



# Welcome to Delta Dental

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County of Champaign

Group # 10981



Delta Dental of Illinois

Good oral health starts  
with knowledge.

Smart plans for smart mouths.



## Welcome to Delta Dental of Illinois.

Congratulations! You are now a member of the largest and most experienced dental benefits carrier. You have the benefit of our over 45 years of oral health wisdom. You've made a wise decision to elect dental benefit coverage, and since good oral health starts with not only good dental coverage, but also knowledge, your smile is safe with Delta Dental of Illinois.

Delta Dental of Illinois is pleased that we have been selected as your dental benefits carrier. 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, you can visit us online at [deltadentalil.com](http://deltadentalil.com) or contact our Customer Service Department at 800-323-1743. We look forward to serving you.

## Your Delta Dental Program

With your dental benefit program, you have access to two Delta Dental networks – Delta Dental PPO and Delta Dental Premier. You are free to go to any licensed dentist anywhere, regardless of whether the dentist participates in one of Delta Dental's networks. However, **you're likely to save money by going to a dentist who participates in the Delta Dental PPO or Delta Dental Premier network.**

**Dental networks help maximize savings. Why?** Because Delta Dental PPO and Premier dentists agree to our allowed PPO fees (reduced fees) or Premier maximum allowed fees as payment in full. This means they can't charge you for any difference between their usual fee and our allowed fees. Not only can you save out-of-pocket costs by using a network dentist, but you also can stretch your benefit dollars – the less the claim reimbursement, the less dollars paid toward your annual maximum. See below for savings examples. 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 – which can translate to more out-of-pocket costs for you and more dollars applied to your annual maximum.

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

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

Delta Dental PPO Dentist		Delta Dental Premier Dentist		Non-Network Dentist	
Dentist submitted amount	\$1074	Dentist submitted amount	\$1074	Dentist submitted amount	\$1074
PPO allowed amount	\$605	Premier maximum allowed fee	\$901	Premier maximum allowed fee	\$901
Delta Dental pays 50% of allowed fee	\$302.50	Delta Dental pays 50% of maximum allowed fee	\$450.50	Delta Dental pays 50% of maximum allowed fee	\$450.50
Enrollee copayment	\$302.50	Enrollee copayment	\$450.50	Enrollee copayment	623.50
<b>Enrollee savings</b>	<b>\$469</b>	<b>Enrollee savings</b>	<b>\$173</b>	<b>Enrollee savings</b>	<b>\$0</b>

The Delta Dental PPO network dentist cannot bill the difference between his/her billed fee and Delta Dental's allowed fee to the enrollee. The Delta Dental Premier network dentist cannot bill the difference between his/her billed fee and Delta Dental's maximum allowed fee (MPA) to the enrollee. A non-network dentist CAN balance bill the enrollee the difference between the dentist's billed fee and the Delta Dental maximum allowed fee. The savings represented above are for illustrative purposes only. For more information, please refer to your certificate of coverage or contact Delta Dental at 800-323-1743.

## What are my Benefits?

A highlight of your benefit plan is included with this packet. You can also review your benefits through the Member Connection at [deltadentalil.com](http://deltadentalil.com) (see following pages). 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 more out-of-pocket savings if you use a 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](http://deltadentalil.com) or call 800-323-1743 to connect with us.

Your dental benefit program also includes our Enhanced Benefits Program and our ToGo<sup>SM</sup> carryover feature. 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).

## Take Your Annual Maximum ToGo

The ToGo<sup>SM</sup> feature from Delta Dental of Illinois allows you to take unused annual maximums "to go" from one year to the next. In traditional PPO plans, the annual maximum is a "use it or lose it" benefit. The ToGo<sup>SM</sup> feature gives you the ability to carryover any qualified unused portion of your annual maximum to the subsequent year(s). ToGo provides more flexibility to

help you prepare for more extensive and costly dental treatment. Information on ToGo 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.

## Finding a Network Dentist

Eight out of 10 dentists participate in a Delta Dental network nationwide so it's likely your dentist is already part of our network. To find a network dentist, visit our web site at [deltadentalil.com](http://deltadentalil.com). (See Finding a Network Dentist sheet in this packet).

## 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 Mouth Matters: Be a Smart Mouth

Visit [deltadentalil.com/oralhealth](http://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](http://deltadentalil.com). Our online resources are available 24 hours a day. On [deltadentalil.com](http://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 for electronic EOBs (Explanation of Benefits) (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/DeltaDentallL](http://www.facebook.com/DeltaDentallL)



[www.DeltaDentallLblog.com](http://www.DeltaDentallLblog.com)



[www.twitter.com/DeltaDentallL](http://www.twitter.com/DeltaDentallL)



[www.pinterest.com/DeltaDentallL](http://www.pinterest.com/DeltaDentallL)



[www.youtube.com/user/DeltaDentallIllinois](http://www.youtube.com/user/DeltaDentallIllinois)

SMART PLANS FOR SMART MOUTHS.





## COUNTY OF CHAMPAIGN – PREMIER PLAN

### Delta Dental PPO Plan Highlights

Group #10981

#### Introduction

The Delta Dental PPO program allows you to go to any in- or out-of-network general or specialty dentist at the time of treatment. County of Champaign dental enrollees have access to two networks, Delta Dental PPO and Delta Dental Premier managed fee-for-service. When you call your dentist's office to make an appointment, ask if your dentist participates in either Delta Dental PPO or Premier. Your out-of-pocket costs will vary depending on whether he/she participates in Delta Dental PPO, Premier or neither (i.e., "out-of-network"). **You will maximize your benefits by receiving care from a Delta Dental PPO network dentist.** There are 165,200 Delta Dental PPO and 247,600 Delta Dental Premier dentist locations nationwide, including 5,650 and 9,340, respectively, in Illinois.

#### Choosing Your Dentist

Under your Dental Plan, you may go to any in- or out-of-network general or specialty dentist. However, it is to your advantage to choose a Delta Dental PPO or Premier network dentist for the following reasons:

1) Payment to Delta Dental PPO dentists is based on reduced fees; payment to Premier dentists is based on Delta Dental's maximum plan allowance (MPA). In both networks, you only have to pay your deductible and coinsurance – *you will not be "balance billed" for charges that exceed the reduced PPO fee if you receive treatment from a Delta Dental PPO dentist or the MPA if you receive treatment from a Premier dentist.*\*

For example, if you need a crown, assume the Delta Dental PPO fee allowance is \$500 and the MPA is \$600. If your plan covers crowns at 50% and your dentist normally charges \$700, your out-of-pocket cost (excluding deductible) would be:

**Delta Dental PPO Dentist – \$250**  
(50% of the \$500 PPO fee allowance)

**Delta Dental Premier Dentist – \$300**  
(50% of the \$600 MPA)

**Out-of-Network Dentist – \$400**  
(50% of the \$600 MPA plus \$100 difference between the MPA and the dentist's billed charge)

2) Because we reimburse Delta Dental PPO and Premier dentists directly, they agree to charge you no more than your deductible and coinsurance; in other words, *you do not have to pay the whole bill up-front and wait for reimbursement.*

3) Out-of-network dentists do not accept Delta Dental's MPA as payment-in-full. If an out-of-network dentist's charge exceeds the MPA, you must pay the difference plus your deductible and coinsurance. At the dentist's discretion, *you may also have to pay the entire bill in advance.*

4) Claim forms will be completed and submitted at no charge. Out-of-network dentists may require you to complete forms yourself or to pay a service charge.

*\*If your Delta Dental PPO or Premier dentist inadvertently charges you for amounts payable by Delta Dental, please call our customer service department at 1-800-323-1743.*

#### Non-Covered Services

There are some limitations on the expenses for which the County of Champaign Dental Plan pays. For further information, refer to your certificate of coverage or call our customer service department.

#### Finding a Network Dentist

To verify your dentist's participation status, simply ask him/her if he/she is a Delta Dental PPO or Delta Dental Premier network dentist, call our interactive voice response (IVR) phone system, contact our customer service department or visit our Web site.

Visit Delta Dental of Illinois' Web site at  
[www.deltadentalil.com](http://www.deltadentalil.com)

The County of Champaign Dental Plan utilizes the Delta Dental PPO and Delta Dental Premier networks. To locate a network dentist, click on Dentist Search in the Subscriber section.

You can search by:

- 1) City, state and ZIP code
- 2) Specialty
- 3) Dentist name (optional)

## Summary of Benefits and Covered Services for County of Champaign – Premier Plan

### Annual Maximum

\$1,000/person

\*\*\*TO GO\*\*\*

**Enrollees may carryover unused portions of their annual maximums to the new year's annual maximum. Maximum amounts eligible for carryover are subject to limitations.**

### Annual Deductible

(applies to Basic/Major only)

\$50/person;

\$150/family

\$50/person;

\$150/family

\$50/person;

\$150/family

### Lifetime Ortho. Maximum

\$1,000

	<u>Delta Dental PPO</u>	<u>Delta Dental Premier</u>	<u>Out-of-Network</u>
<b>Preventive/Diagnostic</b>	100% of reduced fee*	100% of MPA**	100% of MPA***
<ul style="list-style-type: none"> <li>◆ oral evaluations (two per benefit year)</li> <li>◆ X-rays (bitewings only - two per benefit year)</li> <li>◆ prophylaxis (cleaning; two per benefit year)</li> <li>◆ fluoride treatment (once per benefit year for children under age 19)</li> <li>◆ space maintainers</li> <li>◆ sealants</li> </ul>			
<b>Basic</b>	80% of reduced fee*	80% of MPA**	80% of MPA***
<ul style="list-style-type: none"> <li>◆ fillings</li> <li>◆ X-rays (excluding bitewings)</li> <li>◆ emergency exams and palliative treatment</li> </ul>			
<b>Major</b>	50% of reduced fee*	50% of MPA**	50% of MPA***
<ul style="list-style-type: none"> <li>◆ crowns, jackets, cast restorations</li> <li>◆ fixed/removable bridges</li> <li>◆ partial/full dentures</li> <li>◆ simple extractions</li> <li>◆ surgical &amp; non-surgical periodontics</li> <li>◆ endodontics</li> <li>◆ oral surgery</li> <li>◆ general anesthesia (in conjunction with oral surgery)</li> </ul>			
<b>Orthodontia</b>	50% of reduced fee* subject to lifetime maximum	50% of dentist's usual fee subject to lifetime maximum	50% of dentist's usual fee subject to lifetime maximum
<ul style="list-style-type: none"> <li>◆ for dependent children under age 19</li> </ul>			
	*You will not be "balance billed" for charges exceeding Delta Dental's allowed PPO fee	**You will not be "balance billed" for charges exceeding Delta Dental's maximum plan allowance (MPA)	***You are responsible for charges exceeding Delta Dental's maximum plan allowance (MPA)

**The preceding information is a brief summary of the County of Champaign 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.*

Jan 2013



## COUNTY OF CHAMPAIGN – NETWORK PLAN

### Delta Dental PPO Plan Highlights

Group #10981

#### Introduction

The Delta Dental PPO program allows you to go to any in- or out-of-network general or specialty dentist at the time of treatment. County of Champaign dental enrollees have access to two networks, Delta Dental PPO and Delta Dental Premier managed fee-for-service. When you call your dentist's office to make an appointment, ask if your dentist participates in either Delta Dental PPO or Premier. Your out-of-pocket costs will vary depending on whether he/she participates in Delta Dental PPO, Premier or neither (i.e., "out-of-network"). **You will maximize your benefits by receiving care from a Delta Dental PPO network dentist.** There are 165,200 Delta Dental PPO and 247,600 Delta Dental Premier dentist locations nationwide, including 5,650 and 9,340, respectively, in Illinois.

#### Choosing Your Dentist

Under your Dental Plan, you may go to any in- or out-of-network general or specialty dentist. However, it is to your advantage to choose a Delta Dental PPO or Premier network dentist for the following reasons:

1) Payment to Delta Dental PPO dentists is based on reduced fees; payment to Premier dentists is based on Delta Dental's maximum plan allowance (MPA). In both networks, you only have to pay your deductible and coinsurance – *you will not be "balance billed" for charges that exceed the reduced PPO fee if you receive treatment from a Delta Dental PPO dentist or the MPA if you receive treatment from a Premier dentist.*\*

For example, if you need a crown, assume the Delta Dental PPO fee allowance is \$500 and the MPA is \$600. If your plan covers crowns at 50% and your dentist normally charges \$700, your out-of-pocket cost (excluding deductible) would be:

**Delta Dental PPO Dentist – \$250**  
(50% of the \$500 PPO fee allowance)

**Delta Dental Premier Dentist – \$300**  
(50% of the \$600 MPA)

**Out-of-Network Dentist – \$400**  
(50% of the \$600 MPA plus \$100 difference between the MPA and the dentist's billed charge)

2) Because we reimburse Delta Dental PPO and Premier dentists directly, they agree to charge you no more than your deductible and coinsurance; in other words, *you do not have to pay the whole bill up-front and wait for reimbursement.*

3) Out-of-network dentists do not accept Delta Dental's MPA as payment-in-full. If an out-of-network dentist's charge exceeds the MPA, you must pay the difference plus your deductible and coinsurance. At the dentist's discretion, *you may also have to pay the entire bill in advance.*

4) Claim forms will be completed and submitted at no charge. Out-of-network dentists may require you to complete forms yourself or to pay a service charge.

*\*If your Delta Dental PPO or Premier dentist inadvertently charges you for amounts payable by Delta Dental, please call our customer service department at 1-800-323-1743.*

#### Non-Covered Services

There are some limitations on the expenses for which the County of Champaign Dental Plan pays. For further information, refer to your certificate of coverage or call our customer service department.

#### Finding a Network Dentist

To verify your dentist's participation status, simply ask him/her if he/she is a Delta Dental PPO or Delta Dental Premier network dentist, call our interactive voice response (IVR) phone system, contact our customer service department or visit our Web site.

Visit Delta Dental of Illinois' Web site at  
[www.deltadentalil.com](http://www.deltadentalil.com)

The County of Champaign Dental Plan utilizes the Delta Dental PPO and Delta Dental Premier networks. To locate a network dentist, click on Dentist Search in the Subscriber section.

You can search by:

- 1) City, state and ZIP code
- 2) Specialty
- 3) Dentist name (optional)

## Summary of Benefits and Covered Services for County of Champaign – Network Plan

### Annual Maximum

\$1,000/person

\*\*\*TO GO\*\*\*

Enrollees may carryover unused portions of their annual maximums to the new year's annual maximum. Maximum amounts eligible for carryover are subject to limitations.

### Annual Deductible

(applies to Basic/Major only)

\$50/person;

\$150/family

\$100/person;

\$300/family

\$100/person;

\$300/family

### Lifetime Ortho. Maximum

\$1,000

	<u>Delta Dental PPO</u>	<u>Delta Dental Premier</u>	<u>Out-of-Network</u>
<b>Preventive/Diagnostic</b>	100%*	70%**	70%***
<ul style="list-style-type: none"> <li>◆ oral evaluations (two per benefit year)</li> <li>◆ X-rays (bitewings only - two per benefit year)</li> <li>◆ prophylaxis (cleaning; two per benefit year)</li> <li>◆ fluoride treatment (once per benefit year for children under age 19)</li> <li>◆ space maintainers</li> <li>◆ sealants</li> </ul>			
<b>Basic</b>	80%*	50%**	50%***
<ul style="list-style-type: none"> <li>◆ fillings</li> <li>◆ X-rays (excluding bitewings)</li> <li>◆ emergency exams and palliative treatment</li> <li>◆ non-surgical periodontics</li> </ul>			
<b>Major</b>	50%*	50%**	50%***
<ul style="list-style-type: none"> <li>◆ crowns, jackets, cast restorations</li> <li>◆ fixed/removable bridges</li> <li>◆ partial/full dentures</li> <li>◆ simple extractions</li> <li>◆ surgical periodontics</li> <li>◆ endodontics</li> <li>◆ oral surgery</li> <li>◆ general anesthesia (in conjunction with oral surgery)</li> </ul>			
<b>Orthodontia</b>	50% subject to lifetime maximum	50% subject to lifetime maximum	50% subject to lifetime maximum
<ul style="list-style-type: none"> <li>◆ for dependent children under age 19</li> </ul>			

\*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.

\*\*\*Non-network dentists are reimbursed at the lesser of the submitted fee or the 50<sup>th</sup> 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 Champaign 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.



## Discover the advantages of choosing an in-network dentist.

You have the flexibility to choose any dentist with your Delta Dental plan – PPO<sup>SM</sup>, Premier<sup>®</sup> or non-network, but your out-of-pocket costs will vary.

### Delta Dental PPO

- Lowest out-of-pocket expenses.
- PPO dentists accept reduced fees (our PPO allowed fee) as payment in full. If Delta Dental's allowed PPO fee is lower than that dentist's usual charge, the dentist cannot "balance bill" you the difference between his/her usual fee and Delta Dental's allowed fee.

### Delta Dental Premier

- Higher out-of-pocket costs than Delta Dental PPO, but may be lower than non-network.
- Delta Dental Premier dentists agree to accept our maximum plan allowance as payment-in-full. Premier dentists cannot bill the difference between their billed fee and our allowed Premier fee (maximum plan allowance).

### Non-network

- Highest out-of-pocket costs.
- Non-network dentists have not agreed to no balance billing or to accept our PPO reduced fees or Premier maximum plan allowance as payment in full.

With such a large PPO network, you're likely to find your preferred dentist in our network – and more likely to enjoy maximum savings on your dental visits. Plus, all dentists who participate in our networks undergo a credentialing process to help ensure you receive quality care.

See the next page for more specific examples of how visiting a network dentist can save you money.

### Here's an example of how you'll save with a Delta Dental PPO dentist:

Dentist's billed fee:	\$1,074
PPO allowed fee:	\$605
Delta Dental pays 50% of PPO allowed fee:	\$302.50
Enrollee copayment:	\$302.50

The Delta Dental PPO network dentist cannot bill the difference between his/her billed fee and Delta Dental's allowed fee to the enrollee, saving the enrollee \$469 (the difference between the dentist's billed fee and the Delta Dental PPO allowed fee).

### Here's an example of your out-of-pocket costs with a Delta Dental Premier dentist:

Dentist's billed fee:	\$1,074
Premier maximum allowed fee (MPA):	\$901
Delta Dental pays 50% of Premier MPA:	\$450.50
Enrollee copayment:	\$450.50

The Delta Dental Premier network dentist cannot bill the difference between his/her billed fee and Delta Dental's maximum allowed fee (MPA) to the enrollee.

### Here's an example of what you'd pay with an out-of-network dentist:

Dentist's billed fee:	\$1,074
Premier maximum allowed fee (MPA):	\$901
Delta Dental pays 50% of Premier MPA:	\$450.50
Enrollee copayment:	\$623.50

A non-network dentist CAN balance bill the enrollee the difference between the dentist's billed fee and the Premier MPA.

SMART PLANS FOR SMART MOUTHS.



# Finding a Network 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

You can find a dentist online quickly and easily.

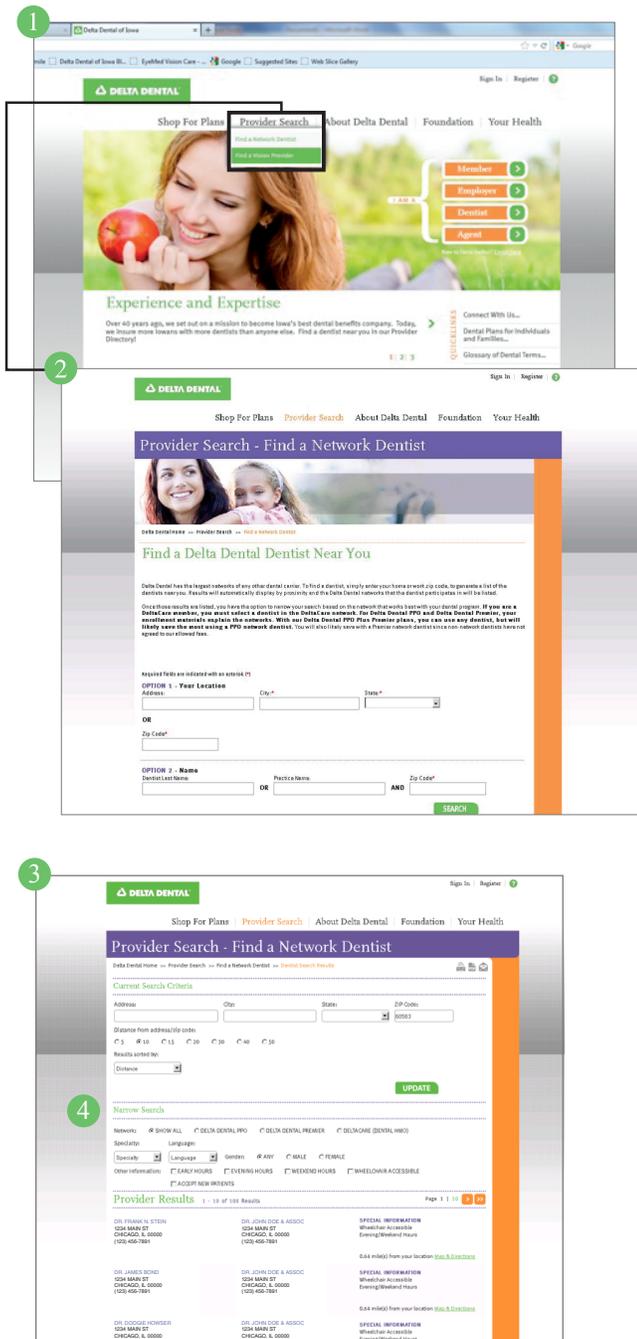
1. Go to [www.deltadentalil.com](http://www.deltadentalil.com) and click the provider search link. Select “Find a Network Dentist” from the drop down menu.
2. To start your search, you can either enter the location where you want to locate network dentists (search by city/state or ZIP code), or search 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. If you want to change the distance, update your search by entering a new mile radius and select “Update.”
4. **You also have the option to narrow your search based on the network that works best with your dental program.** If you are a DeltaCare member, you must select a dentist in the DeltaCare network (Tip: select “accepting new patients” to narrow results). For Delta Dental PPO<sup>SM</sup> and Delta Dental Premier<sup>®</sup>, your enrollment materials explain the networks. With our Delta Dental PPO Plus Premier plans, you can use any dentist, but will likely save the most using a PPO network dentist. You will also likely save with a Premier network dentist since non-network dentists have not agreed to the Delta Dental allowed fees.

*\*Any field marked with a red asterisk is a required field.*

You can map network dentist locations and create a list of selected dentists, which can be printed, emailed or converted to a PDF.

## Automated Phone System

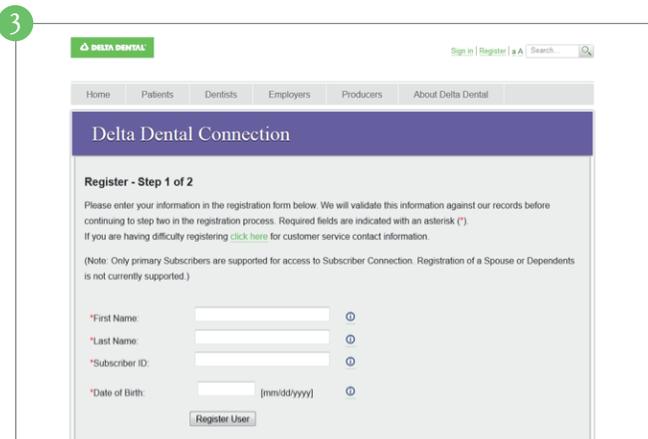
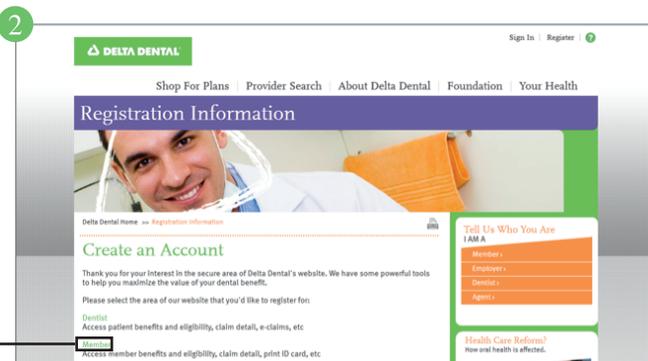
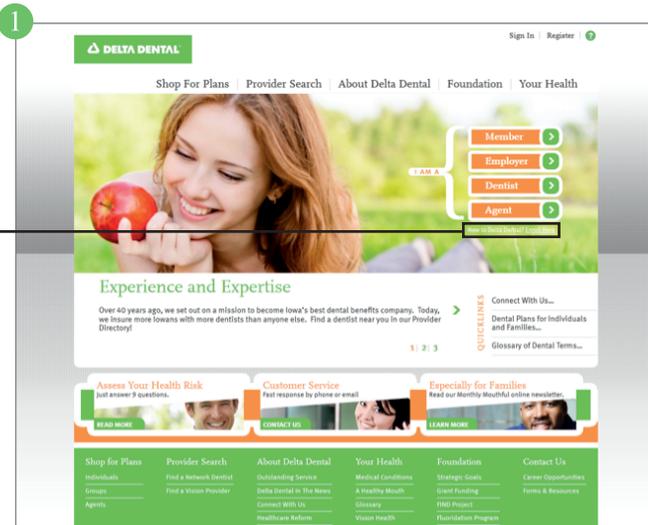
You can also find a dentist through our automated phone system. Delta Dental PPO and Delta Dental Premier members can call 800-323-1743, say “Dentist Directory” and follow the automated instructions. DeltaCare members should call 800-942-3772 for help finding a dentist.



# 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 online through the Member Connection at [www.deltadentalil.com](http://www.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)

To register for the Member Connection, you need to:

1. Go to [www.deltadentalil.com](http://www.deltadentalil.com) and select "New to Delta Dental? Enroll Now"
2. Select "Member" from the Registration page.
3. Complete the online registration. Enter the primary enrollee's first and last name (the name must appear exactly as your employer entered during enrollment; e.g., "Bob" may be "Robert"), the assigned subscriber ID or Social Security number (enter nine digit number with no dashes), 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.).

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**DELTA DENTAL** My Account | Log Out | ?

My Benefits | Provider Search | Enhanced Benefits | Resources

### My Benefits

Benefits & Claims | ID Card | Go Green E-Statements | Procedure Code Search | EOB Summary

## Member Benefits

Delta Dental Home >> Member >> My Benefits >> Benefits & Claims

**Benefits: JANE DOE** Special Cond.

Below is a complete listing of dental benefits for everyone enrolled on your dental plan. Information on eligibility, frequency, age limits, maximums and deductibles, benefit levels, waiting periods, and plan-based wellness is included below.

Please examine this information carefully. If you believe any of this information is in error, please contact us.

Benefits & Eligibility as of:  9 >

This is not a guarantee of benefits and does not cover all plan details. If there are any differences between the information stated here and the group contract, the group contract will govern. All benefits are subject to deductibles, contract maximums and eligibility on the date of service. The eligibility and benefit information is only valid for the following subscriber on the date shown above.

EXPAND ALL CATEGORIES

ELIGIBILITY  FREQUENCY/AGE LIMITS  MAXIMUMS & DEDUCTIBLES  BENEFIT LEVELS

EXTRA BENEFITS LEVELS  PREVENTIVE HISTORY  CLAIMS

### Eligibility

Name	Amount Used				
	Regular Deductible	Regular Maximum	Ortho Maximum	Ortho Life Maximum	Custom Maximum
JANE DOE					
Birthdate					
Start					
End					
FAMILY DEDUCTIBLES & MAXIMUMS					
	\$0.00	\$229.40	\$0.00	\$0.00	\$0.00

### Frequency & Age Limits

Standard Coordination of Benefits

Child Coverage Age: 26 Student Coverage Age: 99 Adult Orthodontic: No Dependent Orthodontic Age: 19

Services	Frequency Limit	Age Limitations
Initial/Periodic Exam	Allowed 2 in a benefit year	None
Full Mouth or Panoramic X-rays	Allowed at 5 year intervals	None

**BENEFITS**

SUBSCRIBER NAME: Jane Doe

COVERAGE TYPE: Self + 2 Or More Dependents

MEMBER NUMBER: 000000000

GROUP NUMBER: 00000-000-00000-00000

GROUP NAME: Company ABC

**QUICKLINKS**

- Vision Plans, Too... >
- Oral Health Information at Your Fingertips... >
- Individual Dental Plans... >

**Health Care Reform?**  
How oral health is affected.

[READ MORE](#)

**Customer Service**  
We're here to help, 24/7.

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# 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

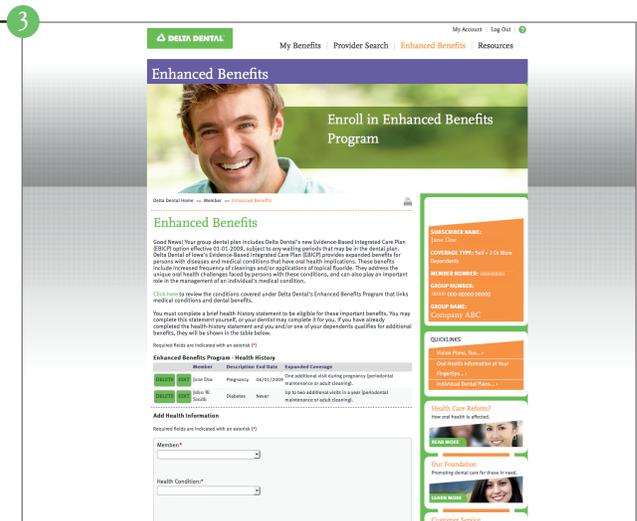
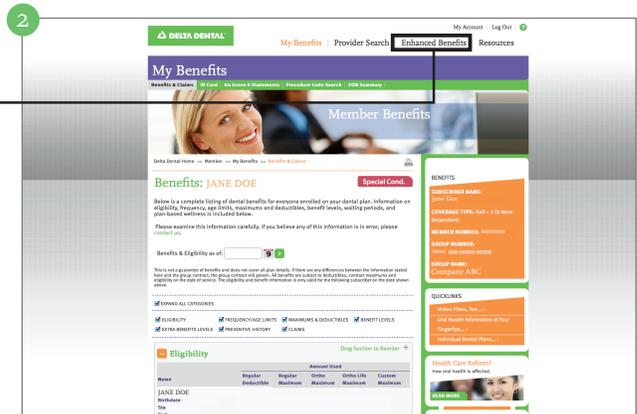
Your dental plan includes Delta Dental of Illinois' Enhanced Benefits Program that integrates oral health and overall health to offer additional benefits to people who have specific health conditions.

## To enroll online:

1. Go to Delta Dental of Illinois' member Web site at [www.deltadentalil.com](http://www.deltadentalil.com).
2. Sign in to the 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" below.) After you have successfully signed in, select the "Enhanced Benefits" link.
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.
  - The periodontal disease health condition indicator will automatically be updated when non-surgical or surgical periodontal procedures are processed by Delta Dental of Illinois.

## How to register:

1. Go to [www.deltadentalil.com](http://www.deltadentalil.com) and select "New to Delta Dental? Enroll Now".
2. Select "Member" from the Registration page.
3. Enter the primary enrollee's first and last name (the name must appear exactly as your employer entered during enrollment; e.g., "Bob" may be "Robert"), the assigned subscriber ID or Social Security number (enter nine digit number with no dashes), and date of birth (enter two-digit month, two-digit day and four-digit year with dividers, e.g., 03/15/1984).





## **ToGo<sup>SM</sup> Annual Maximum Carryover Feature**

### **Now you can take it with you...**

The ToGo feature from Delta Dental of Illinois allows you to take unused annual maximums “to go” from one year to the next.

In traditional PPO plans, the annual maximum is a “use it or lose it” benefit. The ToGo<sup>SM</sup> feature gives you the ability to carryover any qualified unused portion of your annual maximum the subsequent year(s). ToGo provides more flexibility to help you prepare for more extensive and costly dental treatment.

For example, if an enrollee had preventive services in a given year that totaled to \$500 applied to his \$1,000 annual maximum, he could carryover \$500 to the subsequent year. This means the enrollee would have the \$500 ToGo carryover plus the \$1,000 annual maximum available the next year, offering flexibility for enrollees to plan for more costly dental procedures.

Enrollees may carry over any qualified portion of their annual maximum benefit, subject to the following guidelines:

- The enrollee must have been covered under the plan for the full benefit plan year, with coverage for major services, and not subject to any benefit waiting periods for those services.
- The enrollee must have submitted at least one claim during the benefit plan year that would apply to his/her annual maximum with allowed dollar amounts that are greater than zero dollars. In other words, the enrollee must have had a dental service that applies to the annual maximum (preventive/diagnostic, basic or major) during the year in order to carryover any unused annual maximum.
- The carryover amount may not exceed the amount of the annual maximum. For example, if the annual maximum is \$1,000, the total amount of ToGo dollars available cannot exceed \$1,000.
- Enrollees cannot take unused annual maximums with them upon termination of employment or the dental plan, or apply the unused annual maximum to another dental plan.

## Example

Year 1	Year 2	Year 3
Annual Max: \$1,000	Annual Max: \$1,000	Annual Max: \$1,000
Eligible Benefits Received: \$500	To Go Bank balance for year 2: \$500	To Go Bank balance for year 3: \$1,000
Unused Annual Max: \$500	Eligible Benefits Received: \$400 (applied to Year 2 Annual Max)	Eligible Benefits Received: \$2,000 (applied to Year 3 Annual Max)
To Go Benefit/carryover: \$500	Unused Annual Max: \$600 (\$1,000 - \$400)	Unused Annual Max: \$0 (exhausted all \$1,500 of annual max)
To Go Bank balance: \$500 (available for use in Year 2)	To Go Benefit/carryover: \$500* (The To Go Bank balance is \$500; Total To Go Bank cannot exceed the total of the annual max (\$1,000) so only \$500 of the unused annual max for the current year can be applied to the To Go Bank)	To Go Benefit Used: \$1,000 (Claims exceeded annual max by \$1,000 so \$1,000 deducted from To Go Bank)
	To Go Bank balance: \$1,000 (available for use in Year 3)	To Go Benefit/carryover: \$0 (used all \$1,000, therefore there is \$0 to carryover into the To Go Bank)
		To Go Bank Balance: \$0 (available for use in Year 4)

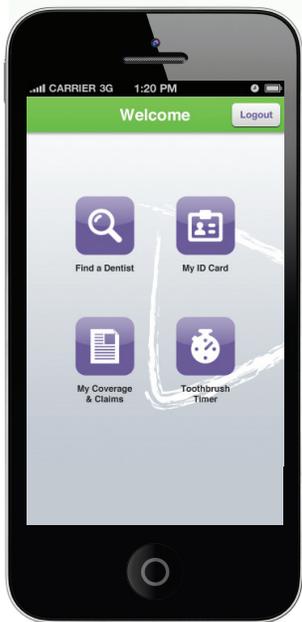
*\$500 was applied to the annual maximum with \$500 unused. \$500 is carried over into the To Go Bank, increasing the total benefit in Year 2.*

*\*Total To Go Bank cannot exceed the total of the annual maximum. With \$500 already in the To Go Bank (amount carried over from Year 1), only \$500 from the \$600 unused annual maximum for Year 2 (current year) can be carried over into the To Go Bank for a total of \$1,000 (equal to the annual maximum).*

*Because the paid claims exceeded the annual maximum by \$1,000, \$1,000 was deducted from the To Go Bank. The total annual maximum of \$1,000 was used so there was no carryover for Year 3.*

# Introducing the Delta Dental Mobile App

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



At Delta Dental of Illinois, we strive to ensure your experience meets your needs. That's why we're pleased to make it easier and more convenient for members like you to get the information you need when and how you need it. Delta Dental's mobile application (app) allows you to search for a dentist and view your benefit information and ID card on your mobile device. There's even a built-in toothbrush timer to make sure you keep up with your daily oral health routine!

## Getting Started

Delta Dental's free mobile app is available for mobile devices using iOS (Apple) or Android. To download and install the app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental. Or, if you have a QR code reader installed on your phone, scan the code to the right to download. You will need an internet connection in order to download and use our free app.



Scan QR code to download or visit [http://delivr.com/2c9vx\\_qr](http://delivr.com/2c9vx_qr)

## Using the App Without Logging In

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

## Logging In to Access ID Cards and View Claims and Benefit Coverage

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. Enter your username and password, and click Login. If you've forgotten your username or password, there are links to retrieve them.

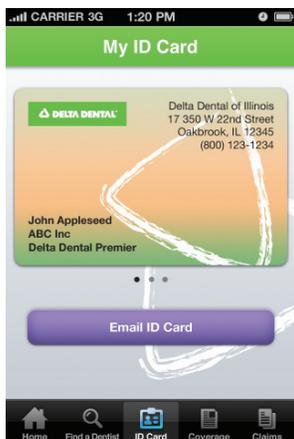
*Please note: Currently, we do not support registration on the mobile app. There is a link to register which will direct you to our website using your device's browser. For a better experience, we recommend registering on your personal computer and returning to the app to log in.*

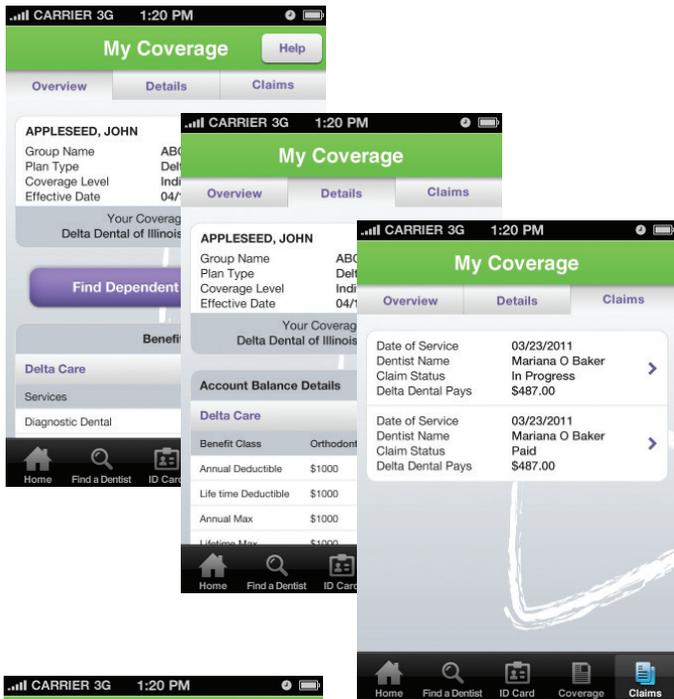
## Securely Access Your ID Card, Claims and Benefit Information

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 on the Login page of the app.

## View your Mobile ID Card

1. Click the My ID Card button on the menu.
2. Your ID card will appear on your screen.
3. If you have dual coverage, swipe left and right to view your other ID card(s).
4. Click on the Email ID Card button to send your card to your dental office or one of your dependents.





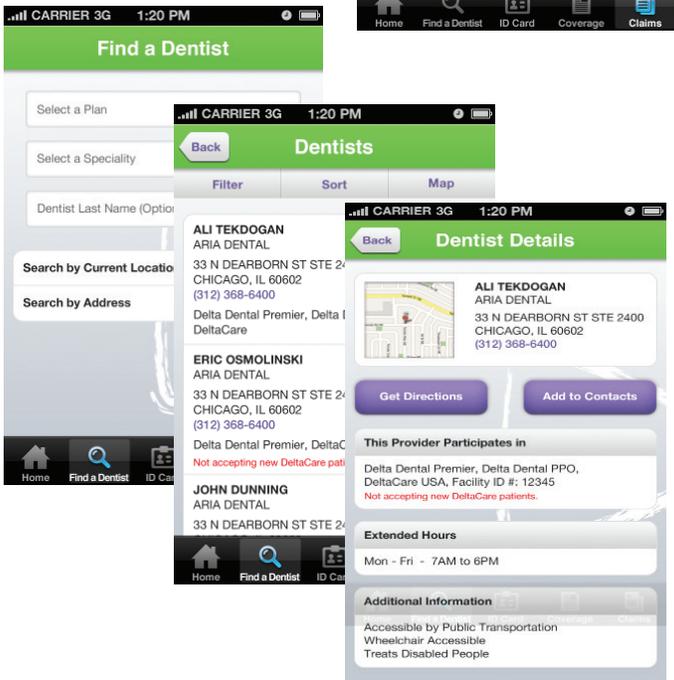
## View Coverage and Claims Information

1. Click My Coverage and Claims on the main menu to check your coverage information or see claims status.
2. The Overview page shows your plan type, benefit levels and contact information for Delta Dental of Illinois.
3. The Details page shows your deductibles and maximums.
4. The Claims page lets you check the status of your most recent dental claims. Click on a claim to view details. From the detail page, you can email the claim information.
5. To check coverage and claims for a dependent, click the Find Dependent Information button from the Overview page and enter their name and date of birth. You'll then be able to see the Overview, Details and Claims information for that dependent.

*Please note: Information displayed may vary based on your particular coverage. For more information on your coverage, contact Delta Dental of Illinois.*

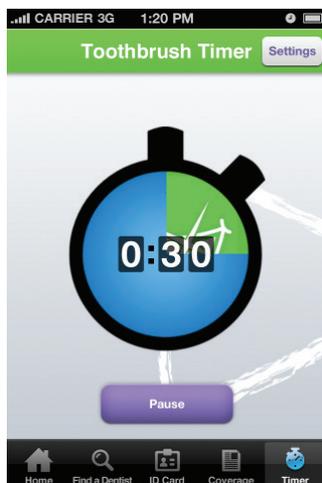
## Searching for a Dentist

1. Click the Find a Dentist button on the main menu.
2. Select your Plan (Network), or leave it blank to search all. This field will automatically default to your plan when you are logged in to the app.
3. Select a Specialty, if applicable. No selection defaults to General Dentist.
4. Enter your dentist's last name if you are looking for a specific provider.
5. Search by your current location using your device's GPS, or search by an important address, like home or work.
6. 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.
7. Once you've selected a dentist, you can save your dentist to your contacts, call to schedule an appointment or navigate directly to the office.



## Brush with the Toothbrush Timer

1. Click the Toothbrush Timer button on the menu.
2. Click Brush to start the timer.
3. Click Pause to stop the timer.
4. At the end of two minutes, the timer will stop. Press Reset to start over.





## Have you connected with Delta Dental of Illinois?

Good Oral Health Starts with Knowledge. Be a Smart Mouth.

Follow us on social media for oral health tips, recent news, contests & more!



[www.facebook.com/DeltaDentallL](http://www.facebook.com/DeltaDentallL)



[www.twitter.com/DeltaDentallL](http://www.twitter.com/DeltaDentallL)



[www.youtube.com/user/DeltaDentalIllinois](http://www.youtube.com/user/DeltaDentalIllinois)



[www.DeltaDentallLblog.com](http://www.DeltaDentallLblog.com)



[www.pinterest.com/DeltaDentallL](http://www.pinterest.com/DeltaDentallL)



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.

# get smart about your smile.

## understand your oral health with a simple risk assessment.

## 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 [mydentalscore.com/deltadental](https://mydentalscore.com/deltadental).

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



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.

**Public Health Activities:** We may share your PHI with a public health authority that collects or receives information to prevent or control disease, injury or disability.

***Military and Veterans:*** If you are a member of the armed forces, we may release PHI about you if required by military command authorities.

***Victims of Abuse, Neglect or Domestic Violence:*** We may report your PHI to a government authority regarding child abuse, neglect or domestic violence.

***Health Oversight Activities:*** We may share your PHI with a health oversight agency for certain activities including audits, inspections, licensure or disciplinary actions.

***Lawsuits and Disputes:*** We may provide your PHI to a court or an administrative agency, for example, pursuant to a court order or subpoena.

***Law Enforcement:*** We may report your PHI to a law enforcement official for purposes, for example, of identifying or locating a suspect, fugitive, material witness or missing person or in response to a grand jury subpoena, an administrative subpoena or a civil or criminal investigation.

***Coroners, Medical Examiners, and Funeral Directors:*** We may share your PHI with a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also share information with funeral directors as necessary to carry out their duties.

***Avert a Serious Threat to Health or Safety:*** We may report your PHI to public health agencies if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious health or safety threat. Any disclosure, however, would only be to someone able to help prevent the threat.

***Specialized Government Functions:*** We may share your PHI to authorized federal officials for the conduct of lawful intelligence, counterintelligence and other national security activities duly authorized by law.

***Workers' Compensation:*** We may disclose your PHI as authorized by and to the extent necessary to comply with the law relating to workers' compensation or similar programs that provide benefits for work-related injuries or illness.

***Research:*** We may use or disclose your health information for research, subject to certain conditions. For example, we may provide your PHI to an entity to analyze utilization patterns so long as the recipient entity fully complies with all legal requirements which apply to PHI for which no patient authorization has been given.

***Other Uses of Health Information:*** Uses and disclosures of PHI for marketing purposes and disclosures that constitute a sale of PHI require your written authorization. Other uses and disclosures of your PHI not covered by this Notice or laws that apply to us will be made only with your written authorization. If you give us an authorization, you may revoke that authorization, in writing, at any time to stop any future uses or disclosures. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your authorization.

## WHAT ARE YOUR RIGHTS

**You have the following rights regarding health information the Company maintains about you:**

***You have the right to inspect and copy your health records:*** You have the right to inspect and obtain a copy of the information that we maintain about you in your designated record set ("health records"). Your health records typically include claim and payment information. A **request to inspect and copy these records should be made in writing to the Compliance Department at the address listed below.** If you request a copy of this information, we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. In certain situations, we may deny your request to inspect a copy or obtain a copy of your information. If you are denied access to PHI, you may request that the denial be reviewed by submitting a written request to the Compliance Department at the address listed below.

***You have the right to ask us to make changes to your health records:*** If you believe that any health information we have about you is incorrect or incomplete, you may ask us to make changes to this information. These changes are known as “amendments.” You have the right to request an amendment for as long as the information is kept by or for us. **To request an amendment, your request must be made in writing and include a reason supporting the requested change. Please submit the request to the Compliance Department at the address listed below.** We may deny your request for an amendment if it is not in writing or does not include a reason. We may also deny your request for amending your health information if it covers health records that:

- were not created by us, unless the person who actually created the information is no longer available to make the amendment;
- are not part of the information which you would be permitted to inspect and copy;
- are not part of the health records kept by or for us; or
- are accurate and complete.

We are not required to amend your PHI, but if we deny your request, we will provide you with information about our denial and how you can contest the denial.

***You have the right to receive an accounting of certain disclosures:*** You may request an accounting of disclosures of your PHI that we have made, except for disclosures we made to you or pursuant to your written authorization, or that were made for treatment, payment or health care operations, national security or incident to other permissible disclosures. **You must submit your request in writing to the Compliance Department at the address listed below.** Your request should specify a time period of up to six years. We will provide one list of disclosures to you per 12-month period free of charge; we may charge you for additional lists.

***You have the right to ask us to restrict the use or disclosure of your information:*** You have the right to ask us to restrict information about you that we use or disclose for payment or health care operations. You also have the right to request us to restrict information that we may release to someone who is involved in your care or the payment for your care. **Please note that, with limited exceptions, we are not required to agree to these restrictions. To request restrictions, you must make your request in writing to the Compliance Department at the address listed below. In your written request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse).**

***You have the right to ask to receive confidential communications of information:*** If you believe that you would be harmed if we send your health information to your current mailing address (for example, in situations involving domestic disputes), you can ask us to send the health information by alternate means (for example, by facsimile or e-mail) or to an alternate address.

We will accommodate your reasonable requests to receive communications from us by alternative means or at alternative locations to the extent our claims management system has that capability. Further, we will not ask you the reason for your request. **To request confidential communications, you must send a written request to the Compliance Department at the address listed below. Your request must specify how or where you wish to be contacted.**

***You have the right to receive a paper copy of this Notice upon request:*** You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to obtain a paper copy of this Notice from us upon request.

You may also obtain a copy of the current version of the Notice of Privacy Practice and Rights of the Company at its website: [www.deltadentalil.com](http://www.deltadentalil.com)

## CHANGES TO THIS NOTICE

We may amend this Notice of Privacy Practices at any time in the future and make the new Notice provisions effective for all PHI that we maintain. We will advise you of any significant changes to the Notice. We are required by law to comply with the current version of this Notice.

### **COMPLAINTS**

If you believe your privacy rights or rights of notification in the event of a breach of your PHI have been violated, you may file a complaint with us or with the Office of Civil Rights (“OCR”). Complaints about this Notice or about how we handle your PHI should be submitted in writing to the Compliance Department at the address listed below.

A complaint to the Office of Civil Rights should be sent to the Office of Civil Rights, U.S. Department of Health & Human Services, 233 North Michigan Avenue, Suite 240, Chicago, Illinois 60601, 312-886-2359; 312-353-5693 (TDD); 312-886-1807 (facsimile). You may also visit OCR’s website at <http://www.hhs.gov/ocr/privacy>. You will not be penalized, or in any other way retaliated against for filing a complaint with us or the Office of Civil Rights.

### **SEND ALL WRITTEN REQUESTS REGARDING THIS NOTICE OF PRIVACY PRACTICES TO:**

Compliance Department  
Delta Dental of Illinois  
111 Shuman Boulevard  
Naperville, Illinois 60563

### **FURTHER INFORMATION**

You have the right to ask us questions about matters covered by this Notice. To do so, please contact the Compliance Department at the address listed above, by e-mail at [compliance@deltadentalil.com](mailto:compliance@deltadentalil.com), or by telephone at (630) 718-4807.

**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  
(855) 327-8336

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

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