCOLN AVE., UNIT 1
CHICAGO, IL 60614
(773) 528-6485

072

C.G. RAMMOHAN DMD PC

11004 S. HALSTED STREET
CHICAGO, IL 60628
(773) 785-0606

191

VINCENT GIANFORTUNE, D.D.S.

5718 W. LAWRENCE AVENUE
CHICAGO, IL 60630
(773) 736-9117

617

ROE FAMILY DENTAL PC

1525 E. 53RD ST. #914
CHICAGO, IL 60615
(773) 667-1150

023

LONDON GROVE PROFESSIONAL SERVICES

9761 S. COTTAGE GROVE
CHICAGO, IL 60628
(773) 721-7799

654

BRITE DENTAL

2759 W. 55TH ST.
CHICAGO, IL 60632
(773) 776-5277

* Closed - Please select another facility

680

CHICAGO SMILE STUDIO LLC

2165 A SOUTH CHINA PLACE
CHICAGO, IL 60616
(312) 791-1829

361

TCA HEALTH

1029 E. 130TH STREET
CHICAGO, IL 60628
(773) 995-6300

070

METRO SMILES ARCHER DENTAL

5141 S CICERO AVE
CHICAGO, IL 60632
(773) 540-7585

082

MY DENTIST

9204 S. COMMERCIAL, STE. 317
CHICAGO, IL 60617
(773) 978-7066

627

BRITE DENTAL

6636 S PULASKI
CHICAGO, IL 60629
(773) 884-0108

* Closed - Please select another facility

988

SMILE DENTAL CARE PC

4889 S ARCHER AVE
CHICAGO, IL 60632
(773) 295-7600

* Closed - Please select another facility

018

GREAT SMILES DENTAL CENTER

3451 W IRVING PARK RD
CHICAGO, IL 60618
(773) 588-4650

* Closed - Please select another facility

984

GENTLE DENTAL CARE

2917 W 63RD ST
CHICAGO, IL 60629
(773) 476-8217

066

AVENUE DENTAL CLINIC & LAB

3223 N. HARLEM AVENUE
CHICAGO, IL 60634
(773) 545-4441

DeltaCare General Facility Listing

Delta Dental of Illinois

September 2023

CHICAGO

574

FLAVIO CAJIAO DDS
6033 W BELMONT AVE
CHICAGO, IL 60634
(873) 256-5966

014

IBBI DENTAL CLINIC PC
4211 N. CICERO AVE STE 214
CHICAGO, IL 60641
(773) 282-0033

736

ROBERT MARRERO DDS
2009 W NORTH AVE.
CHICAGO, IL 60647
(773) 227-2110

108

HERRON FAMILY DENTAL INC.
7203 S. WESTERN AVENUE
CHICAGO, IL 60636
(773) 476-5335

017

THE DENTAL PLACE
3518 N PULASKI RD
CHICAGO, IL 60641
(773) 736-4450

743

PROVERBS 3 PC
2447 W 79TH ST.
CHICAGO, IL 60652
(773) 778-1125

983

PARKWAY DENTAL CLINIC
6858 S. MARTIN L KING DR.
CHICAGO, IL 60637
(773) 487-7171

* Closed - Please select another facility

872

DENTAL SALON
939 W. NORTH AVE. STE 890
CHICAGO, IL 60642
(312) 642-3370

699

RIVER NORTH DENTAL GROUP
434 W. ONTARIO 3rd FL.
CHICAGO, IL 60654
(312) 475-9751

412

BRICKYARD DENTAL ASSOCIATES
6020 W. DIVERSEY
CHICAGO, IL 60639
(773) 237-0707

731

JERROLD W. SMITH DDS PC
2000 W. 95TH ST.
CHICAGO, IL 60643
(773) 881-3910

728

LAKEVIEW DENTAL CENTER
2822 N. ASHLAND AVE.
CHICAGO, IL 60657
(773) 871-0302

* Closed - Please select another facility

211

COMFORT DENTAL
4020 W. ARMITAGE
CHICAGO, IL 60639
(773) 486-1580

212

STEPHEN P. MORRIS, D.D.S.
10519 S. WESTERN
CHICAGO, IL 60643
(773) 233-2240

* Closed - Please select another facility

676

ORAL KARE LTD
3247 N. ASHLAND AVE
CHICAGO, IL 60657
(773) 281-8320

* Closed - Please select another facility

049

HERMOSA DENTAL CLINIC
2004 N. PULASKI
PO BOX 39597
CHICAGO, IL 60639
(773) 342-5923

741

CHENG LI CHIN DDS
2021 N. WESTERN AVE
CHICAGO, IL 60647
(773) 772-4114

151

SHERIDAN DENTAL
2850 N. SHERIDAN ROAD
CHICAGO, IL 60657
(773) 296-1900

738

CONSTANTINE TRAMBAS DDS
5310 N. SHERIDAN
CHICAGO, IL 60640
(773) 878-1234

126

GENTLE DENTAL CARE
3109 W. ARMITAGE
CHICAGO, IL 60647
(773) 342-8493

605

DEVON DENTAL CARE
3034 W DEVON AVE STE 200
CHICAGO, IL 60659
(708) 705-7800

DeltaCare General Facility Listing

Delta Dental of Illinois

September 2023

CHICAGO

481
PERFECT DENTAL SMILE LTD
2545 W PETERSON AVE STE. 201
CHICAGO, IL 60659
(773) 561-2808

CRETE

309
JOSEPH P RODRIGUEZ DDS
1365 BENTON STREET
CRETE, IL 60417
(708) 279-7818

636
DENTALWORKS OF ELGIN
1190 S RANDALL ROAD #102
ELGIN, IL 60123
(847) 717-0414

CRYSTAL LAKE

443
CLARK DENTAL OFFICE
6210 N. CLARK STREET
CHICAGO, IL 60660
(773) 761-2020

387
LAKEHILLS DENTISTRY
805 MCHENRY AVENUE
CRYSTAL LAKE, IL 60014
(815) 477-2369

134
RIVERBEND DENTISTRY
1670 CAPITAL STREET STE. 501
ELGIN, IL 60124
(847) 608-1144

ELK GROVE VILLAGE

465
MONTCLARE DENTAL
7185 W. GRAND AVE.
CHICAGO, IL 60607
(773) 622-1818

312
WINDSOR DENTAL PC
610 CRYSTAL POINT DR UNIT 5
CRYSTAL LAKE, IL 60014
(815) 479-0944

828
SMILE CREATIONS DENTAL
1100 NERGE ROAD STE. 209
ELK GROVE VILLAGE, IL 60007
(847) 891-6600
* Closed - Please select another facility

CICERO

071
METRO SMILES CICERO DENTAL
4842 W CERMAK RD
CICERO, IL 60804
(708) 222-8302

DE KALB

578
DEKALB DENTAL GROUP
2707 SYCAMORE STREET
DE KALB, IL 60115
(815) 756-4430

EVANSTON

135
LAKESIDE DENTISTRY
820 DAVIS STREET
SUITE 460
EVANSTON, IL 60201
(847) 332-2226

DOLTON

621
PERFECT DENTAL SMILE
6017 W CERMAK RD
CICERO, IL 60804
(708) 652-8466

593
AMAZING TOUCH DENTAL CENTER
1021 E. SIBLEY BLVD.
DOLTON, IL 60419
(708) 849-1999

420
FRANK L. KARKAZIS, DDS
1029 HOWARD STREET STE 201
SUITE 201
EVANSTON, IL 60202
(847) 491-0636

FOREST PARK

039
SIMMONS DENTAL ASSOCIATES
5902 W. 35TH STREET
CICERO, IL 60804
(708) 780-0440

074
METRO SMILES DOLTON DENTAL
808 E SIBLEY BLVD
DOLTON, IL 60419
(708) 841-3040

641
DENTALWORKS OF FOREST PARK
7235 MADISON ST
FOREST PARK, IL 60130
(708) 405-9344

CLARENDON HILLS

027
**SMILE SOLUTIONS OF
CLARENDON HILLS**
235 BURLINGTON AVE
CLARENDON HILLS, IL 60514
(630) 325-9298
* Closed - Please select another facility

ELGIN

702
ELGIN DENTAL CENTER
860 SUMMIT STREET STE 111
ELGIN, IL 60120
(847) 741-8177

GLENVIEW

073
MATHEW M. JOSEPH, D.D.S.
611 MILWAUKEE AVE STE. 175
GLENVIEW, IL 60025
(847) 730-3926

DeltaCare General Facility Listing

Delta Dental of Illinois

September 2023

GURNEE

505
GRAND DENTISTRY
5445 GRAND AVE., STE. 202
GURNEE, IL 60031
(847) 244-2775

691
**NORTHSHORE METROPOLITAN
DENTAL ASSOCIATE**
1790 NATIONS DRIVE STE 212
GURNEE, IL 60031
(847) 336-4880

HANOVER PARK

967
A2Z FAMILY DENTAL
1645 IRVING PARK RD
HANOVER PARK, IL 60133
(630) 837-4080
* Closed - Please select another facility

HIGHLAND PARK

081
DAVID C. SMYTH, D.D.S.
1893 SHERIDAN ROAD, STE. 214
HIGHLAND PARK, IL 60035
(847) 432-6212

HINSDALE

536
**ADVANCED DENTAL CONCEPTS,
PC**
211 W. CHICAGO AVE.
STE. 220
HINSDALE, IL 60521
(630) 655-0724

861
RUBEN E ALARCON DDS
211 W. CHICAGO AVE STE 115
HINSDALE, IL 60521
(630) 323-0610

HOFFMAN ESTATES

519
AMEDCOA DENTAL CENTER
1000 GRAND CANYON PKWY., #200
HOFFMAN ESTATES, IL 60169
(847) 885-8780
* Closed - Please select another facility

055
**NORTHWEST DENTAL ASSOC.,
LTD.**
2500 W. HIGGINS ROAD, #650
HOFFMAN ESTATES, IL 60195
(847) 882-0900

HOMEWOOD

192
BMC FAMILY DENTISTRY
2421 W 183rd ST.

HOMEWOOD, IL 60430
(708) 755-7605
* Closed - Please select another facility

INDIAN HEAD PARK

927
JOHN C. SKREKO DDS
6961 VINE STREET STE. A
INDIAN HEAD PARK, IL 60525
(708) 246-1263

JOLIET

569
BEST IMAGE DENTAL
625 PLAINFIELD RD.
JOLIET, IL 60435
(815) 727-9903

633
HAMMES FAMILY DENTAL PC
181 N. HAMMES
JOLIET, IL 60435
(815) 725-4269

KANKAKEE

817
WILLIAMS MITSOS DDS PC
1291 S, 7TH AVE.
KANKAKEE, IL 60901
(815) 932-0022

LAKE ZURICH

533
VILLAGE SQUARE DENTISTRY
715 ELA ROAD, STE. 1A
LAKE ZURICH, IL 60047
(847) 726-7908

LIBERTYVILLE

807
PARK DENTAL CARE
1105 W PARK AVE STE 8
LIBERTYVILLE, IL 60048
(847) 362-4740

LISLE

792
TRINITY DENTAL
1500 EISENHOWER LANE STE 400
LISLE, IL 60532
(331) 425-8188

LOCKPORT

780
**ADVANCED FAMILY DENTAL OF
LOCKPORT**
730 WASHINGTON STREET
LOCKPORT, IL 60441
(815) 838-3337
* Closed - Please select another facility

MC HENRY

264
BOONECREEK DENTISTRY
5404 ELM STREET, STE. F
MC HENRY, IL 60050
(815) 759-0871

MELROSE PARK

010
GEORGE D. DITOLA, D.D.S., LTD.
3521 W. LAKE STREET
MELROSE PARK, IL 60160
(708) 865-1214

754
ISABEL SUASTEGUI-MURSULI DDS
1835 N BROADWAY ST. STE 210
MELROSE PARK, IL 60160
(708) 345-1168

985
TERRENCE LOOBY DDS
1800 W. LAKE ST
MELROSE PARK, IL 60160
(708) 345-5505

DeltaCare General Facility Listing

Delta Dental of Illinois

September 2023

MORTON GROVE

032
IRINA BOLOTNIKOVA DDS
7963 GOLF RD
MORTON GROVE, IL 60053
(847) 583-0033

OAK BROOK

962
HUT DENTAL
120 OAKBROOK CENTER STE 625
OAK BROOK, IL 60523
(630) 572-9696

739
CONSTANTINE TRAMBAS DDS
2604 DEMPSTER STE 407
PARK RIDGE, IL 60068
(847) 299-9922

MOUNT PROSPECT

713
ISAAC P. ISAAC DDS
259 E RAND RD STE 110
MOUNT PROSPECT, IL 60056
(847) 292-6640

OAK LAWN

411
CICERO DENTAL GROUP
4710 W 95TH STREET #B10
OAK LAWN, IL 60453
(708) 499-0900

PLAINFIELD

623
ANEW DENTAL & ORTHODONTICS
13242 S. RT. 59 STE. 106
PLAINFIELD, IL 60585
(815) 577-9900

837
SMILE SOLUTIONS DENTAL CENTER
200 W NORTHWEST HWY STE 100
MOUNT PROSPECT, IL 60056
(847) 255-5550

787
OAK LAWN DENTAL AND IMPLANT CENTER
5821 W 87TH ST.
OAK LAWN, IL 60453
(708) 529-3966

RIVER FOREST

095
DR. FRANK CATRAMBONE
7411 W. LAKE STREET, #L100
RIVER FOREST, IL 60305
(708) 771-0600
*** Closed - Please select another facility**

NAPERVILLE

600
ACCESS DENTAL CENTER
114 N. WASHINGTON ST.
NAPERVILLE, IL 60540
(630) 579-1300

OAK PARK

419
STEVEN ROCK, DDS
1515 HARLEM AVENUE
OAK PARK, IL 60302
(708) 848-2033
*** Closed - Please select another facility**

RIVER GROVE

111
RIVER GROVE DENTAL ASSOCIATES
8225 W GRAND AVE
RIVER GROVE, IL 60171
(708) 453-1110

013
DA VINCI DENTAL
1000 EAST OGDEN AVE
NAPERVILLE, IL 60563
(630) 237-4359

ORLAND PARK

827
TOOTH TOWN DENTAL PLLC
9017 W. 151ST STREET
ORLAND PARK, IL 60462
(708) 226-6700
*** Closed - Please select another facility**

ROCKFORD

350
ROCK CREEK DENTISTRY
5301 E. STATE STE. 307A
ROCKFORD, IL 61108
(815) 398-0191

349
NAPERBROOK DENTISTRY
1304 MACOM DR., STE. 4
NAPERVILLE, IL 60564
(630) 585-5005

060
ACHIEVE DENTAL
15856 WOLF RD
ORLAND PARK, IL 60467
(708) 737-7365

720
STRICTLY DENTAL INC.
3920 E. STATE
ROCKFORD, IL 61108
(815) 397-7370

NEW LENOX

472
LEESA ANN SASIC-MITSOS, DDS
1804 E. LINCOLN HIGHWAY
NEW LENOX, IL 60451
(815) 462-4838

PARK RIDGE

069
ASSOCIATES IN DENTISTRY
1057 N NORTHWEST HWY
PARK RIDGE, IL 60068
(847) 518-1057

SCHAUMBURG

321
JEFFREY S SWAGER DDS
1305 WILEY #103
SCHAUMBURG, IL 60173
(847) 843-1505

DeltaCare General Facility Listing

Delta Dental of Illinois

September 2023

SCHAUMBURG

951
DENTAL SALON SCHAUMBURG LLC
501 WEST GOLF ROAD, STE B
SCHAUMBURG, IL 60195
(847) 805-6202

SKOKIE

534
NORTHSHORE METROPOLITAN DENTAL ASSOCIATE
4709 W. GOLF RD., STE. 804
SKOKIE, IL 60076
(847) 673-6770

068
DENTALWORKS OF SKOKIE
9312 N SKOKIE BLVD
SKOKIE, IL 60077
(847) 673-3621

703
RADKHAN LELAND DENTAL
4815 MAIN ST.
SKOKIE, IL 60077
(773) 275-5522
* Closed - Please select another facility

SOUTH CHICAGO HTS.

925
GLAMOUR DENTAL SOUTH CHICAGO HTS.
3320A CHICAGO RD.
SOUTH CHICAGO HTS., IL 60411
(708) 248-5034

SOUTH ELGIN

635
BECKER DENTAL & ASSOCIATES
460 BRIARGATE DR STE 600
SOUTH ELGIN, IL 60177
(847) 622-0400
* Closed - Please select another facility

SOUTH HOLLAND

756
BEVERLY HADLEY DDS GENERAL DENTISTRY
16282 S PRINCE DRIVE
SOUTH HOLLAND, IL 60473
(708) 596-3800

138
SOUTH PARK DENTAL CARE
438 E 162ND ST
SOUTH HOLLAND, IL 60473
(708) 333-2646

SPRINGFIELD

462
JMJ DENTAL, INC.
209 W. LAUREL
SPRINGFIELD, IL 62704
(217) 544-4411

ST CHARLES

970
RIVERVIEW DENTAL CARE LTD
451 DUNHAM RD STE 800
ST CHARLES, IL 60174
(630) 377-8400

SYCAMORE

859
FAMILY DENTAL CARE OF SYCAMORE
1840 DEKALB AVE STE B
SYCAMORE, IL 60178
(815) 895-4625

WAUKEGAN

157
GLEN FLORA DENTAL CTR., LTD.
1020 GLEN FLORA AVE
WAUKEGAN, IL 60085
(847) 623-0399

WEST CHICAGO

056
DENTAL SMILES OF WEST CHICAGO
1933 FRANCISCAN WAY
WEST CHICAGO, IL 60185
(630) 231-4500
* Closed - Please select another facility

WESTMONT

664
LAKEVIEW DENTAL CENTER
32 N. CASS AVE.
WESTMONT, IL 60559
(630) 271-9816
* Closed - Please select another facility

WHEATON

363
CENTRAL DUPAGE DENTAL GROUP
7 BLANCHARD CIRCLE
SUITE LLG
WHEATON, IL 60187
(630) 681-0108

WHEELING

975
NEXTGEN DENTAL PC
210 E STRONG ST UNIT #4
WHEELING, IL 60090
(847) 947-2651

CROWN POINT, IN

561
WADAS DENTAL CENTER - CROWN POINT (IN)
11055 BROADWAY #E
CROWN POINT, IN 46307
(219) 663-3248

MUNSTER, IN

750
ASSOCIATED DENTISTS OF NORTHWEST INDIANA
1650 45TH AVE.
MUNSTER, IN 46321
(219) 924-9330

562
WADAS DENTAL CENTER - MUNSTER (IN)
417 E. RIDGE RD. STE.A
MUNSTER, IN 46321
(219) 836-9841



Effective Date: September 23, 2013

NOTICE OF PRIVACY PRACTICES AND RIGHTS

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

This Notice describes the privacy practices of Delta Dental of Illinois and its affiliated companies (collectively, “we” or “us” or the Company). These entities have designated themselves as a single affiliated covered entity for purposes of the privacy rules under the Health Insurance Portability and Accountability Act of 1996, as amended (“HIPAA”) and each has agreed to abide by the terms of this Notice and may share protected health information with each other as necessary for treatment, payment or to carry out health care operations, or as otherwise permitted by law.

We understand that health information about you is personal. We are committed to protecting the confidentiality of your health information that we maintain and using your information appropriately.

The HIPAA Privacy Rule protects only certain health information known as “Protected Health Information” (“PHI”). Generally, PHI is individually identifiable health information, including demographic information, transmitted or maintained by us, regardless of form (oral, written or electronic). We are required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to your health information and to notify affected individuals following a breach of unsecured PHI.. This Notice explains how we may use your health information and when we can share that information with others. This Notice also informs you of your rights with respect to your health information and how you may exercise those rights.

We comply with the provisions of HIPAA and the Health Information Technology for Economic and Clinical Health (“HITECH”) Act and their implementing regulations. We maintain a breach reporting policy and have in place appropriate safeguards to track required disclosures and meet appropriate reporting obligations. In addition we comply with the “Minimum Necessary” requirements when using or disclosing your health information or when requesting your health information.

This Notice does not apply to information that has been de-identified. De-identified information is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.

HOW WE MAY USE AND SHARE YOUR HEALTH INFORMATION

We are allowed to use or share health information about you for certain purposes without your authorization, as permitted by federal and state law. The following categories describe different ways we may use and disclose health information. Not every use or disclosure in a category will be listed, but all of the ways we are permitted to use and disclose information will fall within one of the categories.

Payment: We may use or disclose PHI about you to obtain payment for your treatment and to conduct other payment related activities, for example, determining eligibility for benefits, billing, adjudicating your health claims, making coverage decisions, administering benefits and coordinating benefit payments.

Treatment: We may use or disclose your PHI to facilitate medical treatment or services by providers. For example, we may disclose information about prior treatment to a provider if the prior treatment affects coverage for the current treatment.

Health Care Operations: We may use or disclose your health information in connection with our health care operations, including conducting quality assessment and improvement activities, training, licensing, or credentialing activities, setting rates, conducting or arranging for treatment review, legal services and audit functions including fraud and abuse detection and compliance programs; resolving grievances and other activities related to coverage determinations, carrying out a wellness program and conducting business planning and general administrative activities.

Use by Business Associates: We may contract with individuals or entities known as Business Associates to perform various functions or to provide certain types of services on the Company's behalf. In order to perform those functions or provide these services, Business Associates may receive, create, maintain, use and/or disclose your PHI, but only if they agree in writing with the Company to implement appropriate safeguards regarding your PHI.

Disclosure to Health Plan Sponsor, Which May Be Your Employer: If you are covered under a group benefit program, your health information may be disclosed to the sponsor of the health plan under which your benefits are provided solely for the purposes of administering benefits under the health plan. The plan sponsor may be your employer or affiliated with your employer. Health information may also be disclosed to another health plan maintained by that plan sponsor for purposes of facilitating claims payments under that other health plan. We will make disclosures to the plan sponsor only if the plan sponsor has certified that it has put into place plan provisions requiring the sponsor to keep the health information protected.

We may, however, disclose certain health information to the plan sponsor without a certification in two circumstances. First, we may disclose summary health information to the plan sponsor to obtain premium bids or modifying, amending, or terminating the group health plan. Summary health information is summary claims information that has been stripped of most information that can link it to particular individuals. Second, we may disclose information on whether you have enrolled in or disenrolled from your benefit program.

Health Related Benefits and Services: We may use or disclose health information about you to communicate to you about health-related benefits and services. For example, we may communicate to you about health related benefits and services that add value to, but are not part of, your health plan.

We may also be required to release your health information, without your authorization, to others for the following reasons:

Required By Law: We may report your PHI, for example, in the event of suspected fraud, to state and federal agencies that regulate us or providers, such as the U.S. Department of Health and Human Services, the Illinois Department of Insurance or the Illinois Department of Financial and Professional Regulation.

Military and Veterans: If you are a member of the armed forces, we may release PHI about you if required by military command authorities.

Victims of Abuse, Neglect or Domestic Violence: We may report your PHI to a government authority regarding child abuse, neglect or domestic violence.

Health Oversight Activities: We may share your PHI with a health oversight agency for certain activities including audits, inspections, licensure or disciplinary actions.

Lawsuits and Disputes: We may provide your PHI to a court or an administrative agency, for example, pursuant to a court order or subpoena.

Law Enforcement: We may report your PHI to a law enforcement official for purposes, for example, of identifying or locating a suspect, fugitive, material witness or missing person or in response to a grand jury subpoena, an administrative subpoena or a civil or criminal investigation.

Coroners, Medical Examiners, and Funeral Directors: We may share your PHI with a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also share information with funeral directors as necessary to carry out their duties.

Avert a Serious Threat to Health or Safety: We may report your PHI to public health agencies if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious health or safety threat. Any disclosure, however, would only be to someone able to help prevent the threat.

Specialized Government Functions: We may share your PHI to authorized federal officials for the conduct of lawful intelligence, counterintelligence and other national security activities duly authorized by law.

Workers' Compensation: We may disclose your PHI as authorized by and to the extent necessary to comply with the law relating to workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Research: We may use or disclose your health information for research, subject to certain conditions. For example, we may provide your PHI to an entity to analyze utilization patterns so long as the recipient entity fully complies with all legal requirements which apply to PHI for which no patient authorization has been given.

Other Uses of Health Information: Uses and disclosures of PHI for marketing purposes and disclosures that constitute a sale of PHI require your written authorization. Other uses and disclosures of your PHI not covered by this Notice or laws that apply to us will be made only with your written authorization. If you give us an authorization, you may revoke that authorization, in writing, at any time to stop any future uses or disclosures. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your authorization.

WHAT ARE YOUR RIGHTS

You have the following rights regarding health information the Company maintains about you:

You have the right to inspect and copy your health records: You have the right to inspect and obtain a copy of the information that we maintain about you in your designated record set ("health records"). Your health records typically include claim and payment information. A request to inspect and copy these records should be made in writing to the Compliance Department at the address listed below. If you request a copy of this information, we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. In certain situations, we may deny your request to inspect a copy or obtain a copy of your information. If you are denied access to PHI, you may request that the denial be reviewed by submitting a written request to the Compliance Department at the address listed below.

You have the right to ask us to make changes to your health records: If you believe that any health information we have about you is incorrect or incomplete, you may ask us to make changes to this information. These changes are known as "amendments." You have the right to request an amendment for as long as the information is kept by or for us. To request an amendment, your request must be made in writing and include a reason supporting the requested change. Please submit the request to the Compliance Department at the address listed below. We may deny your request for an amendment if it is not in writing or does not include a reason. We may also deny your request for amending your health information if it covers health records that:

- were not created by us, unless the person who actually created the information is no longer available to make the amendment;
- are not part of the information which you would be permitted to inspect and copy;
- are not part of the health records kept by or for us; or
- are accurate and complete.

We are not required to amend your PHI, but if we deny your request, we will provide you with information about our denial and how you can contest the denial.

You have the right to receive an accounting of certain disclosures: You may request an accounting of disclosures of your PHI that we have made, except for disclosures we made to you or pursuant to your written authorization, or that were made for treatment, payment or health care operations, national security or incident to other permissible disclosures. You must submit your request in writing to the Compliance Department at the address listed below. Your request should specify a time period of up to six years. We will provide one list of disclosures to you per 12-month period free of charge; we may charge you for additional lists.

You have the right to ask us to restrict the use or disclosure of your information: You have the right to ask us to restrict information about you that we use or disclose for payment or health care operations. You also have the right to request us to restrict information that we may release to someone who is involved in your care or the payment for your care. Please note that, with limited exceptions, we are not required to agree to these restrictions. To request restrictions, you must make your request in writing to the Compliance Department at the address listed below. In your written request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse).

You have the right to ask to receive confidential communications of information: If you believe that you would be harmed if we send your health information to your current mailing address (for example, in situations involving domestic disputes), you can ask us to send the health information by alternate means (for example, by facsimile or e-mail) or to an alternate address.

We will accommodate your reasonable requests to receive communications from us by alternative means or at alternative locations to the extent our claims management system has that capability. Further, we will not ask you the reason for your request. To request confidential communications, you must send a written request to the Compliance Department at the address listed below. Your request must specify how or where you wish to be contacted.

You have the right to receive a paper copy of this Notice upon request: You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to obtain a paper copy of this Notice from us upon request.

You may also obtain a copy of the current version of the Notice of Privacy Practice and Rights of the Company at its website: www.deltadentalil.com

CHANGES TO THIS NOTICE

We may amend this Notice of Privacy Practices at any time in the future and make the new Notice provisions effective for all PHI that we maintain. We will advise you of any significant changes to the Notice. We are required by law to comply with the current version of this Notice.

COMPLAINTS

If you believe your privacy rights or rights of notification in the event of a breach of your PHI have been violated, you may file a complaint with us or with the Office of Civil Rights (“OCR”). Complaints about this Notice or about how we handle your PHI should be submitted in writing to the Compliance Department at the address listed below.

A complaint to the Office of Civil Rights should be sent to the Office of Civil Rights, U.S. Department of Health & Human Services, 233 North Michigan Avenue, Suite 240, Chicago, Illinois 60601, 312-886-2359; 312-353-5693 (TDD); 312-886-1807 (facsimile). You may also visit OCR’s website at <http://www.hhs.gov/ocr/privacy>. You will not be penalized, or in any other way retaliated against for filing a complaint with us or the Office of Civil Rights.

SEND ALL WRITTEN REQUESTS REGARDING THIS NOTICE OF PRIVACY PRACTICES TO:

Compliance Department
Delta Dental of Illinois
111 Shuman Boulevard
Naperville, Illinois 60563

FURTHER INFORMATION

You have the right to ask us questions about matters covered by this Notice. To do so, please contact the Compliance Department at the address listed above, by e-mail at compliance@deltadentalil.com, or by telephone at (630) 718-4807.

DELTA DENTAL OF ILLINOIS Privacy Notice

This Privacy Notice, provided on behalf of Delta Dental of Illinois, describes our practices for safeguarding personal financial information of individuals enrolled in our benefit programs.

How We Collect Financial Information

We collect, retain and use certain types of personal financial information in connection with administering benefit programs. We may collect information from the following sources:

- Information we may obtain during the application or enrollment process, such as the enrollee's name, address, bank information, credit card information and social security number;
- Information we obtain from third parties, such as claim records and similar information;
- Information about transactions and experience, such as the enrollee's claims history and premium payment records; and
- Information we obtain through Internet technology, such as information provided to us via on-line forms that enrollees complete and information we receive when enrollees visit our Web site.

How We Share Personal Financial Information

We treat all personal financial information as confidential. We will not disclose personal financial information concerning any person covered under our dental benefit programs to third parties not affiliated with Delta Dental of Illinois or its affiliated companies except as necessary to administer claims in the ordinary course of our business, or where such disclosure has been authorized by the enrollee, or as otherwise permitted or required by law.

Aside from any information that is covered by our Privacy Policy (see above), any other information or material that is posted to the Website will be considered non-confidential and non-proprietary. Delta Dental of Illinois shall have no obligation with regard to such material. Delta Dental of Illinois may copy, disclose, distribute, incorporate, make derivative works from, and use this material and all things embedded in it for its own commercial and non-commercial purposes.

Protecting Your Privacy

We take great care to properly handle information about our enrollees. We have established strict policies and procedures to protect the confidentiality of personal financial information, and we maintain physical, electronic and procedural safeguards that comply with applicable federal regulations to protect information we have collected from unauthorized access.

If you have any questions about our privacy policy, please write to us at:

**Delta Dental of Illinois
Privacy Questions
111 Shuman Boulevard
Naperville, IL 60563**



Discrimination is Against the Law

Delta Dental of Illinois complies with all applicable Federal and State civil rights laws and does not discriminate on the basis of sex, sexual orientation, race, color, religious creed, national origin, citizenship, age, physical or mental disability, protected veteran status, gender, gender identity or expression, marital status, genetic information, or any other characteristic protected by law. Delta Dental of Illinois does not exclude people or treat them differently because of sex, sexual orientation, race, color, religious creed, national origin, citizenship, age, physical or mental disability, gender, gender identity or expression, marital status, genetic information, or any other characteristic protected by law.

Delta Dental of Illinois:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, etc.)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact our Civil Rights Coordinator. If you believe that Delta Dental of Illinois has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, gender, or gender identity, you can file a grievance with:

Civil Rights Coordinator
Delta Dental of Illinois
111 Shuman Boulevard
Naperville IL 60563
Phone: 630-718-4807
Email: compliance@deltadentalil.com

You can file a grievance in person or by mail, phone or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://hhs.gov/ocr/office/file/index.html>.

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-323-1743.

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-323-1743。

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-323-1743.

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-323-1743.

λληνικά (Greek)

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-323-1743.

ગુજરાતી (Gujarati)

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-323-1743.

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-323-1743 पर कॉल करें।

Italiano (Italian)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-323-1743.

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-323-1743 번으로 전화해 주십시오.

Polski (Polish)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-323-1743.

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-323-1743.

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-323-1743.

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-323-1743.

اُردو (Urdu)

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-323-1743.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-323-1743.

KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

Problems with Your Insurance? — If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

Delta Dental of Illinois
Customer Service Department
111 Shuman Boulevard
Naperville, IL 60563
(800) 323-1743

You can also contact the ILLINOIS DEPARTMENT OF INSURANCE, a state agency which enforces Illinois' insurance laws, and file a complaint. You can contact the ILLINOIS DEPARTMENT OF INSURANCE at:

Illinois Department of Insurance
Consumer Complaints
320 West Washington St.
Springfield, IL 62767
(866) 445-5364
(217) 557-6955



SMART PLANS FOR SMART MOUTHS.



800-323-1743

deltadentalil.com