



# Welcome to Delta Dental

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Village of Bloomingdale

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](http://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 PPO<sup>SM</sup> 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<sup>®</sup> 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
<b>Procedure 1</b>							
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
<b>Procedure 2</b>							
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.

## Finding a Network Dentist

As you can see, it pays to use a Delta Dental PPO dentist. Visit [deltadentalil.com](http://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](http://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](https://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](https://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](https://deltadentalil.com). Our online resources are available 24 hours a day. On [deltadentalil.com](https://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](http://www.facebook.com/DeltaDentalIL)



[www.linkedin.com/company/delta-dental-of-illinois](http://www.linkedin.com/company/delta-dental-of-illinois)



[www.instagram.com/DeltaDentalIL](http://www.instagram.com/DeltaDentalIL)



[www.youroralhealthhub.com/blog/](http://www.youroralhealthhub.com/blog/)





# 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-pockets 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](http://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](http://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 Bloomingtondale**

<b>Annual Deductible</b> Deductible applies to Basic and Major services	\$50/person; \$150/family		
<b>Annual Maximum</b>	\$1500/ person		
<b>To Go<sup>SM</sup> Carryover Feature</b>	Not Included		
<b>Enhanced Benefits Program</b>	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.		
<b>Lifetime Orthodontic Maximum</b> <b>Dependent Children to Age 19</b> <b>Adults are not eligible for coverage</b>	\$1500/ person		
	<b>Delta Dental PPO Network Dentist*</b>	<b>Delta Dental Premier Network Dentist**</b>	<b>Non-Network Dentist***</b>
<b><u>PREVENTIVE/DIAGNOSTIC SERVICES (no waiting period)</u></b>			
• Routine exams (two per benefit year)	100%	100%	100%
• Cleanings (two per benefit year)	100%	100%	100%
• Fluoride treatments (once per benefit year to age 19)	100%	100%	100%
• Space maintainers (to age 14)	100%	100%	100%
• Sealants ( <b>to age 18</b> )	100%	100%	100%
• X-rays (except as mentioned elsewhere)	100%	100%	100%
• Periodontal prophylaxis, Full mouth debridement	100%	100%	100%
<b><u>BASIC SERVICES (no waiting period)</u></b>			
• Consultations	80%	80%	80%
• Emergency exams and palliative (pain relief) treatment	80%	80%	80%
• X-rays (bitewings -2 per benefit year; <b>full mouth-1 per 3 years</b> )	80%	80%	80%
• Sedative fillings	80%	80%	80%
• Fillings (silver (amalgam) and tooth colored (composite) on front teeth)	80%	80%	80%
• Oral surgery (simple extractions)	80%	80%	80%
• Oral surgery (surgical extractions including general anesthesia/ <b>IV sedation</b> )	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%
<b><u>MAJOR RESTORATIVE SERVICES (no waiting period)</u></b>			
• Non-surgical Periodontic (gum) maintenance (except as noted above)	80%	80%	80%
• Surgical Periodontic (gum) maintenance	80%	80%	80%
• Crowns, onlays, and other ceramic restorations to permanent teeth	80%	80%	80%
• Partial/full dentures	80%	80%	80%
• Denture (repair, reline, rebase and adjustments)	80%	80%	80%
• Fixed/removable bridges	80%	80%	80%
• Implants	80%	80%	80%
• Labial veneers	80%	80%	80%
• Repairs of crowns, inlays/onlays and bridges	80%	80%	80%
• Tissue conditioning	80%	80%	80%
• Non-surgical treatment of Temporomandibular Joint (TMJ) disorders	80%	80%	80%
<b><u>ORTHODONTICS (no waiting period)</u></b>	50%	50%	50%
Dependent Children to Age 19; Adults are not eligible for coverage			

v. 5

\*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
<b>Procedure 1</b>							
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
<b>Procedure 2</b>							
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](http://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.

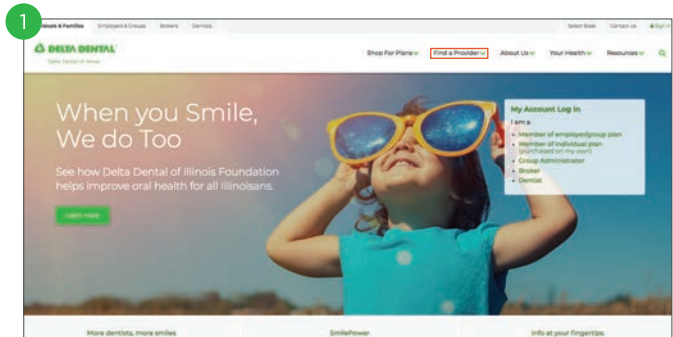
\* The example chart is relative to plans where Delta Dental Premier network and out-of-network services are paid off of the maximum plan allowance. This information is for illustrative purposes only and assumes the deductible has been met and the annual maximum has not been reached. There are some limitations 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

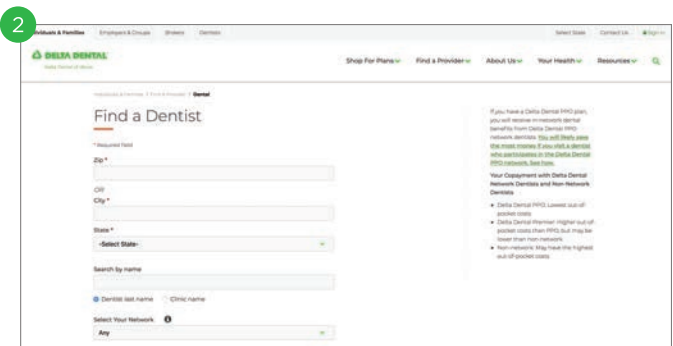
Finding a Delta Dental network dentist is easy. More than 3 out of every 4 dentists nationwide participate in a Delta Dental network. In Illinois, more than 75 percent of dentists participate in a Delta Dental network. You can find a network dentist today by using the Dentist Search on our website or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

## Provider Search

1 Go to [deltadentalil.com](http://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.

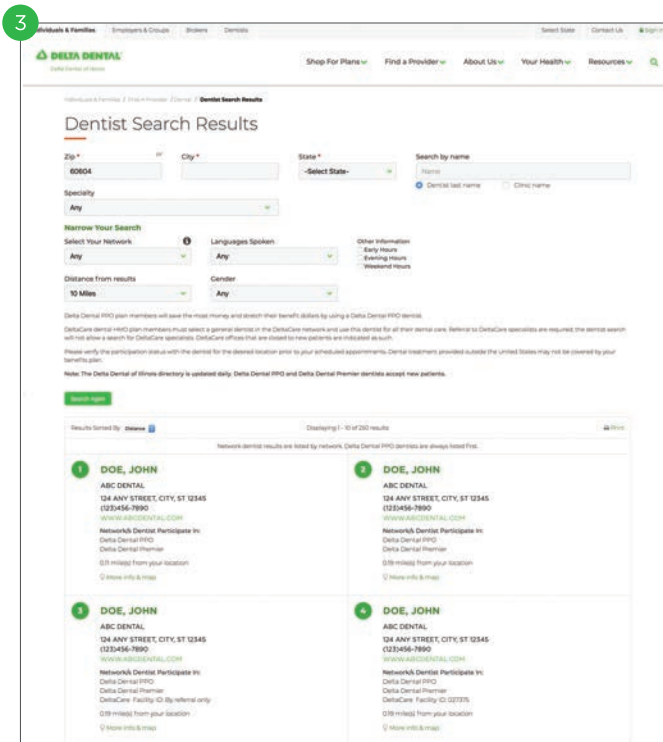


3 Results will automatically display by proximity (within 10 miles from city or ZIP code) and all Delta Dental networks the dentist participates in will be listed. You can change the distance by selecting a new option under the “Distance from results” dropdown menu and clicking “Search Again.”

4 You have the option to use 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.



## 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!

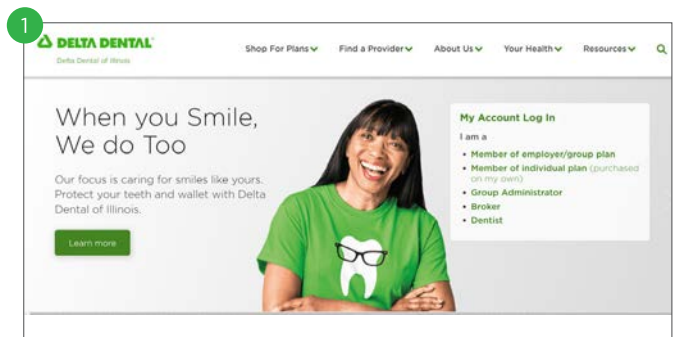
Get real-time benefit and claim information 24 hours a day, seven days a week through the Member Connection at [deltadentalil.com](http://deltadentalil.com) or through our automated phone system at 800-323-1743.

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)

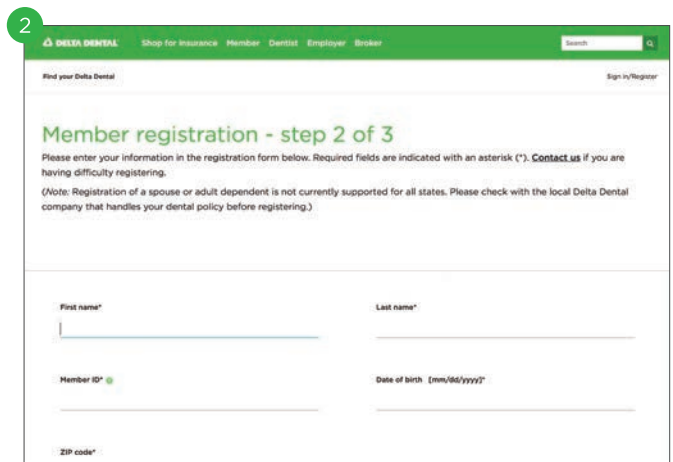
## How to Register:

1 Go to [deltadentalil.com](http://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.



- 3 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.).

3

The screenshot displays the Delta Dental 'My Benefits' portal. At the top, there are navigation links for 'My Benefits', 'Provider Search', 'Enhanced Benefits', and 'Resources'. The main header reads 'My Benefits' and 'Member Benefits'. Below this, there's a section for 'Benefits & Claims' with a 'Special Code' button. A message states: 'Below is a complete listing of dental benefits for everyone enrolled on your dental plan. Information on eligibility, frequency, age limits, maximums and deductibles, benefit levels, waiting periods, and plan-based exclusions is included below. Please examine this information carefully. If you believe any of this information is in error, please contact us.' There's a dropdown for 'Benefits & Eligibility as of:' and a 'Special Code' field. A disclaimer follows: 'This is not a guarantee of benefits and does not cover all plan details. If there are any differences between the information listed here and the group contract, the group contract will govern. All benefits are subject to deductibles, covered maximums and eligibility on the date of service. The eligibility and benefit information is only valid for the following subscriber on the date shown below.' There are checkboxes for 'EXPAND ALL CATEGORIES', 'ELIGIBILITY', 'FREQUENCY/AGE LIMITS', 'MAXIMUMS & DEDUCTIBLES', 'BENEFIT LEVELS', 'EXTRA BENEFITS LEVELS', 'PREVENTIVE HISTORY', and 'CLAIMS'. The 'Eligibility' section is expanded, showing a table for 'JANE DOE' with columns for 'Regular Deductible', 'Regular Maximum', 'Oral Max', 'Oral Lfs Maximum', and 'Custom Maximum'. The 'Frequency & Age Limits' section is also expanded, showing 'Standard Coordination of Benefits' with columns for 'Child Coverage Age 26', 'Student Coverage Age 27', 'Adult Orthodontic Max', 'Dependent Orthodontic Age: 19', 'Exclusions', 'Frequency Limit', and 'Age Limitations'. The sidebar on the right contains 'BENEFITS' (Member Name: JANE DOE, Coverage Type: Self + 2 Or More Dependents, Member Number: 000000000, Group Number: 8123456789000000, Group Name: Company ABC), 'QUICKLINKS' (View Plans, View My Profile, Individual Dental Plans), and 'Health Care Refills?' (How and health is affected, Get Health Information at Your Request, Individual Dental Plans, Customer Service We're here to help, 24/7, Contact Us).



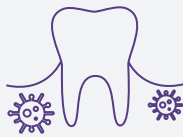
# A Smart Way to Enhance Your Overall Health

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](http://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.

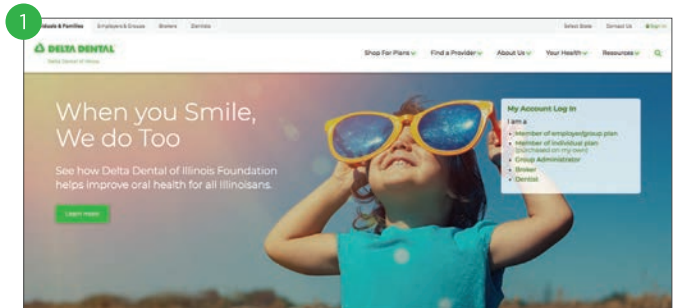
\*\*\* Includes individuals with physical, medical, developmental and/or cognitive needs, including those with autism, Alzheimer's disease, Down syndrome, spinal cord injuries and other conditions where modifications are necessary to provide the best oral health treatment possible.

# 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:

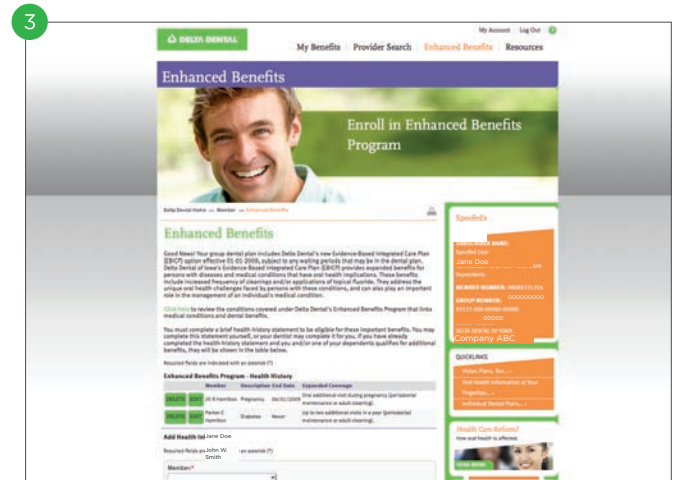
1 Go to Delta Dental of Illinois' member website at [deltadentalil.com](http://deltadentalil.com).



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.

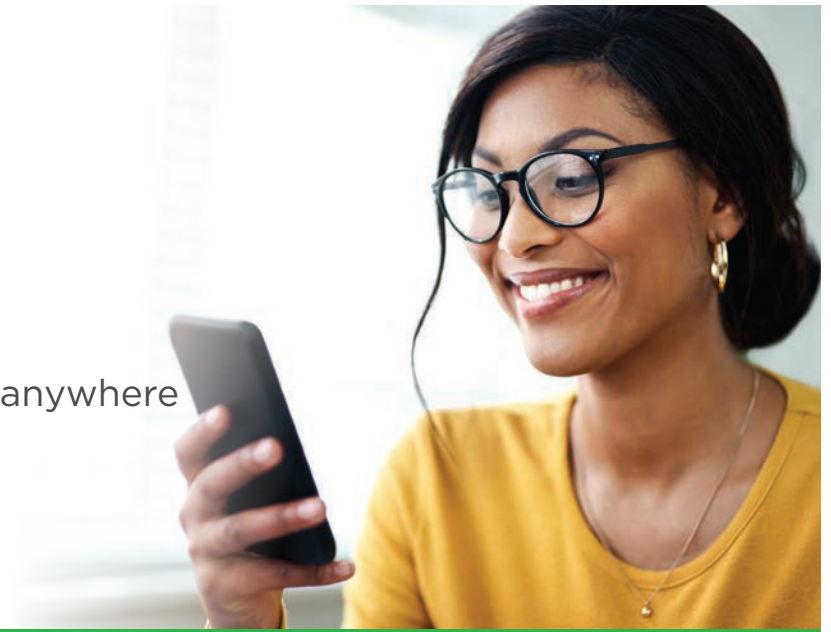


*Please note: The periodontal disease health condition indicator will automatically be updated when nonsurgical or surgical periodontal procedures are processed by Delta Dental of Illinois.*

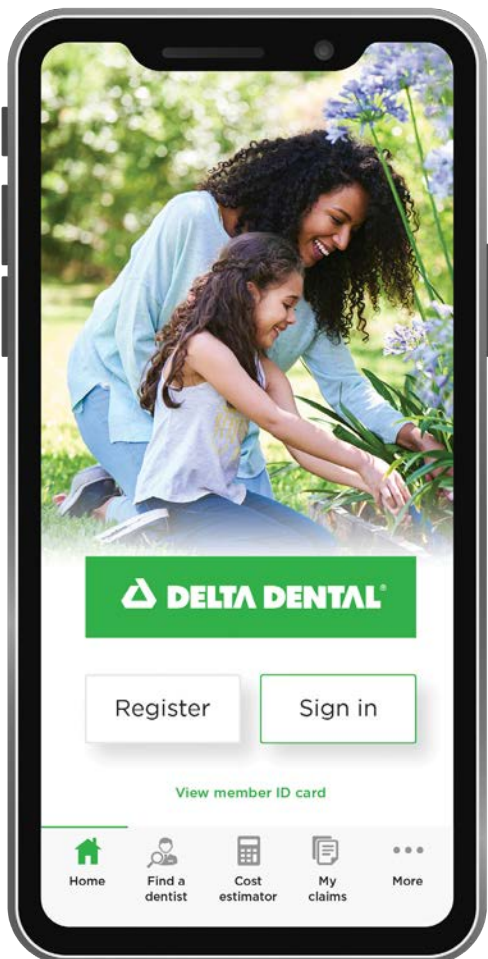


# Delta Dental Mobile App

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.



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](http://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](mailto: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](mailto: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>.

**(Arabic) العربية**

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.

**أردو (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](http://deltadentalil.com)