



Delta Dental of Illinois  
Individual and Family  
Dental Benefit Programs



## 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.

We offer a variety of plan options, including a plan that meets the guidelines of the Affordable Care Act's (ACA) Pediatric Dental Essential Health Benefit (EHB).

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 insurance are more likely to get the preventive care they need and avoid costly and serious oral health problems. If you are considering dental insurance, think about Delta Dental of Illinois.**

**Enroll today at [deltadentalil.me](https://deltadentalil.me).**

\*The Enhanced Benefits Program is included with Delta Dental PPO - Gold, Silver and Gold with Individual Kids Preferred plans. The Bronze plan offers additional general cleanings and fluoride for at-risk individuals.

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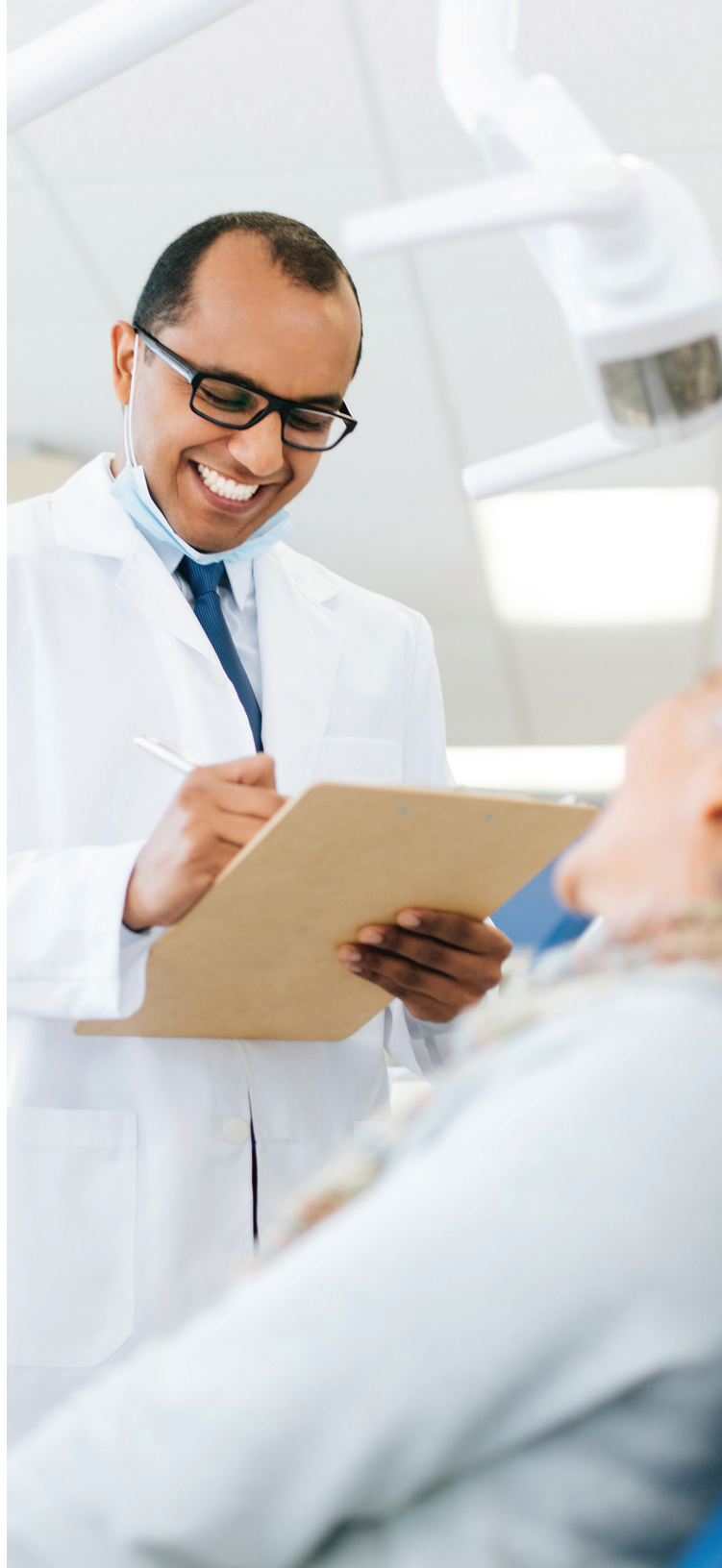
Members in the Delta Dental PPO — Gold, Silver and Bronze plans can choose any licensed dentist, but will save the most by using a Delta Dental PPO dentist.

- **Delta Dental PPO network:** Lowest out-of-pocket costs. With the Individual Kids Preferred plan, there are no benefits with dentists who are not in the Delta Dental PPO network.
- **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.

The Delta Dental PPO - Gold, 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, which are established at a level that typically delivers a 15% - 35% discount off of dentists' average billed charges nationally.

Delta Dental PPO network dentists accept our allowed PPO fee as payment in full, and as such, Delta Dental PPO dentists cannot bill more 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. The MPA is established at a level that typically delivers a 5% - 20% discount off of average billed charges nationally. 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 [deltadentalil.me](https://deltadentalil.me).



Individual and Family Plan Options	Gold Plan	Silver Plan	Bronze Plan
Office Visit Copayment	None		
Out-of-Network Benefits Available	Yes		
Annual Contract Required	Yes		
Orthodontics	Not covered		
Waiting Periods	May apply*		
Plan Dollar Maximum (per person per benefit year)	\$1,500	\$1,000	\$500
Deductible (per person per benefit year, applies to all services)	\$50	\$75	\$25
<b>Preventive Services</b>	<b>You pay the below percentages of your dentist's charges after you pay your deductible</b>		
Cleanings (limited to 2 per person per benefit year)	0%**	10%**	0%** Fluoride under age 18; Sealants under age 19; Space Maintainers are not covered
Exams (limited to 2 per person per benefit year)			
Bitewing X-rays (limited to 1 per person per benefit year)			
Fluoride (limited to 1 per person under age 16 per benefit year)			
Sealants (per tooth — under age 16)			
Space Maintainers (under age 14)			
Full Mouth X-rays (limited to 1 per person every 60 months)			
Emergency Palliative Care			
<b>Basic Services (6 month waiting period*)</b>	<b>You pay the below percentages of your dentist's charges after you pay your deductible</b>		
Fillings	50%**	50%**	Not covered
Simple Tooth Extractions (non-surgical)			
<b>Major Services (12 month waiting period*)</b>	<b>You pay the below percentages of your dentist's charges after you pay your deductible</b>		
Crowns	50%**	50%**	Not covered
Fixed Bridges			
Removable Dentures			
Root Canal Therapy			
Deep Cleaning for Gum Disease			
Surgical Extractions			
General & IV Sedation			
<b>Enhanced Benefits Program</b>			
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	Included	Included	Additional general cleanings and fluoride treatment where applicable

\*The waiting period is waived if you were covered under a Delta Dental of Illinois group-sponsored 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. Waiting periods will be waived if you were covered within the past 60 days by Delta Dental of Illinois. Please note: your effective date for the individual product must be within 60 days of your termination date from prior Delta Dental of Illinois coverage.

\*\*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 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.

## Delta Dental PPO - Gold with Individual Kids Preferred

Offered on a Stand-Alone Basis

Delta Dental of Illinois Individual Kids Preferred plan meets all the guidelines of the Affordable Care Act's (ACA) Pediatric Dental Essential Health Benefit (EHB). The Delta Dental of Illinois Individual Kids Preferred plan uses an Exclusive Provider Feature. With an Exclusive Provider Feature, benefits are paid only when a member sees a Delta Dental PPO dentist. **There are no benefits when a member sees a dentist outside of the Delta Dental PPO network.**

We have created a rider plan: Delta Dental PPO - Gold with Individual Kids Preferred. This plan provides coverage for individuals 19 and older within the Gold plan. It also allows members under age 19 to use the benefits of both plans but only receive benefits from the Individual Kids Preferred plan with Delta Dental PPO dentists. This plan is offered on a stand-alone basis.

### Delta Dental PPO - Gold with Individual Kids Preferred offers:

- Freedom to use any dentist (you will save the most by using a Delta Dental PPO dentist; there is no coverage for non-Delta Dental PPO dentists for those under age 19 when using benefits from Individual Kids Preferred).
- Flexible coverage options.
- 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.



\*Single rates are not available for Delta Dental PPO — Gold Plan with Individual Kids Preferred; there must be one adult and one or more dependents enrolled in these plans. Single rates are available for all other plans.

Gold Plan with Individual Kids Preferred	Gold Plan	Individual Kids Preferred Plan
Office Visit Copayment	None	
Annual Contract Required	Yes	
Waiting Periods	May apply*	
Out-of-Network Benefits Available	Yes	No
Medically Necessary Orthodontics†	Not covered	50% in-network/ 100% out-of-network†
Plan Dollar Maximum (per person per benefit year)	\$1,500	N/A
Out-of-Pocket Limit	N/A	\$350 per individual child; \$700 per family (for children under age 19)
Deductible (per person per benefit year, applies to all services)	\$50	\$50
<b>Preventive Services</b>	<b>You pay the below percentages of your dentist's charges after you pay your deductible</b>	
Cleanings (limited to 2 per person per benefit year)	0%**	0% in-network/ 100% out-of-network
Exams (limited to 2 per person per benefit year)		
Bitewing X-rays (limited to 1 per person per benefit year for the Gold Plan; limited to 2 per person per benefit year for the Individual Kids Preferred Plan)		
Full Mouth X-rays (limited to 1 per person every 60 months for the Gold Plan; limited to 1 per person every 36 months for the Individual Kids Preferred Plan)		
Fluoride (frequency and age limits apply)		
Sealants (frequency and age limits apply)		
Space Maintainers (age limits apply)		
<b>Basic Services (6 month waiting period*)</b>	<b>You pay the below percentages of your dentist's charges after you pay your deductible</b>	
Fillings	50%**	20% in-network/ 100% out-of-network
Simple Tooth Extractions (non-surgical)		
<b>Major Services (12 month waiting period*)</b>	<b>You pay the below percentages of your dentist's charges after you pay your deductible</b>	
Crowns	50%**	50% in-network/ 100% out-of-network
Denture Relines and Rebases, Adjustments		
Complete and Partial Dentures		
Fixed Bridgework		
<b>Enhanced Benefits Program</b>		
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	Included	Included

\*The waiting period is waived if you were covered under a Delta Dental of Illinois group-sponsored 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. You must enroll by the last day of the month to be effective the 1st of the following month.

\*\*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.

The Individual Kids Preferred plan uses an Exclusive Provider Feature where benefits are paid only when a member uses a Delta Dental PPO dentist. There are no benefits when a member uses a dentist outside of the Delta Dental PPO network. Members under 19 can also use the benefits of the Gold Plan.

†The ACA requires coverage for medically necessary orthodontia only. Predeterminations will be necessary to determine if there is any coverage for orthodontia under the Individual Kids Preferred plan for children under age 19.

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Smart Options for Protecting Smiles and Budgets

At Delta Dental of Illinois, our expertise allows us to help control dental costs and improve access to care — as part of our overall commitment to improving the health of the people of Illinois. With our individual dental insurance plans, we are pleased to offer another option to help Illinois residents afford the care they deserve.

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

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

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.