

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

#### Delta Dental PPO Plus Premier

**On the reverse side of this sheet is a summary of your plan coverage\*.** Please also see the enclosed sheet, “How You Can Save with a Delta Dental Network Dentist,” which provides an example of your out-of-pockets costs with network dentists and a non-network dentist.

With Delta Dental PPO Plus Premier:

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

#### Finding a Dentist

Visit our web site at [www.deltadentalil.com](http://www.deltadentalil.com) and click on Provider Search. Please see the enclosed “How to Find a Network Dentist” sheet for more details.

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

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

#### Delta Dental PPO Plus Premier Plan Features

Your Delta Dental PPO Plus Premier plan includes the following feature (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](http://www.deltadentalil.com). Once registered, **you can get real time benefit information, check claim status, sign up for electronic Explanation of Benefits and print a temporary ID card.**

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

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

#### Learn More

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

<b>Annual Deductible (applies to Basic, Major &amp; Orthodontic Services Only)</b>	<b>\$50/person (when using a Delta Dental PPO dentist) \$75/person (when using a Delta Dental Premier or non-network dentist)</b>
<b>Annual Maximum</b>	<b>\$1,500/person (when using a Delta Dental PPO dentist) \$1,000/person (when using a Delta Dental Premier or non-network dentist)</b>
<b>Enhanced Benefits Program</b>	<b>Your plan provides additional cleanings and/or applications of topical fluoride to people with specific health conditions that put them at risk for oral health disease. The costs of the additional cleanings and fluoride treatments will be applied to your annual maximum.</b>
<b>Lifetime Orthodontic Maximum</b>	<b>\$1,500/per person (\$50 lifetime deductible applies when using a Delta Dental PPO dentist or \$75 lifetime deductible applies when using a Delta Dental Premier or non-network dentist)</b>

	<b>Delta Dental PPO Network Dentist</b>	<b>Delta Dental Premier® Network Dentist</b>	<b>Non-Network Dentist</b>
<b><u>PREVENTIVE/DIAGNOSTIC SERVICES</u></b> (not subject to annual maximum) <ul style="list-style-type: none"> <li>• Oral evaluations (two per calendar year)</li> <li>• Emergency exams &amp; palliative treatment</li> <li>• X-rays (bitewings – two per calendar year; full mouth – once every three years)</li> <li>• Prophylaxis (cleaning; two per calendar year)</li> <li>• Fluoride treatment (twice per calendar year- children to age 18)</li> <li>• Space maintainers (to age 16 only)</li> <li>• Sealants (to age 16 only)</li> </ul>	<b>100%*</b>	<b>100% **</b>	<b>100%***</b>
<b><u>BASIC SERVICES</u></b> <ul style="list-style-type: none"> <li>• Fillings</li> <li>• Posterior composites</li> <li>• Oral surgery</li> <li>• Periodontics</li> <li>• Endodontics</li> <li>• General anesthesia</li> <li>• IV sedation</li> <li>• Stainless steel crowns</li> <li>• Home visit</li> </ul>	<b>85%*</b>	<b>75%**</b>	<b>75%***</b>
<b><u>MAJOR RESTORATIVE SERVICES</u></b> <ul style="list-style-type: none"> <li>• Crowns, jackets, cast restorations</li> <li>• Fixed/removable bridges</li> <li>• Partial/full dentures</li> <li>• Denture repairs, relines &amp; adjustments</li> <li>• Bridge repairs</li> <li>• Implants</li> </ul>	<b>55%*</b>	<b>45%**</b>	<b>45%***</b>
<b><u>ORTHODONTICS (to age 19) and Adults</u></b> Treatment necessary for proper alignment of teeth	<b>50%*</b>	<b>50%</b>	<b>50%</b>

\*Delta Dental PPO dentists accept payment based on the lesser of the submitted fee or the PPO fee schedule, which is established at a level that typically delivers a 15-35% discount off of average billed charges. PPO dentists may not bill you for charges exceeding these fees.

\*\*Delta Dental Premier dentists accept payment based on the lesser of the submitted fee or Delta Dental's maximum plan allowance. Premier dentists may not bill you for charges exceeding these fees.

\*\*\*For non-network dentists, the maximum allowed fee is based on the lesser of the submitted fee or the 90th percentile Reasonable and Customary (R&C) fee. These dentists may balance bill you for charges in excess of Delta Dental's reimbursement.

The preceding information is a brief summary of The County of DuPage Dental Plan and the services it covers. If you have specific questions regarding benefit coverage, limitations or exclusions, contact Delta Dental at 1-800-323-1743.

**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.**