



# Delta Dental of Illinois Individual and Family Dental Benefit Programs

Off-exchange

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## Protect your smile and your budget. That's smart.

Our individual and family dental plans give you a **choice of coverage options** that focus on prevention — making sure you get the oral health care you need at a cost you can afford.

Studies have linked gum disease to systemic conditions, such as diabetes and heart disease, and indicate that some form of gum disease affects 75% of the U.S. population. Preventive dental care, such as regular cleanings, is the most effective way to protect oral health.

And because oral health care is so important to overall health, our individual coverage includes Delta Dental of Illinois' Enhanced Benefits Program\*, which offers enhanced coverage for individuals who have specific health conditions that can be positively affected by additional care — like pregnancy, diabetes, high-risk cardiac conditions and suppressed immune systems.

Serious oral health problems can be expensive and time consuming to treat. The fact is people with dental coverage are more likely to get the preventive care they need and avoid costly and serious oral health problems. If you are considering dental coverage, think about Delta Dental of Illinois.

**Enroll today at [deltadentalcoversme.com](https://deltadentalcoversme.com).**

\*The Enhanced Benefits Program is included with Delta Dental PPO™ — Platinum, Silver and Bronze plans.

## Delta Dental of Illinois' Individual Plans Offer:

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- Rich coverage for preventive services like exams, cleanings, X-rays, sealants and fluoride treatments.
- Coverage for major services like gum disease treatment, root canals, dentures and crowns.

## Finding a Dentist

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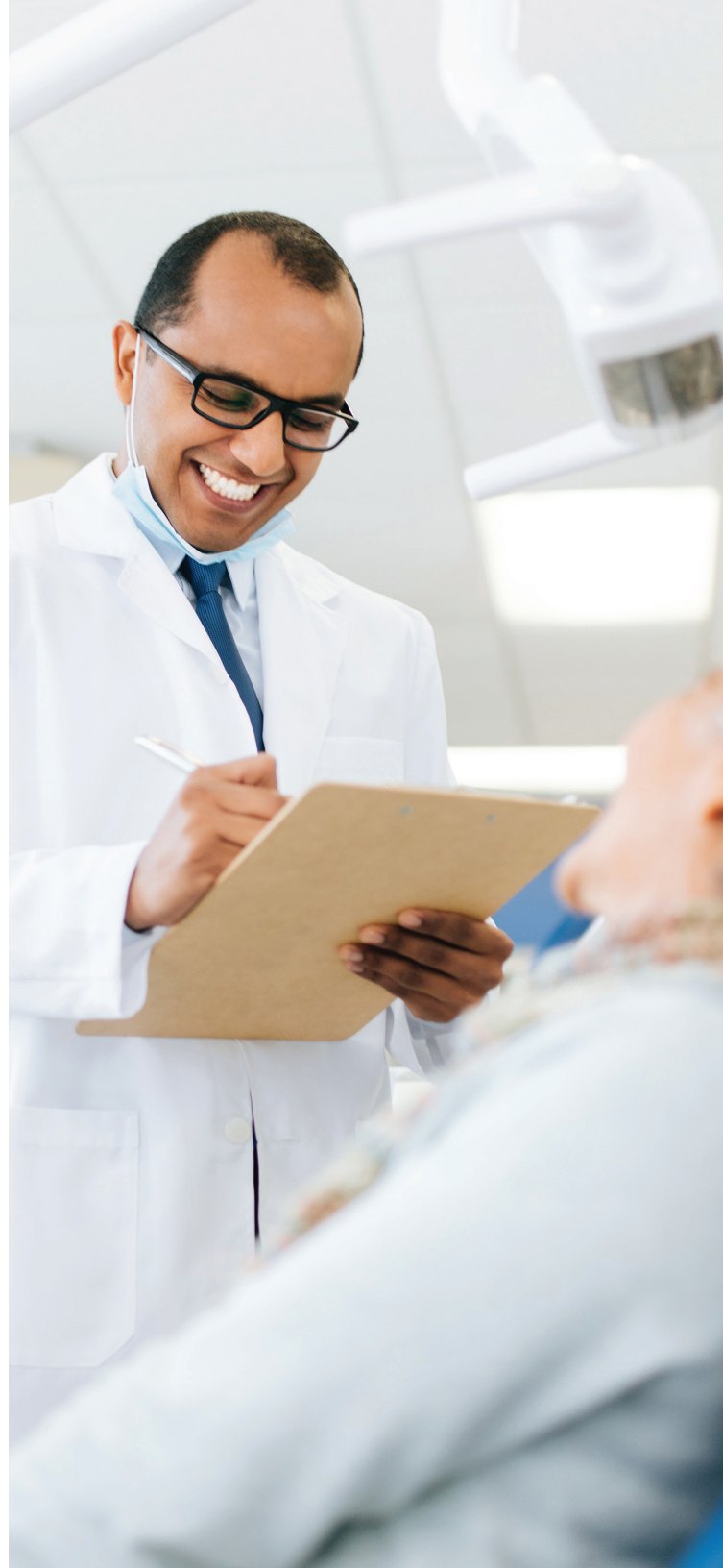
Members in the Delta Dental PPO™ — Platinum, Silver and Bronze plans can choose any licensed dentist, but will save the most by using a Delta Dental PPO dentist.

- **Delta Dental PPO™ network:** Lowest out-of-pocket costs.
- **Delta Dental Premier® network:** Higher out-of-pocket costs than PPO, but may be lower than non-network costs.
- **Non-network:** Highest out-of-pocket costs.

With the Delta Dental PPO - Platinum plan, benefit payments are based on our allowed network fees (Delta Dental PPO fee and Delta Dental Premier Maximum Plan Allowance (MPA) as applicable to network) and network dentists cannot bill you for amounts over the PPO or MPA fees, as applicable. However, non-network dentists can bill you for charges above the MPA.

The Delta Dental PPO - Silver and Bronze plans are Maximum Allowable Charge (MAC) plans. With a MAC plan, benefit reimbursement for all dentists is based on the Delta Dental PPO allowed network fees. Delta Dental PPO network dentists accept our allowed PPO fee as payment in full, and as such, Delta Dental PPO dentists cannot bill more than the allowed PPO fee. However, Delta Dental Premier dentists agree to our Maximum Plan Allowance (MPA) as payment in full and as a result, Delta Dental Premier dentists can bill for the difference between the allowed PPO fee and the MPA. Non-network dentists do not agree to any discounted network fees and therefore can bill for amounts over the allowed PPO fee (i.e. the difference between their usual fee and the Delta Dental PPO allowed fee).

To locate a network dentist, visit the Dentist Search at [deltadentalcoversme.com](https://deltadentalcoversme.com).





Individual and Family Plan Options		Platinum Plan	Silver Plan	Bronze Plan
Out-of-Network Benefits Available		Yes		
Annual Contract Required		Yes		
Waiting Periods		May apply*		
Plan Dollar Maximum (per person per benefit year)		Choice of \$1,500, \$2,000 or \$2,500	\$1,000	\$500
Deductible (per person per benefit year, applies to all services)		\$50 with Delta Dental PPO™ dentist; \$75 with Delta Dental Premier® dentist; \$100 with out-of-network dentist	\$75	\$25
Preventive Services		You pay the below percentages of your dentist's charges after you pay your deductible		
Cleanings (2 per person per benefit year for Silver/Bronze; 3 per person per benefit year for Platinum)		0%	10%**	0%** Fluoride under age 18; Sealants under age 19; Space Maintainers are not covered
Exams (2 per person per benefit year)				
Bitewing X-rays (1 per person per benefit year for Silver/Bronze; 2 per person per benefit year for Platinum)				
Fluoride (1 per person under age 16 per benefit year for Silver; 3 per person per benefit year for Platinum)				
Sealants (per tooth — under age 16)				
Space Maintainers (under age 14)				
Full Mouth X-rays (1 per person every 60 months)				
Emergency Palliative Care				
Basic Services		You pay the below percentages of your dentist's charges after you pay your deductible		
Fillings		20% with Delta Dental PPO dentist; 30% with Delta Dental Premier dentist; 50% with out-of-network dentist	50%** (6 month waiting period*)	Not covered
Major Services		You pay the below percentages of your dentist's charges after you pay your deductible		
Crowns		40% with Delta Dental PPO dentist; 50% with Delta Dental Premier dentist; 50% with out-of-network dentist  (6 month waiting period*)	50%** (12 month waiting period*)	Not covered
Fixed Bridges				
Removable Dentures				
Root Canal Therapy				
Deep Cleaning for Gum Disease			Not covered	
Tooth Extractions				
General & IV Sedation				
Implants				
Whitening		Not covered		
Enhanced Benefits Program				
Offers additional coverage for individuals who have specific health conditions (including pregnancy, diabetes, high-risk cardiac conditions, suppressed immune systems and special needs).		Included	Included	Additional general cleanings and fluoride treatment where applicable
*The waiting period is waived if you were covered under another dental policy within 60 days of the start of your coverage under this policy, and had at least 12 months of continuous coverage under that plan. Waiting periods must be				

\*The waiting period is waived if you were covered under another dental policy within 60 days of the start of your coverage under this policy, and had at least 12 months of continuous coverage under that plan. Waiting periods must be satisfied if there has been a lapse in coverage or for new members who are added to this policy. Your previous coverage will be verified. Please note: your effective date for the individual product must be within 60 days of your termination date for prior coverage.

\*\*The Silver and Bronze plans base all claim payments on the Delta Dental PPO fee. Because of this, Delta Dental Premier dentists can bill the difference between the allowed Delta Dental Premier network fee (Maximum Plan Allowance (MPA)) and the allowed Delta Dental PPO fee, and non-network dentists can bill you for all charges above the allowed Delta Dental PPO fee.

There is a 24-month waiting period to re-enroll if the member drops Delta Dental of Illinois individual coverage.

Subsequent rate changes will be reviewed prior to the renewal date subject to a 60-day notification. Applications must be received by the 25th of the month if paying by EFT (Electronic Funds Transfer) or the last day of the month if paying by debit/credit card to be effective the 1st of the following month. Applications for individuals paying by EFT that are received after the 25th of the month will be effective the 1st of the month after the next month.

Delta Dental of Illinois' individual plans are only available to Illinois residents.



Smart Options for Protecting Smiles and Budgets

For more information about our individual dental plans for Illinois residents:

- Visit [deltadentalcoversme.com](https://deltadentalcoversme.com).
- Call **844-94-SMILE (844-947-6453)**  
Monday — Friday, 7 a.m. to 7 p.m., Central Time.
- Contact your health coverage broker.

The information in this brochure is a brief summary of Delta Dental of Illinois Individual and Family dental plans and the services covered. Once enrolled, refer to your dental plan booklet for specific coverage and benefit limitations.

Delta Dental of Illinois does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.