



Welcome to Delta Dental

Core Pipe

Group #10924



Delta Dental of Illinois



Good oral health starts
with knowledge.



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.twitter.com/DeltaDentalIL



www.deltadentalil.com/oralhealth



www.youtube.com/user/DeltaDentalIllinois





Listen up!

*Your ears could be
telling you something*

Did you know?

1 in 9 Americans have hearing loss | **AND** | By 2030, that number is expected to double **2x**

Source: <https://www.asha.org/articles/untreated-hearing-loss-in-adults/>

What causes hearing loss?

Hearing loss is caused by temporary obstructions in the outer or middle ear or permanent damage to the tiny hairs in the inner ear. **Common causes of damage include exposure to noise, aging, other health conditions, and certain medications.**

When should I get my hearing checked?

Hearing loss can come on gradually. You may not even notice it's happening. If your hearing test reports your hearing is OK, stick to once every three to five years. You should test your hearing more often if you are 55 or older or are experiencing any of the following:

- **Consistent exposure** to loud noises
- **Difficulty understanding** in noisy environments or in groups
- **Hearing mumbling** or feeling as though people are not speaking clearly
- **Ringings** in your ears

See reverse for your benefit information →





Your hearing program

If you think you may have hearing loss, rest easy. Delta Dental Of Illinois has teamed up with Amplifon to offer you quality hearing health care.

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
Hearing Aid Features	Standard features	Additional, easy-to-use functions	Designed for work and play	Enhanced to keep you on the go	Leading technology keeps you connected
One Simple Price	\$995	\$1,495	\$1,795	\$2,195	\$2,645
+					
Complimentary Aftercare*	Risk-free trial – find your right fit by trying your hearing aids for 60 days Follow-up care – ensures a smooth transition to your new hearing aids Battery support – battery supply or charging station to keep you powered Warranty – 3 year coverage for loss, repairs, or damage				

To learn more, call or visit:
www.amplifonusa.com/deltadentalIL
1-888-823-2130



***Risk-free trial** - 100% money back guarantee if not completely satisfied, no return or restocking fees. **Follow-up care** - for one year following purchase. **Batteries** - two year supply of batteries (80 cells/ear/year) or one standard charger at no additional cost. **Warranty** - Exclusions and limitations may apply. Contact Client Services (1-844-267-5436) for details.

Amplifon Hearing Health Care is solely responsible for the administration of hearing health care services, and its own financial and contractual obligations. Delta Dental Of Illinois and Amplifon are independent, unaffiliated companies. The Amplifon Hearing Health Care discount program is not approved for use with any 3rd party payor program, including government and private third-party payor programs. Hearing services are administered by Amplifon Hearing Health Care, Corp.

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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, and suppressed immune systems) 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.

CORE PIPE, Group #10924

Eligible Dependents	Spouse/and dependent children to age 26
Annual Deductible (applies to Basic and Major Services Only)	\$50/person; \$150/family
Annual Maximum	\$1,000/person (when seen by a Delta PPO, Premier or non-par dentist)
Enhanced Benefit 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	\$1,500/person

	Delta Dental PPO Network Dentist	Delta Dental Premier® Network Dentist	Non-Network Dentist
<u>PREVENTIVE/DIAGNOSTIC SERVICES</u> <ul style="list-style-type: none"> Routine exams (two per benefit year) Cleanings (two per benefit year) X-rays (bitewings – two per benefit year; full mouth - every three years) Fluoride treatments (1 per benefit year to age 19) Space maintainers (to age 14) Sealants (to age 15) 	100%*	100%**	100%***
<u>BASIC SERVICES</u> <ul style="list-style-type: none"> Fillings Periodontics Endodontics Oral surgery General anesthesia (in conjunction with surgical extractions) Consultations 	80%*	80%**	80%***
<u>MAJOR RESTORATIVE SERVICES</u> <ul style="list-style-type: none"> Crowns, jackets, and other cast restorations to permanent teeth Partial/full dentures Denture (repair, reline, rebase and adjustments) Fixed/removable bridges 	50%*	50%**	50%***
<u>ORTHODONTICS (to age 19)</u> Treatment necessary for proper alignment of teeth	50%*	50%**	50%***

*Delta Dental PPO dentists accept payment based on the lesser of the submitted fee (their usual fee) or Delta Dental's allowed PPO fee. PPO network dentists cannot charge you for costs exceeding the PPO fee.

**Delta Dental Premier dentists accept payment based on the lesser of the submitted fee (their usual fee) or Delta Dental's maximum plan allowance. Premier dentists may not charge you for costs exceeding the maximum plan allowance.

***Non-network dentists (non-Delta Dental PPO/non-Delta Dental Premier) do not agree to accept Delta Dental's allowed fees as payment in full; payment is based on the lesser of the submitted fee (their usual fee) or Delta Dental's maximum plan allowance. These dentists can charge you for costs exceeding the maximum plan allowance.

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.

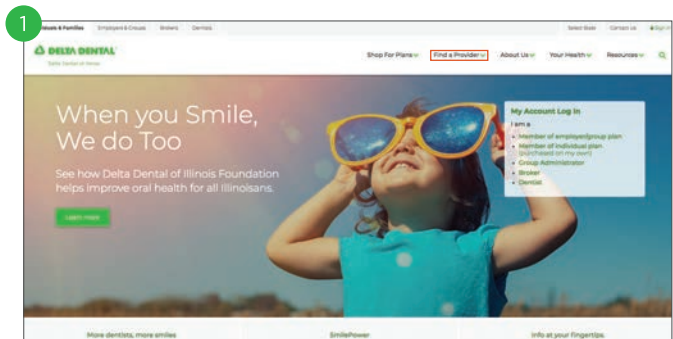
* The example chart is relative to plans where Delta Dental Premier network and out-of-network services are paid off of the maximum plan allowance. This information is for illustrative purposes only and assumes the deductible has been met and the annual maximum has not been reached. There are some limitations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

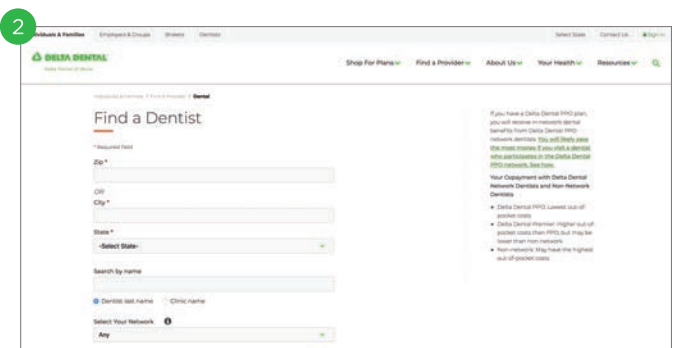
Finding a Delta Dental network dentist is easy. More than 3 out of every 4 dentists nationwide participate in a Delta Dental network. In Illinois, more than 75 percent of dentists participate in a Delta Dental network. You can find a network dentist today by using the Dentist Search on our website or 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 'Dentist Search Results' page on the Delta Dental website. The search filters are set to Zip 60604, City, State, and Specialty. The 'Narrow Your Search' section includes options for 'Select Your Network' (Delta Dental PPO), 'Languages Spoken' (Any), and 'Gender' (Any). The 'Distance from results' is set to 10 Miles. The results section displays 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 (Delta Dental PPO, Delta Dental Premier, DeltaCare Facility ID).

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!

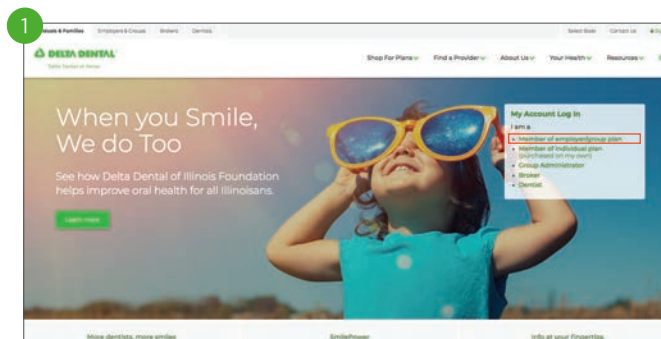
Get real-time benefit and claim information 24 hours a day, seven days a week through the Member Connection at deltadentalil.com or through our automated phone system at 800-323-1743.

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

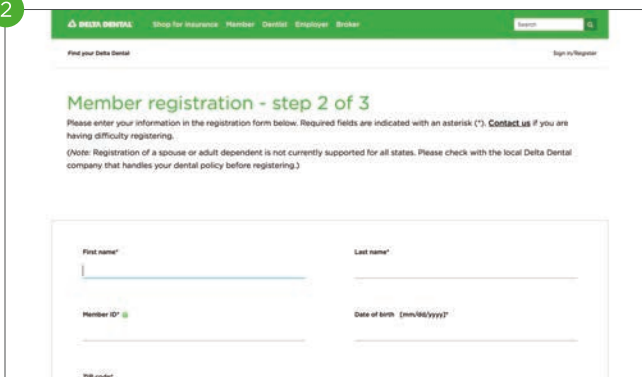
- Claim status
- Eligibility information
- Maximum and deductibles used to date
- Benefit levels
- Frequency and age limits
- Waiting periods
- Preventive history
- Explanation of Benefits (EOBs)

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 "New to Delta Dental? Enroll Here."



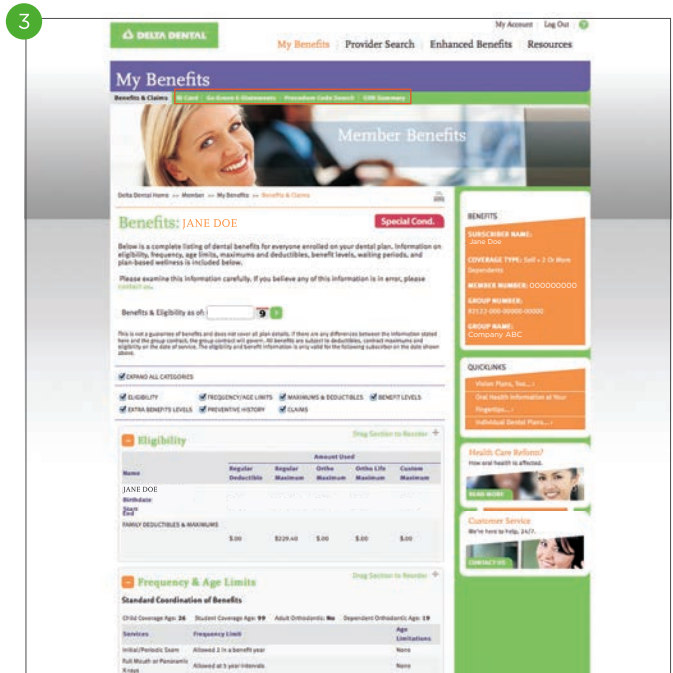
- 2 Complete the online registration. Enter the primary enrollee's first and last name (the name must appear exactly as what your employer entered during enrollment; e.g., "Bob" may be "Robert"), the assigned member ID or Social Security number and date of birth (enter two-digit month, two-digit day and four-digit year with dividers, e.g., 03/15/1984).



- 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.).



Delta Dental of Illinois' Enhanced Benefits Program

Oral health meets overall health.

Your group's dental plan includes enhanced benefits that take advantage of the emerging science of evidence-based dentistry.

Those eligible for Delta Dental of Illinois' Enhanced Benefits Program include:

- People with periodontal (gum) disease.
- People with diabetes.
- Pregnant women.
- People with high-risk cardiac conditions.
- People with kidney failure or who are undergoing dialysis.
- People undergoing cancer-related chemotherapy and/or radiation.
- People with suppressed immune systems due to HIV positive status, organ transplant, and/or stem cell (bone marrow) transplant.

Delta Dental of Illinois' Enhanced Benefits Program integrates medical and dental care – where oral health meets overall health. This program customizes benefits at the individual level by offering additional services to people who have specific health conditions (diabetes, pregnancy, periodontal disease, high-risk cardiac conditions, kidney failure/undergoing dialysis, suppressed immune systems or cancer-related chemotherapy and/or radiation) that can be positively affected by additional care. The program also includes benefits to aid in the fight against oral cancer (these benefits are automatically included).

If you have one or more of the medical conditions covered under Delta Dental of Illinois' Enhanced Benefits Program, you must enroll to become eligible for the additional benefits. You can enroll yourself and/or your dependents, or your dentist can enroll you. Once you are enrolled, you are immediately eligible for the enhanced benefits.

Delta Dental of Illinois' Enhanced Benefits Program provides special benefits to the following groups:

Benefits for People with Periodontal (Gum) Disease

For enrollees with a history of susceptibility to periodontal diseases or periodontal surgery, periodontal maintenance needs to be conducted at more frequent intervals than the traditional two cleanings per year. The additional cleanings are not only more economical than periodontal surgery, but also they help maintain overall health and reduce tooth loss compared to those periodontal patients who do not receive these therapies. Enrollees with periodontal disease are eligible for four teeth cleanings, either prophylaxis (general cleaning) or periodontal maintenance, in a benefit year.* Additionally, the enrollee is eligible for fluoride applications; frequency is determined by group contract.

Benefits for People with Diabetes

Diabetes is the sixth leading cause of death in the United States, and it has a total economic cost in medical expenditures and lost productivity estimated at \$132 billion per year. The relationship between diabetes and oral health, specifically periodontal disease, is recognized in the medical and dental communities. Research has confirmed that diabetes worsens with periodontal disease, and it strongly suggests that severe periodontal disease increases the severity of diabetes. Glycemic control has proven to be one of the best ways to prevent complications of diabetes. A number of studies strongly indicate that when diabetics receive more professional teeth cleanings, their blood glucose levels are much better controlled. Enrollees with diabetes are eligible for four teeth cleanings, either prophylaxis (general cleaning) or periodontal maintenance, in a benefit year.*

Benefits for Pregnant Women

Scientific evidence indicates that women with periodontal disease are up to 7.5 times more

likely to give birth to premature babies. According to the National Institutes of Health, as many as 19 percent of the 250,000 premature, low birthweight infants born in the United States each year may be attributed to infectious oral disease. Clinical studies of pregnant women with periodontal disease strongly suggest that more frequent professional teeth cleanings will benefit the health of both the baby and the mother. Pregnant enrollees are eligible for one additional prophylaxis (general cleaning) or periodontal maintenance visit during the time of the pregnancy.*

Benefits for People with High-Risk Cardiac Conditions

A recent guideline release by the American Heart Association indicates that an individual's overall oral health may be an important factor in avoiding infective endocarditis. Infective endocarditis occurs when bacteria, often from the mouth, enters the bloodstream and attacks the lining of the heart. The benefit was developed to help at-risk individuals better maintain their oral health to reduce bacteria levels in the mouth in an effort to lower their risk for infective endocarditis. People with high-risk cardiac conditions are eligible for four teeth cleanings, either prophylaxis (general cleaning) or periodontal maintenance, in a benefit year.* Conditions include: a history of infective endocarditis; certain congenital heart defects such as having one ventricle instead of the normal two; individuals with artificial heart valves; heart valve defects caused by acquired conditions like rheumatic heart disease; hypertrophic cardiomyopathy, which causes abnormal thickening of the heart muscle; individuals with pulmonary shunts or conduits; mitral valve prolapse with regurgitation (blood leakage).

Benefits for People with Kidney Failure or who are Undergoing Dialysis

According to the National Kidney Foundation, one out of nine Americans has chronic kidney disease. Dental infections increase the risk of systemic infection in people with kidney disease, and systemic infection increases the risk of serious side effects. These individuals may benefit from having their teeth cleaned professionally at more frequent intervals to reduce the build up of bacteria in the mouth. This can help lower the risk of bacteria that will enter the bloodstream, create infection and further compromise their health. People with kidney failure or who are undergoing dialysis are eligible for four teeth cleanings, either prophylaxis (general cleaning) or periodontal maintenance, in a benefit year.*

Benefits for People Undergoing Cancer-Related Chemotherapy and/or Radiation

People undergoing cancer-related chemotherapy and/or radiation are at increased risk for infection because their immune system response has been weakened due to their serious health condition. Head and neck radiation cause some specific oral health problems. According to the National Institute of Dental and Craniofacial Research (NIDCR), prevention of problems in the mouth is critical to obtaining the maximum benefit from cancer treatment, and people are encouraged to see a dentist before beginning treatment. Because a common side effect of head and neck radiation is an increase in cavities, the NIDCR recommends fluoride treatment and the use of prescription-strength fluoride toothpaste for those undergoing this treatment. Prescription-strength fluoride toothpaste and mouth rinses are often covered by medical/prescription drug benefit plans. Enrollees who are undergoing cancer-related chemotherapy and/or radiation are eligible for four teeth cleanings, either prophylaxis (general cleaning) or periodontal maintenance, in a benefit year.* Additionally, the enrollee is eligible for fluoride applications; frequency is determined by their group contract.

Benefits for People with Suppressed Immune Systems due to HIV Positive Status, Organ Transplant, and/or Stem Cell (Bone Marrow) Transplant

It is well established scientifically that people with serious health conditions like HIV positive status and organ failure are at increased risk for infection generally because of their weakened immune system. These individuals may benefit from having their teeth cleaned professionally at more frequent intervals to reduce the build up of bacteria in the mouth. This can help lower the risk of bacteria that will enter the bloodstream, create infection and further compromise their health. Enrollees who have suppressed immune systems due to HIV positive status, organ transplant, and/or stem cell (bone marrow) transplant are eligible for four teeth cleanings, either prophylaxis (general cleaning) or periodontal maintenance, in a benefit year.* Additionally, the enrollee is eligible for fluoride applications; frequency is determined by their group contract.

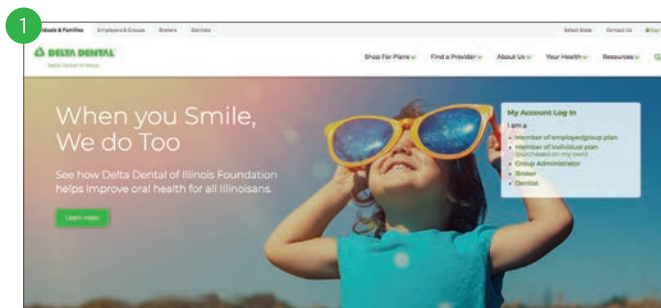
*Coverage will be at the group-contracted benefit level, with the additional frequency allowance being the only change. There is no end date on this additional coverage, no age requirement and the patient may be the subscriber, spouse or other covered dependent. Check your plan description to see if you have this coverage.

Enrolling in Delta Dental of Illinois' Enhanced Benefits Program

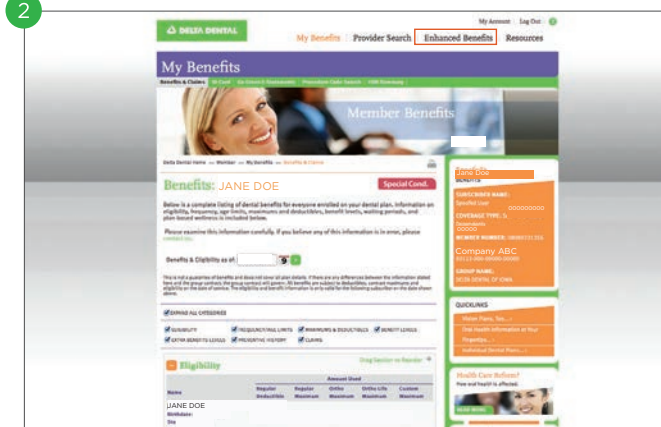
Your dental plan includes Delta Dental of Illinois' Enhanced Benefits Program that integrates oral health and overall health to offer additional benefits to people who have specific health conditions. To receive the additional benefits, you must enroll in the Enhanced Benefits program.

How to Enroll:

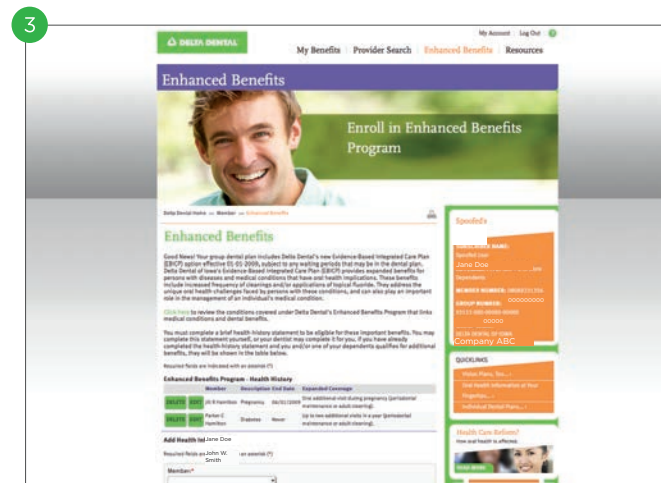
- 1 Go to Delta Dental of Illinois' member website at deltadentalil.com.



- 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.



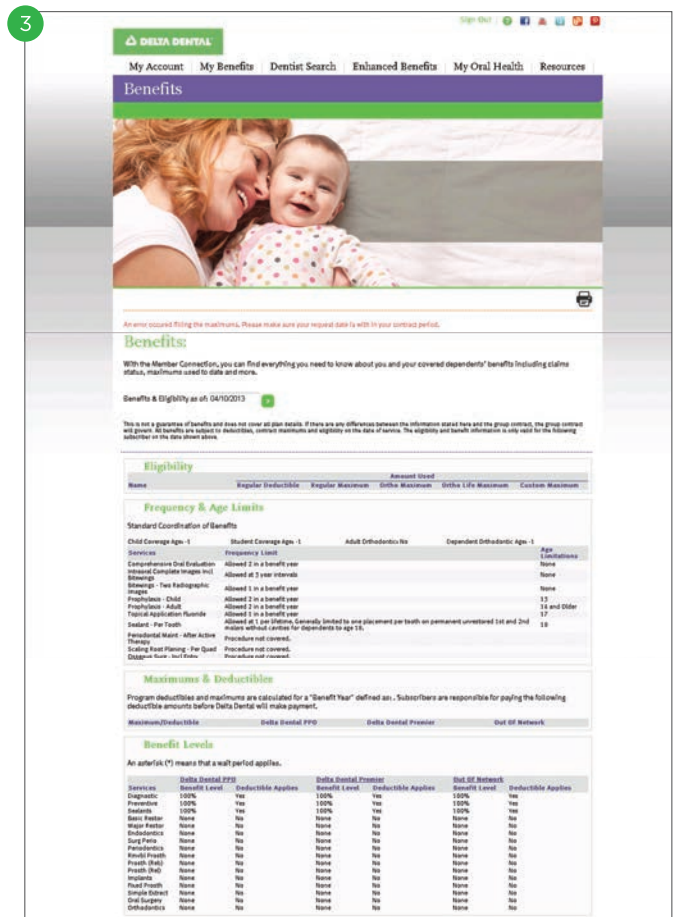
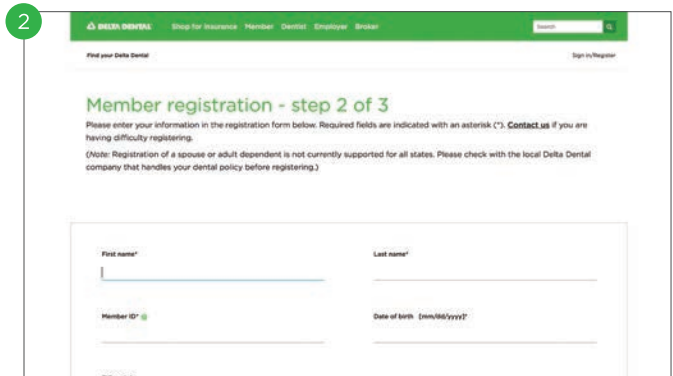
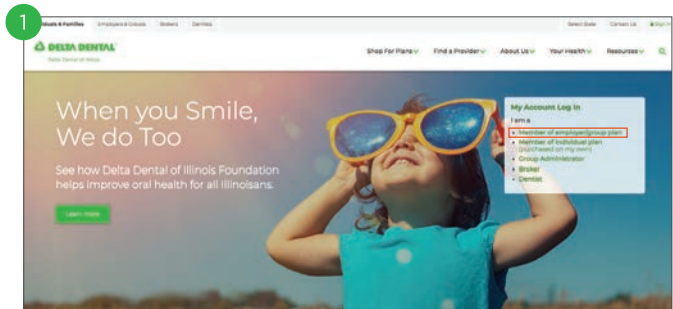
Please note: The periodontal disease health condition indicator will automatically be updated when nonsurgical or surgical periodontal procedures are processed by Delta Dental of Illinois.

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.



The Delta Dental Mobile App

The smart way to manage your benefits (with your smartphone).



Getting Started

Delta Dental's free 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.

Logging In to View Claims and Benefit Coverage, Securely Access Your ID Card and Estimate Dental Treatment Costs

If you are a Delta Dental member who is registered on our website for Member Connection, you can log in using the same username and password. Launch the app on your device, then click the Login button. 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 Delta Dental Mobile. You must enter your username and password each time you access the secure portion of the app. No personal health information is ever stored on your device. For more details on security, our Privacy Policy can be viewed via a link in the top right corner of the Login page.

Using the App Without Logging In

Delta Dental's mobile app is available to all users. Without logging in, you can access Find a Dentist, Toothbrush Timer and LifeSmile Score.

Using the App After Logging In

Upon logging in, you can access the Dental Cost Estimator, My Claims, My Coverage, view your mobile ID card and find a network dentist.

View your Mobile ID Card (Login Required)

1. Once you sign in to the app, locate the image of your ID card in the center of the welcome page.
2. Select "Tap for more details" underneath the ID card image. Your ID card will appear along with three different options for saving. If you have dual coverage, swipe left and right to view your other ID card(s).
3. Select "Add to Home" to save your ID card to the home screen, select "Add to Wallet" to easily save your ID card to your device for quick access via Apple Passbook and Google Wallet or select "Email" to send your ID card to your dental office or one of your dependents.
4. On the welcome page, you can also easily add dependents (those are not automatically added) for quick access to their coverage and claims information. You can also select up to five different preferred dentists to your profile to easily access a dentist's detailed information.





Get an Estimate on Dental Treatments with the Dental Care Cost Estimator (Login Required)

1. Select Cost Estimator by clicking the icon in the bottom navigation bar. You are prompted to accept our Terms of Use, click Agree to accept and continue.
2. Enter your zip code where you are seeking dental care. Then, use the Treatment Category drop down menu to select a treatment or procedure.
3. You have the option to enter a dentist's last name to receive cost estimates based upon a specific dentist's fees.
4. Select Get Cost Estimate at the bottom of the screen. The next screen will show an estimate for the dental treatment or procedure based on the zip code entered, the treatment or procedure and/or a dentist's name. You will maximize your dental plan and likely save the most money by using a Delta Dental PPO® dentist.

View Coverage and Claims Information (Login Required)

1. Select My Coverage by clicking the icon in the bottom navigation bar to check your coverage information or see claims status. The My Coverage page shows general information including your plan type, coverage level, effective date and contact information for Delta Dental of Illinois.
2. Your benefits are displayed below your general information. By clicking "See Maximums and Deductibles," you can view additional information about your plan. Click on a dependent's name at the bottom to view their plan information.
3. The Claims page lets you check the status of your most recent dental claims. Click on a claim to view more details. To check coverage and claims for a dependent, click on a dependent's name at the bottom to view their information. You'll then be able to see the overview, details and claims information for that dependent.

For more information on your coverage, please visit the Member Connection on deltadentalil.com or contact Delta Dental of Illinois.



Finding a Dentist

1. Select the Find a Dentist button on the main menu. Select your Plan (Network), or leave it blank to search all. You will maximize your dental plan and likely save the most money by using a Delta Dental PPO dentist.
2. Select a Specialty, if applicable. No selection defaults to General Dentist. Then, enter your dentist's last name if you are looking for a specific dentist. You can search by your current location using your device's GPS, or search by an important address, like home or work.
3. Your results can be filtered (gender, language spoken, accessibility) or sorted (distance, dentist name) to help you find a dentist that suits your specific needs and once you've selected a dentist, you can save your dentist to your contacts, or navigate directly to the office.



Understand Your Oral Health Risk with LifeSmile Score

1. Open the universal menu from the top left corner and select LifeSmile Score.
2. After filling out a few brief demographic questions tap "Continue."
3. Once you've completed the questionnaires, you will receive a summary report with your oral health risk score along with individual reports on your gums, teeth and oral cancer risk. You have the option to email your scores to share with your dentist.



Get smart about your smile.

Understand your oral health with a simple risk assessment.

As a leader in oral health and wellness, Delta Dental of Illinois is pleased to offer access to **myDentalScore** – an online tool that will help you assess your oral health risks.

how it works

Take just a few minutes to **answer some simple questions online** and you will receive an easy to understand oral health score report that estimates your risk of tooth decay, gum disease and oral cancer. Please note that none of your personal health information (PHI) is ever revealed, and the survey *can be taken anonymously*.

After completing your assessment, print out your report to bring to your next dental appointment. **Share your results with your dentist** and, if needed, he or she can help you create a treatment plan focused on improving your oral health and score.

why it's important

Oral health problems like periodontal disease and tooth decay are more common than you may think – and left untreated they can lead to more serious problems, such as tooth loss.

If you **know your specific risk factors** for tooth decay, gum disease and oral cancer, you can take simple preventive action to help avoid these problems. Get a handle on your oral health by taking advantage of this practical health management tool.

Discover your oral health score today at **YourOralHealthHub.com**.

It's a smart way to get wise about your oral health.

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 (to age 19)	\$0
D1208	Topical application of fluoride excluding varnish	\$0
D1330	Oral hygiene instructions	\$0
D1351	Sealant (per tooth, to age 15)	\$14.00
D1510	Space maintainer: Fixed, unilateral	\$79.00
D1516	Space maintainer: Fixed, bilateral, maxillary	\$79.00
D1517	Space maintainer: Fixed, bilateral, mandibular	\$79.00
D1520	Space maintainer: Removable, unilateral	\$79.00
D1526	Space maintainer: Removable, bilateral, maxillary	\$79.00
D1527	Space maintainer: Removable, bilateral, mandibular	\$79.00
D1551	Re-cement or re-bond bilateral space maintainer: Maxillary	\$11.00
D1552	Re-cement or re-bond bilateral space maintainer: Mandibular	\$11.00
Diagnostic and preventive services may be subject to frequency limitations. See your booklet for details.		
Restorative		
D2140	Amalgam: Single surface (primary or permanent)	\$24.00
D2150	Amalgam: 2 surfaces (primary or permanent)	\$32.00
D2160	Amalgam: 3 surfaces (primary or permanent)	\$46.00
D2161	Amalgam: 4 or more surfaces (primary or permanent)	\$54.00
D2330	Resin-based composite: Single surface, anterior	\$32.00
D2331	Resin-based composite: 2 surfaces, anterior	\$37.00
D2332	Resin-based composite: 3 surfaces, anterior	\$45.00

Code	Procedure	Patient Pays
Restorative (cont.)		
D2335	Resin-based composite: 4 or more surfaces or involving incisal angle (anterior)	\$55.00
D2390	Resin-based composite: Crown, anterior	\$142.00
D2391	Resin-based composite: Single surface, posterior	\$24.00 ⁺
D2392	Resin-based composite: 2 surfaces, posterior	\$32.00 ⁺
D2393	Resin-based composite: 3 surfaces, posterior	\$46.00 ⁺
D2394	Resin-based composite: 4 or more surfaces, posterior	\$54.00 ⁺
D2940	Sedative filling	\$45.00
Crowns/Bridges		
D2710	Crown: Resin, indirect	\$313.00
D2720	Crown: Resin with high noble metal*	\$394.00
D2721	Crown: Resin with predominantly base metal	\$394.00
D2722	Crown: Resin with noble metal	\$394.00
D2740	Crown: Porcelain/ceramic substrate*	\$394.00
D2750	Crown: Porcelain fused to high noble*	\$394.00
D2751	Crown: Porcelain fused to predominantly base metal	\$394.00
D2752	Crown: Porcelain fused to noble metal	\$394.00
D2780	Crown: 3/4 cast high noble metal*	\$394.00
D2781	Crown: 3/4 cast predominantly base metal	\$394.00
D2782	Crown: 3/4 cast noble metal	\$394.00
D2783	Crown: 3/4 porcelain/ceramic	\$394.00
D2790	Crown: Full cast high noble metal*	\$394.00
D2791	Crown: Full cast predominantly base metal	\$394.00
D2792	Crown: Full cast noble metal	\$394.00
D2794	Crown: Titanium	\$394.00
D2910	Recement inlay, onlay or partial coverage restoration	\$38.00
D2915	Recement cast or prefabricated post and core	\$38.00
D2920	Recement crown	\$38.00
D2930	Prefabricated stainless steel crown: Primary	\$130.00
D2931	Prefabricated stainless steel crown: Permanent tooth	\$130.00
D2932	Prefabricated resin crown (anterior teeth only)	\$130.00
D2933	Prefabricated stainless steel crown with resin window	\$130.00 ⁺
D2950	Core buildup (including any pins)	\$111.00
D2951	Pin retention (per tooth, in addition to restoration)	\$44.00
D2952	Cast post and core in addition to crown*	\$132.00
D2953	Each additional cast post (same tooth)*	\$132.00
D2954	Prefabricated post and core in addition to crown	\$112.00
D2957	Each additional prefabricated post (same tooth)	\$112.00
D2971	Additional procedures to construct new crown under existing partial denture framework	\$107.00
D6210	Pontic: Cast high noble metal*	\$394.00
D6211	Pontic: Cast predominantly base metal	\$394.00
D6240	Pontic: Porcelain fused to high noble metal*	\$394.00

Code	Procedure	Patient Pays
Crowns/Bridges (cont.)		
D6241	Pontic: Porcelain fused to predominantly base metal	\$394.00
D6242	Pontic: Porcelain fused to noble metal	\$394.00
D6250	Pontic: Resin with high noble metal*	\$394.00
D6251	Pontic: Resin with predominantly base metal	\$394.00
D6252	Pontic: Resin with noble metal	\$394.00
D6750	Crown: Porcelain fused to high noble metal*	\$394.00
D6790	Crown: Full cast high noble metal*	\$394.00
D6930	Recement fixed partial denture	\$66.00
Endodontics		
D3110	Pulp cap: Direct (excluding final restoration)	\$22.00
D3120	Pulp cap: Indirect (excluding final restoration)	\$12.00
D3220	Therapeutic pulpotomy (excluding final restoration) removal of pulp coronal to dentinocemental junction and application of medicament	\$58.00
D3221	Pulpal debridement (primary and permanent teeth)	\$58.00
D3230	Pulpal therapy (resorbable filling): Anterior, primary tooth (excluding final restoration)	\$40.00
D3240	Pulpal therapy (resorbable filling): Posterior, primary tooth (excluding final restoration)	\$40.00
D3310	[Root canal]: Anterior (excluding final restoration)	\$102.00
D3320	[Root canal]: Bicuspid (excluding final restoration)	\$125.00
D3330	[Root canal]: Molar (excluding final restoration)	\$289.00
D3346	Retreatment of previous root canal therapy: Anterior	\$305.00
D3347	Retreatment of previous root canal therapy: Bicuspid	\$383.00
D3348	Retreatment of previous root canal therapy: Molar	\$488.00
D3410	Apicoectomy/periradicular surgery: Anterior	\$273.00
D3421	Apicoectomy/periradicular surgery: Bicuspid (first root)	\$273.00
D3425	Apicoectomy/periradicular surgery: Molar (first root)	\$273.00
D3426	Apicoectomy/periradicular surgery (each additional root)	\$92.00
D3430	Retrograde filling (per root)	\$68.00
Periodontics		
D4210	Gingivectomy or gingivoplasty: 4 or more contiguous teeth or bounded teeth spaces, per quadrant	\$255.00
D4211	Gingivectomy or gingivoplasty: 1 to 3 contiguous teeth, per quadrant	\$255.00
D4260	Osseous surgery (including flap entry and closure): 4 or more contiguous teeth or bounded teeth spaces, per quadrant	\$387.00
D4261	Osseous surgery (including flap entry and closure): 1 to 3 contiguous teeth, per quadrant	\$368.00
D4341	Periodontal scaling/root planing: 4 or more, per quadrant	\$47.00
D4342	Periodontal scaling/root planing: 1 to 3 teeth, per quadrant	\$45.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$31.00

Code	Procedure	Patient Pays
Prosthodontics — Removable*		
D5110	Complete denture: Maxillary**	\$603.00
D5211	Maxillary partial denture: Resin base (including any conventional clasps, rests and teeth)**	\$603.00
D5213	Maxillary partial denture: Cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)**	\$793.00
D5225	Maxillary partial denture: Flexible base (including any clasps, rests and teeth)	\$793.00+
D5226	Mandibular partial denture: Flexible base (including any clasps, rests and teeth)	\$793.00+
D5410	Adjust complete denture: Maxillary	\$20.00
D5421	Adjust partial denture: Maxillary	\$20.00
Repairs to Prosthetics		
D5511	Repair broken complete denture base: Mandibular	\$92.00
D5512	Repair broken complete denture base: Maxillary	\$92.00
D5520	Replace missing or broken teeth: Complete denture (each tooth)	\$67.00
D5611	Repair resin partial denture base: Mandibular	\$93.00
D5612	Repair resin partial denture base: Maxillary	\$93.00
D5630	Repair or replace broken clasp	\$101.00
D5640	Replace broken teeth (per tooth)	\$75.00
D5650	Add tooth to existing partial denture	\$87.00
D5660	Add clasp to existing partial denture	\$115.00
D5710	Rebase complete maxillary denture	\$218.00
D5720	Rebase maxillary partial denture	\$218.00
D5730	Reline complete maxillary denture (chairside)	\$222.00
D5740	Reline maxillary partial denture (chairside)	\$222.00
D5750	Reline complete maxillary denture (laboratory)	\$233.00
D5760	Reline maxillary partial denture (laboratory)	\$233.00
Oral Surgery		
D7111	Extraction, coronal remnants: Deciduous tooth	\$30.00
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	\$30.00
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	\$68.00
D7220	Removal of impacted tooth: Soft tissue	\$89.00
D7230	Removal of impacted tooth: Partially bony	\$126.00
D7240	Removal of impacted tooth: Completely bony	\$152.00
D7241	Removal of impacted tooth: Completely bony, with unusual surgical complications	\$152.00
D7250	Surgical removal of residual tooth roots (cutting procedure)	\$68.00
D7310	Alveoloplasty in conjunction with extractions (per quadrant)	\$86.00
D7320	Alveoloplasty not in conjunction with extractions (per quadrant)	\$129.00
D7321	Alveoloplasty not in conjunction with extractions: 1 to 3 teeth or tooth spaces, per quadrant	\$129.00
D7960	Frenulectomy (frenectomy or frenotomy): Separate procedure	\$179.00



Highlights of Delta Dental of Illinois DeltaCare® Program Plan 305

Code	Procedure	Patient Pays
Other (Adjunctive) Services		
D9110	Palliative (emergency) treatment of dental pain: Minor procedure	\$25.00
D9215	Local anesthesia	\$0
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	\$25.00
D9450	Case presentation, detailed and extensive treatment	\$0

Code	Procedure	Patient Pays
Orthodontics		
D8080	Comprehensive orthodontic treatment of the adolescent dentition**	\$2,235.00
D8090	Comprehensive orthodontic treatment of the adult dentition**	\$2,760.00
D8660	Pre-orthodontic treatment visit (applied to treatment fee if patient proceeds with treatment)	\$30.00

"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*

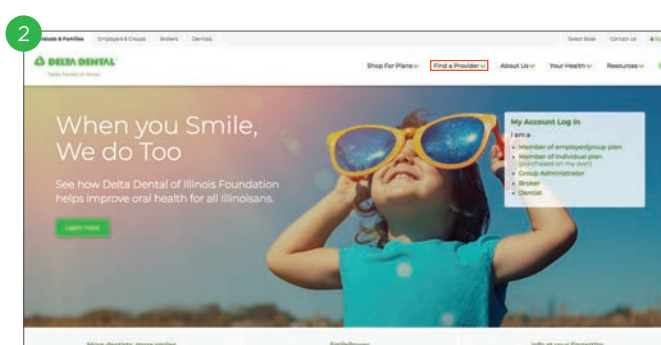
Finding a DeltaCare® Illinois network dentist is easy. The best method is referring to the DeltaCare Directory of Dentists provided in your enrollment kit or available online at deltadentalil.com/resources/deltacare-directory/. You may also use the dentist search on our website at deltadentalil.com or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

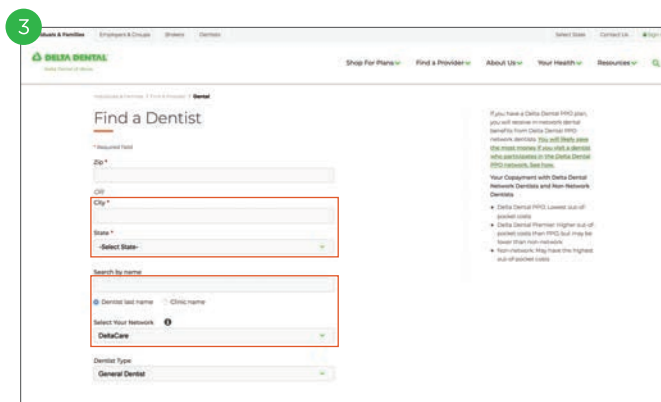
Finding a Provider Online:

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

April 2021

ADDISON

323

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

BERWYN

735

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

CALUMET CITY

842

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

BRIDGEVIEW

591

DAJANI DENTAL SERVICES
8550 S. HARLEM AVE. STE. C
BRIDGEVIEW, IL 60455
(708) 598-8760

083

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

532

ADDISON DENTAL CENTER
190 NORTH SWIFT RD. STE. G
ADDISON, IL 60101
(630) 627-7626

ARLINGTON HEIGHTS

088

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

BUFFALO GROVE

682

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

CAROL STREAM

858

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

AURORA

310

DOVER DENTAL CENTER
95 TRADE STE.101
AURORA, IL 60504
(630) 851-7878

206

MICHAEL SCHWARTZ, D.D.S.
1401 W. DUNDEE RD. #203
BUFFALO GROVE, IL 60089
(847) 253-2900

033

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

BURBANK

751

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

940

LANE DENTAL PC
940 W. ARMY TRAIL RD.
CAROL STREAM, IL 60188
(630) 830-8330
* Closed - Please select another facility

812

DONALD C KELLNER DDS
AURORA PC
143 S LINCOLN AVE. STE A
AURORA, IL 60505
(630) 859-3151

BARRINGTON

054

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

222

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

CHICAGO

726

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

BENSENVILLE

576

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

180

MICHAEL A. SAMBORSKI, D.D.S.
7901 S. LOCKWOOD
BURBANK, IL 60459
(708) 636-5283
* Closed - Please select another facility

372

JAMES K. WILLERMAN, D.D.S.
30 NORTH MICHIGAN AVE
STE 603
CHICAGO, IL 60602
(312) 346-5661

DeltaCare General Facility Listing

Delta Dental of Illinois

April 2021

CHICAGO

725

MICHAEL KAPLAN DDS

111 NORTH WABASH STE. 2003
CHICAGO, IL 60602
(312) 372-2945

908

IRSHAD RAHAMAN DDS

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

515

JAMES L. ORRINGTON, II, DDS, PC

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

047

**MICHIGAN AVENUE DENTAL
ASSOC.**

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

467

LINCOLN PARK DENTISTRY

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

245

MIRINA MALINKOVICH, D.M.D.

6202 S. HALSTED
CHICAGO, IL 60621
(773) 651-4646

547

STEPHEN J. GORDON, DDS

8 SOUTH MICHIGAN AVE STE. 1800
CHICAGO, IL 60603
(312) 750-9000

*** Closed - Please select another facility**

617

ROE FAMILY DENTAL PC

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

150

UPTOWN DENTAL LLC

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

730

JEFFREY WOLSZON DDS LTD

1511 W TAYLOR
CHICAGO, IL 60607
(312) 733-1080

692

ALL FAMILY DENTAL LTD

222A W. 26TH STREET
CHICAGO, IL 60616
(312) 326-4600

*** Closed - Please select another facility**

950

**AMERICAN DENTAL ASSOICATES
LTD**

2409 W. LAWRENCE AVE.
CHICAGO, IL 60625
(773) 284-1977

790

PILSEN DENTAL GROUP

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

680

HILARY CHENG DDS

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

072

C.G. RAMMOHAN DMD PC

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

848

PILSEN FAMILY DENTAL

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

082

MY DENTIST

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

023

**LONDON GROVE PROFESSIONAL
SERVICES**

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

153

GANGER FAMILY DENTSTRY

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

018

GREAT SMILES DENTAL CENTER

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

361

TCA HEALTH

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

DeltaCare General Facility Listing

Delta Dental of Illinois

April 2021

CHICAGO

627

BRITE DENTAL

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

* Closed - Please select another facility

634

JOSE L VALLE DDS PC

5118 S ARCHER AVE
CHICAGO, IL 60632
(773) 284-4044

983

PARKWAY DENTAL CLINIC

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

984

GENTLE DENTAL CARE

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

988

SMILE DENTAL CARE PC

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

* Closed - Please select another facility

469

LAFAZANOS DENTAL

6816 W. ARCHER AVE.
CHICAGO, IL 60638
(773) 788-1808

997

**METROSMILES-GAGE PARK
DENTAL**

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

836

AMERICAN DENTAL ASSOCIATES

2955 N. CENTRAL AVE
CHICAGO, IL 60634
(773) 286-1501

412

BRICKYARD DENTAL ASSOCIATES

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

142

SILVER LAKE DENTAL LTD

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

066

AVENUE DENTAL CLINIC & LAB

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

211

COMFORT DENTAL

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

191

VINCENT GIANFORTUNE, D.D.S.

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

574

FLAVIO CAJIAO DDS

6033 W BELMONT AVE
CHICAGO, IL 60634
(773) 278-2288

049

HERMOSA DENTAL CLINIC

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

475

**AMERICAN DENTAL ASSOCIATES
LTD**

5342 S. ARCHER
CHICAGO, IL 60632
(773) 284-1645

093

NORTHWEST DENTAL LTD

3115 N. HARLEM AVE STE. LL
CHICAGO, IL 60634
(773) 309-6760

* Closed - Please select another facility

738

CONSTANTINE TRAMBAS DDS

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

654

BRITE DENTAL

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

* Closed - Please select another facility

108

HERRON FAMILY DENTAL CENTER

7203 S. WESTERN AVENUE
CHICAGO, IL 60636
(773) 476-5335

677

**CICERO IRVING PARK DENTAL
GROUP**

3946 N CICERO AVE
CHICAGO, IL 60641
(773) 283-4838

* Closed - Please select another facility

DeltaCare General Facility Listing

Delta Dental of Illinois

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CHICAGO

786

DENTAL MASTERS OF BELMONT

5236 W BELMONT AVE
CHICAGO, IL 60641
(773) 725-7222

446

RAFFI K. LEBLEBIJIAN, DDS

6215 W. TOUHY
CHICAGO, IL 60646
(773) 792-1043

743

THAT'S THE TOOTH

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

014

IBBI DENTAL CLINIC PC

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

741

CHENG LI CHIN DDS

2021 N. WESTERN AVE
CHICAGO, IL 60647
(773) 772-4114

699

RIVER NORTH DENTAL GROUP

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

963

IRINA BOLOTNIKOVA DDS

4211 N CICERO AVE STE 214
CHICAGO, IL 60641
(773) 282-0033

428

FAMILY DENTIST

3855 W. NORTH AVENUE
CHICAGO, IL 60647
(773) 782-8900

728

LAKEVIEW DENTAL CENTER

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

017

THE DENTAL PLACE

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

587

FULL SMILE FAMILY DENTIST

3939 W. FULLERTON AVE.
CHICAGO, IL 60647
(773) 235-0000

676

ORAL KARE LTD

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

* Closed - Please select another facility

872

DENTAL SALON

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

126

GENTLE DENTAL CARE

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

151

SHERIDAN DENTAL

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

731

JERROLD W. SMITH DDS PC

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

736

ROBERT MARRERO DDS

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

605

DEVON DENTAL CARE

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

212

STEPHEN P. MORRIS, D.D.S.

10519 S. WESTERN
CHICAGO, IL 60643
(773) 233-2240

476

**AMERICAN DENTAL ASSOCIATES,
LTD.**

8434-A S. KEDZIE AVE.
CHICAGO, IL 60652
(773) 434-4440

481

PERFECT DENTAL SMILE LTD

2545 W PETERSON AVE STE. 201
CHICAGO, IL 60659
(773) 561-2808

DeltaCare General Facility Listing

Delta Dental of Illinois

April 2021

CHICAGO

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

465
MONTCLARE DENTAL
7185 W. GRAND AVE.
CHICAGO, IL 60707
(773) 622-1818

312
WINDSOR DENTAL PC
5911 NORTHWEST HWY STE. 104
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

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

DARIEN

015
**NUWAVE DENTAL &
ORTHODONTICS**
7533 CASS AVE STE D
DARIEN, IL 60561
(630) 541-6986

EVANSTON

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

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

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

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

CLARENDON HILLS

027
**SMILE SOLUTIONS OF
CLARENDON HILLS**
235 BURLINGTON AVE
CLARENDON HILLS, IL 60514
(630) 325-9298

DOLTON

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

FOREST PARK

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

CRETE

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

ELGIN

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

FRANKFORT

850
ADVANCED FAMILY DENTAL PC
21188 S LAGRANGE RD
FRANKFORT, IL 60423
(815) 464-0412

CRYSTAL LAKE

685
LAFAZANOS DENTAL PC
820 TERRA COTTA STE 218-220
CRYSTAL LAKE, IL 60014
(815) 455-5490
*** Closed - Please select another facility**

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

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

April 2021

GURNEE

505

GRAND DENTISTRY

5445 GRAND AVE., STE. 205
GURNEE, IL 60031
(847) 244-2775

HOFFMAN ESTATES

519

AMEDCOA DENTAL CENTER

1000 GRAND CANYON PKWY., #200
HOFFMAN ESTATES, IL 60169
(847) 885-8780

* Closed - Please select another facility

LAKE ZURICH

533

VILLAGE SQUARE DENTISTRY

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

470

LAFAZANOS DENTAL

135 N. GREENLEAF
SUITE 120
GURNEE, IL 60031
(847) 336-9165

055

NORTHWEST DENTAL ASSOC., LTD.

2500 W. HIGGINS ROAD, #650
HOFFMAN ESTATES, IL 60195
(847) 882-0900

LIBERTYVILLE

807

PARK DENTAL CARE

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

691

NORTHSHORE METROPOLITAN DENTAL ASSOCIATE

1790 NATIONS DRIVE STE 212
GURNEE, IL 60031
(847) 336-4880

HOMEWOOD

192

BMC FAMILY DENTISTRY

2421 W 183rd ST.

HOMEWOOD, IL 60430
(708) 755-7605

* Closed - Please select another facility

LINCOLNWOOD

994

LINCOLNWOOD MALL DENTAL

3333 W TOUHY AVE UNIT G01
LINCOLNWOOD, IL 60712
(847) 807-7601

HANOVER PARK

967

A2Z FAMILY DENTAL

1645 IRVING PARK RD
HANOVER PARK, IL 60133
(630) 837-4080

INDIAN HEAD PARK

927

JOHN C. SKREKO DDS

6961 VINE STREET STE. A
INDIAN HEAD PARK, IL 60525
(708) 246-1263

LISLE

792

TRINITY DENTAL

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

HIGHLAND PARK

081

DAVID C. SMYTH, D.D.S.

1893 SHERIDAN ROAD, STE. 214
HIGHLAND PARK, IL 60035
(847) 432-6212

JOLIET

569

BEST IMAGE DENTAL

625 PLAINFIELD RD.
JOLIET, IL 60435
(815) 727-9903

LOCKPORT

780

ADVANCED FAMILY DENTAL OF LOCKPORT

730 WASHINGTON STREET
LOCKPORT, IL 60441
(815) 838-3337

HINSDALE

536

ADVANCED DENTAL CONCEPTS, PC

211 W. CHICAGO AVE.
STE. 220
HINSDALE, IL 60521
(630) 655-0724

633

HAMMES FAMILY DENTAL PC

181 N. HAMMES
JOLIET, IL 60435
(815) 725-4269

LOMBARD

044

HIGHLANDS DENTAL CARE

2770 S HIGHLAND AVE UNIT 103
LOMBARD, IL 60148
(630) 426-6996

KANKAKEE

817

WILLIAMS MITSOS DDS PC

1291 S. 7TH AVE.
KANKAKEE, IL 60901
(815) 932-0022

MC HENRY

264

BOONECREEK DENTISTRY

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

861

RUBEN E ALARCON DDS

211 W. CHICAGO AVE STE 115
HINSDALE, IL 60521
(630) 323-0610

DeltaCare General Facility Listing

Delta Dental of Illinois

April 2021

MELROSE PARK

010

GEORGE D. DITOLA, D.D.S., LTD.

3521 W. LAKE STREET
MELROSE PARK, IL 60160
(708) 865-1214

MUNDELEIN

418

AUGUSTA DENTAL OF MUNDELEIN

1424 S BUTTERFIELD RD
MUNDELEIN, IL 60060
(847) 247-0600

NORTH RIVERSIDE

995

NORTH RIVERSIDE MALL DENTAL

7501 W CERMAK RD STE.F16
NORTH RIVERSIDE, IL 60546
(708) 402-8001

NAPERVILLE

314

DOVER DENTAL CENTER

95 TRADE STE.101
NAPERVILLE, IL 60504
(630) 851-7878

NORTHBROOK

701

SHERMER DENTAL

1290 SHERMER RD. STE 4
NORTHBROOK, IL 60062
(847) 272-6868

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

600

ACCESS DENTAL CENTER

114 N. WASHINGTON ST.
NAPERVILLE, IL 60540
(630) 579-1300

OAK BROOK

962

HUT DENTAL

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

MORTON GROVE

037

IBBI DENTAL CLINIC

7963 GOLF RD
MORTON GROVE, IL 60053
(847) 583-0033

013

DA VINCI DENTAL

1000 EAST OGDEN AVE
NAPERVILLE, IL 60563
(630) 237-4359

OAK LAWN

411

CICERO DENTAL GROUP

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

032

IRINA BOLOTNIKOVA DDS

7963 GOLF RD
MORTON GROVE, IL 60053
(847) 583-0033

040

HYLINE DENTAL ASSOCIATES

1301 S ROUTE 59 STE 107
NAPERVILLE, IL 60564
(630) 723-6333

787

OAK LAWN DENTAL AND IMPLANT CENTER

5821 W 87TH ST.
OAK LAWN, IL 60453
(708) 529-3966

MOUNT PROSPECT

713

ISAAC P. ISAAC DDS

259 E RAND RD STE 110
MOUNT PROSPECT, IL 60056
(847) 292-6640

349

NAPERBROOK DENTISTRY

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

OAK PARK

419

STEVEN ROCK, DDS

1515 HARLEM AVENUE
OAK PARK, IL 60302
(708) 848-2033

* Closed - Please select another facility

NEW LENOX

472

LEESA ANN SASIC-MITSOS, DDS

1804 E. LINCOLN HIGHWAY
NEW LENOX, IL 60451
(815) 462-4838

ORLAND PARK

827

151st STREET DENTAL

9017 W. 151ST STREET
ORLAND PARK, IL 60462
(708) 226-6700

837

SMILE SOLUTIONS DENTAL CENTER

200 W NORTHWEST HWY STE 100
MOUNT PROSPECT, IL 60056
(847) 255-5550

DeltaCare General Facility Listing

Delta Dental of Illinois

April 2021

OSWEGO

442
ALBERT K. ANDREW, II, DDS
2759 ROUTE 34
OSWEGO, IL 60543
(630) 554-0445

ROCKFORD

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

703
RADKHAN LELAND DENTAL
4815 MAIN ST.
SKOKIE, IL 60077
(773) 275-5522

PALOS HEIGHTS

697
AMERICAN DENTAL ASSOCIATES LTD
13303 A. SOUTH RIDGELAND AVE.
PALOS HEIGHTS, IL 60463
(708) 371-0915

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

SOUTH CHICAGO HTS.

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

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

SOUTH ELGIN

635
BECKER DENTAL & ASSOCIATES
214 RANDALL RD
SOUTH ELGIN, IL 60177
(847) 622-0400
* Closed - Please select another facility

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

165
VINAY N. PATEL, D.D.S.
1162 S. ROSELLE ROAD
P.O. BOX 68875
SCHAUMBURG, IL 60193
(847) 584-0134
* Closed - Please select another facility

SOUTH HOLLAND

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

PLAINFIELD

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

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

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

RIVER FOREST

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

SKOKIE

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

SPRINGFIELD

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

RIVER GROVE

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

947
AFFINITY SMILES
5550 W. TOUHY AVE STE 303
SKOKIE, IL 60077
(847) 227-8192
* Closed - Please select another facility

ST CHARLES

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

DeltaCare General Facility Listing

Delta Dental of Illinois

April 2021

SYCAMORE

859

FAMILY DENTAL CARE OF SYCAMORE

1840 DEKALB AVE STE B
SYCAMORE, IL 60178
(815) 895-4625

CROWN POINT, IN

561

WADAS DENTAL CENTER - CROWN POINT (IN)

11055 BROADWAY #E
CROWN POINT, IN 46307
(219) 663-3248

WAUKEGAN

157

GLEN FLORA DENTAL CTR., LTD.

1020 GLEN FLORA AVE
WAUKEGAN, IL 60085
(847) 623-0399

MUNSTER, IN

750

ASSOCIATED DENTISTS OF NORTHWEST INDIANA

1650 45TH AVE.
MUNSTER, IN 46321
(219) 924-9330

011

METRO SMILES WAUKEGAN

458 N. GREEN BAY RD.
WAUKEGAN, IL 60085
(847) 331-0901

562

WADAS DENTAL CENTER - MUNSTER (IN)

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

WESTMONT

664

LAKEVIEW DENTAL CENTER

32 N. CASS AVE.
WESTMONT, IL 60559
(630) 271-9816

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

WOOD DALE

426

DONALD C KELLNER DDS WOOD DALE PC

333 WOOD DALE ROAD STE. A
WOOD DALE, IL 60191
(630) 860-9100



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>.

Arabic

ملحوظة: إذا كنت تتحدث اللغة إفان خدمات المساعدة لندخل غويته توفو لبالا م جان. اتصل ب رقم 1-800-323-1743

Chinese**繁體中文**

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。

French**Français**

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

German**Deutsch**

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

Greek**Ελληνικά**

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

Gujarati**ગુજરાતી**

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

Hindi**हिंदी**

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

Italian**Italiano**

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

Korean**한국어**

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

Polish**Polski**

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

Russian**Русский**

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

Spanish**Español**

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

Tagalog**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.

Urdu**اردو**

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

Vietnamese**Tiếng Việt**

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



800-323-1743

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