

Welcome to Delta Dental

City Of Crystal Lake

Group #20473

DELTA DENTAL

Delta Dental of Illinois

DELTA DENTAL

Good oral health starts with knowledge.



Delta Dental of Illinois will make you smile.

You are a member of the largest and most experienced dental benefits carrier. You have the benefit of our over 50 years of dental expertise. You've made a smart choice to elect dental benefit coverage. Good oral health starts with good dental coverage and knowledge. Your smile is a powerful thing and it's safe with Delta Dental of Illinois.

Your oral health and satisfaction are extremely important to us. We are committed to ensuring you and your covered dependents receive quality dental care and superior customer service. For help answering any questions, please visit us online at deltadentalil.com, download our Delta Dental mobile app, (see the enclosures here for all you can access through our website and mobile app) or contact our Customer Service Department at 800-323-1743. We look forward to serving you.

Delta Dental of Illinois is partnering with Amplifon to provide you with an added benefit for deeply discounted hearing aids and hearing healthcare services. One in 9 Americans experience some form of hearing loss – and that number is expected to double by 2030. The good news is that 95 percent of hearing loss is treatable with hearing aids. Please see the information sheet included in this packet or visit http://www.amplifonusa.com/deltadentalil to learn more.

Your Delta Dental Program

With your dental benefit program, you are free to go to any licensed dentist. However, you will save the most money by visiting a dentist in the Delta Dental PPO℠ network.

Delta Dental PPO dentists agree to accept our allowed PPO fees as payment in full, which means they can't charge you the difference between their usual fee and our allowed fee. On average, patients save 30 percent on the fee a Delta Dental PPO dentist would typically submit for a claim. Not only will you save money, but you can also stretch your benefit dollars – the less the claim reimbursement, the less dollars applied to your annual maximum.

Delta Dental Premier® is a safety net for our Delta Dental PPO network. You will pay more out-of-pocket with a Delta Dental Premier dentist compared to a Delta Dental PPO dentist. However, you may save more money with a Delta Dental Premier dentist compared to a non-network dentist. Delta Dental Premier dentists agree to our maximum plan allowances as payment in full, which may be lower than what a dentist would typically charge. See below for savings examples.

	Amount Billed	Delta Dental of Illinois' Allowed Amount	Coverage Percentage Paid by Delta Dental of Illinois	Amount Delta Dental of Illinois Pays*	Amount Dentist Can Bill You Over the Allowed Amount	Total Amount You Pay	Your Total Cost Savings
Procedure 1							
Delta Dental PPO™ Network	$80	$57	100%	$57	$0	$0	$23
Delta Dental Premier® Network	$80	$70	100%	$70	$0	$0	$10
Out-of-Network	$80	$70	100%	$70	$10	$10	$0
Procedure 2							
Delta Dental PPO™ Network	$1,200	$850	50%	$425	$0	$425	$350
Delta Dental Premier® Network	$1,200	$995	50%	$497.50	$0	$497.50	$205
Out-of-Network	$1,200	$995	50%	$497.50	$205	$702.50	$0

The information in the chart above is for illustrative purposes only and assumes the deductible has been met and the annual maximum has not been reached. There are some limitations on the expenses for which your dental plan pays. If you have specific questions regarding benefit coverage, limitations, exclusions or non-covered services, please refer to your certificate of coverage/dental benefit booklet or contact Delta Dental of Illinois. For specific fees and costs for a certain procedure, you can request a pre-estimate from your dentist.

You also have the option of DeltaCare, a dental HMO plan, with set copayments for certain procedures. See the DeltaCare highlight sheet for more details.

Finding a Network Dentist

As you can see, it pays to use a Delta Dental PPO dentist. Visit deltadentalil.com today to find a network dentist. You can also download our free Delta Dental mobile app, available for Apple and Android devices, to find dentists and gauge the cost of common dental treatments using the Dental Care Cost Estimator tool.

What are my Benefits?

A highlight of your benefit plan is included with this packet. You can also review your benefits through the Member Connection at deltadentalil.com (please see the Member Connection sheet included in this packet). Please also review your certificate of coverage for a detailed description of your benefits. Delta Dental offers an array of dental benefits programs to our clients. The benefits you receive depend on the program options your group has selected. Payment policies differ for each program and likewise, not all treatments are covered similarly. Depending on the treatment, Delta Dental of Illinois will pay only the applicable percentage of the fee for the maximum we allow for that service.

We're here to help. If you have questions, visit deltadentalil.com or call 800-323-1743 to connect with us.

Your dental benefit program also includes our Enhanced Benefits Program. Information is below.

Enhanced Benefits Program — Oral Health Meets Overall Health

Delta Dental of Illinois offers an Enhanced Benefit Program that enhances coverage for individuals who have specific health conditions that can be positively affected by additional oral health care. These enhancements are based on scientific evidence that shows treating and preventing oral disease in these situations can improve overall health. If you are eligible, you can sign up through the Member Connection (information is included).

When Do You Need a Predetermination of Benefits?

It is not required, but we recommend that you ask your dentist to predetermine services over $200. If your dentist recommends a certain procedure that will cost over $200, ask him or her to send a predetermination to Delta Dental of Illinois. We will issue a predetermination that indicates the amount covered for the procedure in advance. Assuming no changes are made to eligibility or additional benefits for other claims are paid prior to receiving treatment, you and your dentist will have a better idea how much will be covered under the benefit program and how much you will be required to pay for the service.

Submitting a Claim

Network dentists automatically submit claims to us. If you use a non-network dentist, you may have to file your own claim form. Our claims mailing address is: P.O. Box 5402, Lisle IL 60532.

Your Oral Health Matters: Be a Smart Mouth

Visit deltadentalil.com/oralhealth to find oral health resources that can answer your oral health questions and offer information to help you protect your smile for a lifetime.

Get Answers

Visit our website at deltadentalil.com. Our online resources are available 24 hours a day. On deltadentalil.com, you can:

- Retrieve benefit information (through the Member Connection). You can find specific information about your benefits, such as program type, benefit coverage levels, deductibles, coordination of benefits and age limitations, maximums used to date and copayments.
- Sign up to receive electronic EOBs (Explanation of Benefits) and other electronic documents (through the Member Connection).
- Check claim status and access EOBs (through the Member Connection).
- Print an ID card (through the Member Connection).
- Sign up for the Enhanced Benefits Program (through the Member Connection).
- Find network dentists.
- Access claim forms and information on the claims appeal process.
- Find answers to frequently asked questions.

- Assess your risk of dental disease.
- Get oral health information and tips.

You can contact Customer Service at 800-323-1743 from 7 a.m. to 7 p.m. Monday – Thursday and 7 a.m. to 6 p.m. Friday.

Connect with Us Today

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

www.facebook.com/DeltaDentalIL

www.twitter.com/DeltaDentalIL

www.deltadentalil.com/oralhealth

www.youtube.com/user/DeltaDentalIllinois

DELTA DENTAL®



Listen up!

Your ears could be telling you something

Did you know?

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

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

What causes hearing loss?

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

When should I get my hearing checked?

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

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

See reverse for your benefit information →

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amplifon Hearing Health Care

Your hearing program

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

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

To learn more, call or visit:

www.amplifonusa.com/deltadentalIL
1-888-823-2130

amplifon Hearing Health Care

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

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

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DELTA DENTAL

Delta Dental of Illinois

Dental Benefit Highlight Sheet

City Of Crystal Lake, Group #20473

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

Delta Dental PPO Plus Premier

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

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

Finding a Dentist

Visit our web site at www.deltadentalil.com and click on Provider Search. Please see the enclosed "How to Find a Network Dentist" sheet for more details.

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

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

Delta Dental PPO Plus Premier Plan Features

Your Delta Dental PPO Plus Premier plan includes the following features (please see enclosed pieces for more information):

- **Enhanced Benefit Program** offers additional coverage for individuals who have specific health conditions (including pregnancy, diabetes, high-risk cardiac conditions, and suppressed immune systems) that can be positively affected by additional oral health care.

Customer Service

The enclosed Member Connection sheet explains how to register on Delta Dental of Illinois' website, www.deltadentalil.com. Once registered, you can **get real time benefit information, check claim status, sign up for electronic Explanation of Benefits and print a temporary ID card.**

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

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

Learn More

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

***The information on the reverse side of this sheet is a brief summary of your dental plan and the services it covers. There are some limitations on the expenses for which your dental plan pays If you have specific questions regarding benefit coverage, limitations, exclusions, or non-covered services, please refer to your certificate of coverage/dental benefit booklet or contact Delta Dental of Illinois.

**Patient's share is the coinsurance/copayment, any remaining deductible any amount over the annual maximum and any services your plan does not cover.

Note: Delta Dental imposes no restrictions on the method of diagnosis or treatment by a treating dentist. A benefit determination relates only to the level of payment that your group dental plan is required to make.

PPOPREF

Intergovernmental Personnel Benefit Cooperative Plan Design Summary
City of Crystal Lake

Annual Deductible Deductible applies to Basic and Major services	$50/person; $150/family
Annual Maximum	$1500/ person
To Go[SM] Carryover Feature	Not Included
Enhanced Benefits Program	Your plan provides additional cleanings and/or applications of topical fluoride to people with specific health conditions that put them at risk for oral health disease. The costs of the additional cleanings and fluoride treatments will be applied to your annual maximum.

	Delta Dental PPO Network Dentist*	Delta Dental Premier Network Dentist**	Non-Network Dentist***
PREVENTIVE/DIAGNOSTIC SERVICES (no waiting period)			
• Routine exams (two per benefit year)	100%	100%	100%
• Cleanings (two per benefit year)	100%	100%	100%
• X-rays (bitewings -2 per benefit year; ***full mouth-1 per 2 years***)	100%	100%	100%
• Fluoride treatments ***(twice per benefit year to age 26)***	100%	100%	100%
• Sealants ***(to age 18)***	100%	100%	100%
• Emergency exams and palliative (pain relief) treatment	100%	100%	100%
BASIC SERVICES (no waiting period)			
• Space maintainers ***(to age 18)***	80%	80%	80%
• Pulp Vitality	80%	80%	80%
• Diagnostic casts	80%	80%	80%
• Sedative fillings	80%	80%	80%
• Consultations	80%	80%	80%
• X-rays (all other)	80%	80%	80%
• Fillings (silver (amalgam) and tooth colored (composite) on front teeth)	80%	80%	80%
• Non-surgical Periodontic (gum) maintenance	80%	80%	80%
• Surgical Periodontic (gum) maintenance	80%	80%	80%
• Oral surgery (simple extractions)	80%	80%	80%
• Oral surgery (surgical extractions including general anesthesia***/IV sedation***)	80%	80%	80%
• Oral surgery (all other)	80%	80%	80%
• Endodontics (root canals and pulpal therapy)	80%	80%	80%
• Local chemotherapeutic agents	80%	80%	80%
• Injectable antibiotics	80%	80%	80%
• Tissue conditioning	80%	80%	80%
• Denture (reline, rebase)	80%	80%	80%
MAJOR RESTORATIVE SERVICES (no waiting period)			
• Crowns, onlays, and other ceramic restorations to permanent teeth	50%	50%	50%
• Partial/full dentures	50%	50%	50%
• Denture (repairs and adjustments)	50%	50%	50%
• Fixed/removable bridges	50%	50%	50%
• Appliances for treatment of bruxism	50%	50%	50%
• Repairs of crowns, inlays/onlays and bridges	50%	50%	50%
• Sedative fillings	50%	50%	50%
• Occlusal adjustments	50%	50%	50%
ORTHODONTICS (no waiting period)	Not Included	Not Included	Not Included

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*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 – 40% discount off of average billed charges nationally.

**Delta Dental Premier dentists accept payment based on the lesser of the submitted fee or Delta Dental's maximum plan allowance (MPA), which is established at a level that typically delivers a 5 – 15% discount off of average billed charges nationally.

***Non-network (non-Delta Dental PPO/non-Delta Dental Premier) dentists are reimbursed at the 90th MDR.

Delta Dental PPO and Premier dentists cannot balance bill the enrollee for the difference between Delta Dental's allowed fee and the dentist's submitted charge.

Save More by Going PPO

When it comes to pearly whites, everyone wants to save a little green. With the Delta Dental PPO™ network, you'll get the coverage you need at a lower out-of-pocket cost.

Here's why: When general and specialty dentists participate in the Delta Dental PPO network, they agree to accept Delta Dental's PPO fees for services as payment in full. On average, **patients save 30%** on the fee a Delta Dental PPO dentist would submit for a claim versus their regular fee. Delta Dental PPO network dentists have also agreed **not to "balance bill" patients**. This means they can't bill you the difference between the Delta Dental PPO fee and their regular fee.

Delta Dental Premier® is a safety net for our Delta Dental PPO network. You will pay more out-of-pocket with a Delta Dental Premier Dentist compared to a Delta Dental PPO Dentist. However, you may save more with a Delta Dental Premier Dentist compared to a non-network Dentist. Delta Dental Premier Dentists agree to our maximum plan allowances as payment in full, which may be lower than the dentist's regular fee.

	Amount Billed	Delta Dental of Illinois' Allowed Amount	Coverage Percentage Paid by Delta Dental of Illinois	Amount Delta Dental of Illinois Pays*	Amount Dentist Can Bill You Over the Allowed Amount	Total Amount You Pay	Your Total Cost Savings
Procedure 1							
Delta Dental PPO™ Network	$80	$57	100%	$57	$0	$0	$23
Delta Dental Premier® Network	$80	$70	100%	$70	$0	$0	$10
Out-of-Network	$80	$70	100%	$70	$10	$10	$0
Procedure 2							
Delta Dental PPO™ Network	$1,200	$850	50%	$425	$0	$425	$350
Delta Dental Premier® Network	$1,200	$995	50%	$497.50	$0	$497.50	$205
Out-of-Network	$1,200	$995	50%	$497.50	$205	$702.50	$0

Whether you see a general dentist or visit a specialist, it pays to use a Delta Dental PPO dentist. Visit deltadentalil.com today to find participating dentists in your area.

You can also download our free Delta Dental mobile app to search dentists and gauge the cost of common dental treatments using the Dental Care Cost Estimator tool.

** The example chart is relative to plans where Delta Dental Premier network and out-of-network services are paid off of the maximum plan allowance. This information is for illustrative purposes only and assumes the deductible has been met and the annual maximum has not been reached. There are some limitations on the expenses for which your dental plan pays. If you have specific questions regarding benefit coverage, limitations, exclusions or non-covered services, please refer to your policy or certificate of coverage, or contact Delta Dental of Illinois. For specific fees and costs for a certain procedure, you can request a pre-estimate from your dentist.*

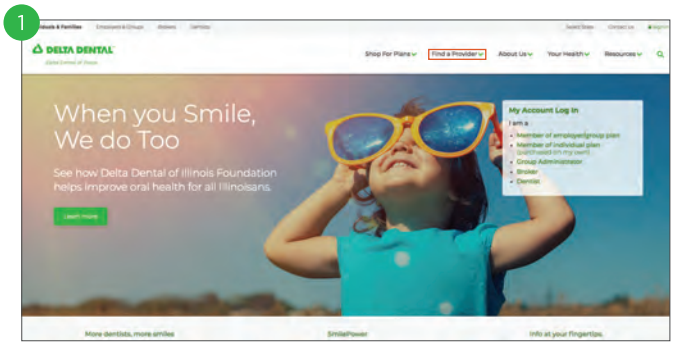
DELTA DENTAL®

Finding a Delta Dental PPO™ or Delta Dental Premier® Dentist

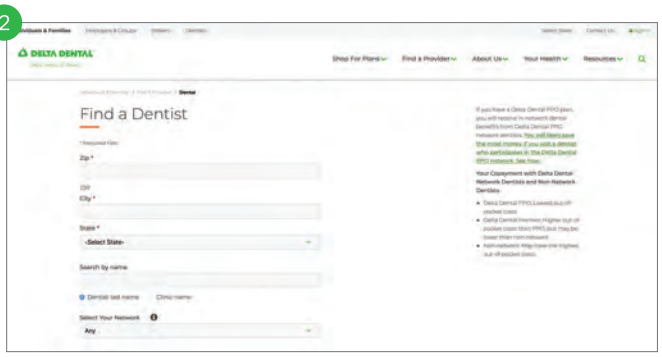
Finding a Delta Dental network dentist is easy. More than 3 out of every 4 dentists nationwide participate in a Delta Dental network. In Illinois, more than 75 percent of dentists participate in a Delta Dental network. You can find a network dentist today by using the Dentist Search on our website or calling our automated phone system.

Provider Search

1. Go to deltadentalil.com, and select "Find a Provider." On the following page, select "Dental."



2. To start your search, you can either enter the location where you want to locate network dentists (search by city/state or ZIP code), or search for a particular dentist or practice by name and ZIP code.



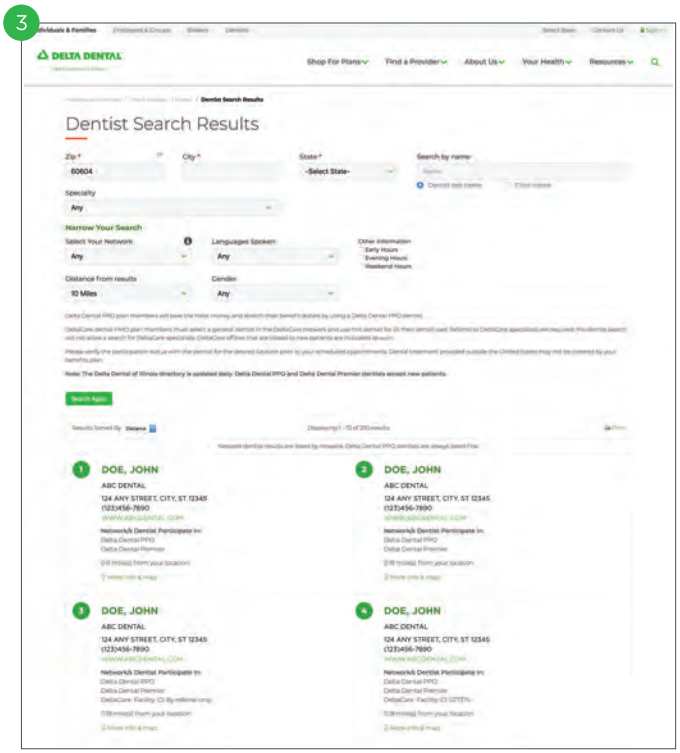
3 Results will automatically display by proximity (within 10 miles from city or ZIP code) and all Delta Dental networks the dentist participates in will be listed. You can change the distance by selecting a new option under the “Distance from results” dropdown menu and clicking “Search Again.”

4 You have the option to narrow your search based on the Delta Dental network a dentist participates in. You will save the most if you use a Delta Dental PPO network dentist.

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

5 You can further narrow your search by selecting a specialty (such as orthodontist), languages spoken and gender.

3



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.

DELTA DENTAL®

Member Connection

Connecting with Delta Dental of Illinois is easy!

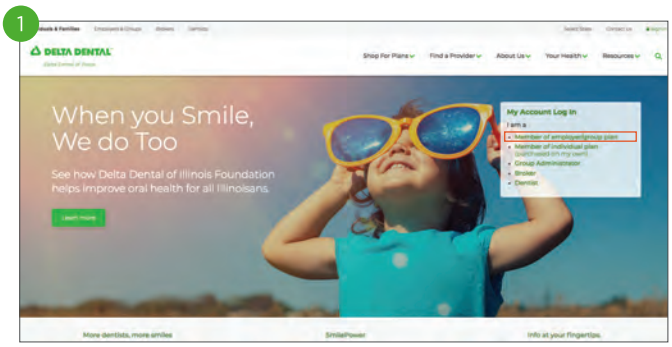
Get real-time benefit and claim information 24 hours a day, seven days a week through the Member Connection at deltadentalil.com or through our automated phone system at 800-323-1743.

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

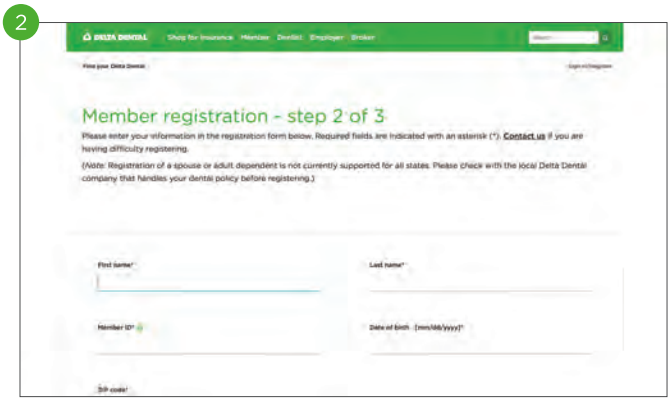
- Claim status
- Eligibility information
- Maximum and deductibles used to date
- Benefit levels
- Frequency and age limits
- Waiting periods
- Preventive history
- Explanation of Benefits (EOBs)

How to Register:

1. Go to deltadentalil.com, select "Member of employer/group plan" in the "My Account Log In" box located on the right side of the homepage. On the next page, click "New to Delta Dental? Enroll Here."



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

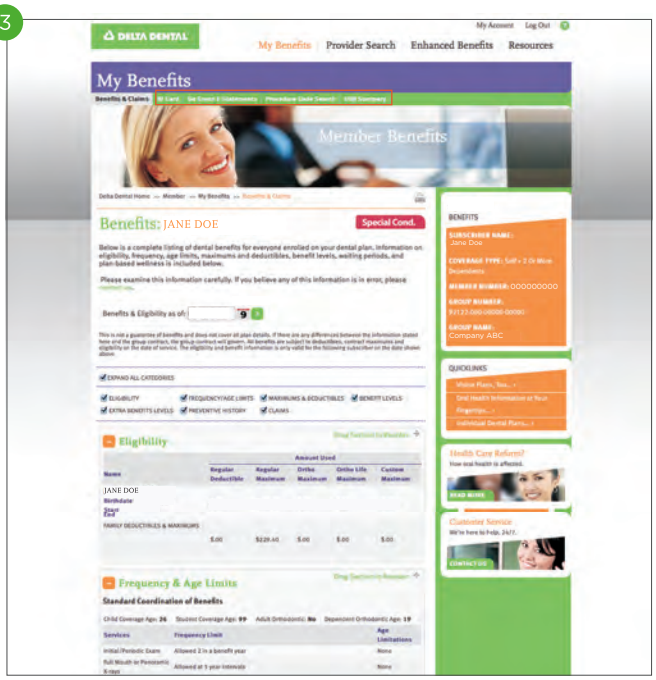


3 Once registered, you can easily access your and your covered dependents' benefits and claims information, print a temporary ID card, sign up to receive electronic EOBs (Go Green E-Statements), conduct a procedure code search and access EOB history.

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.).

3



DELTA DENTAL®

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; hypertropic 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.

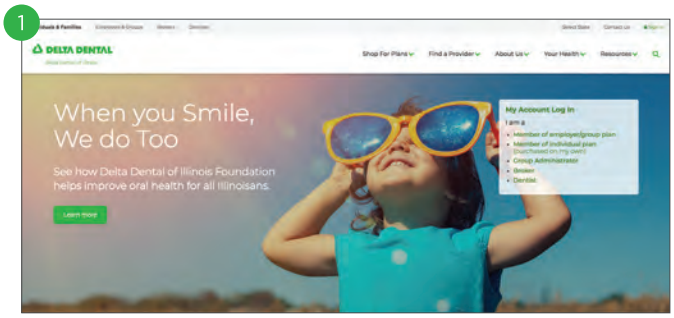
DELTA DENTAL

Enrolling in Delta Dental of Illinois' Enhanced Benefits Program

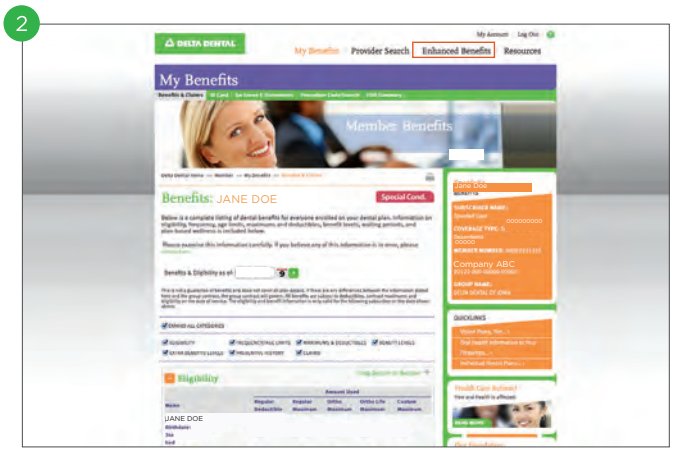
Your dental plan includes Delta Dental of Illinois' Enhanced Benefits Program that integrates oral health and overall health to offer additional benefits to people who have specific health conditions. To receive the additional benefits, you must enroll in the Enhanced Benefits program.

How to Enroll:

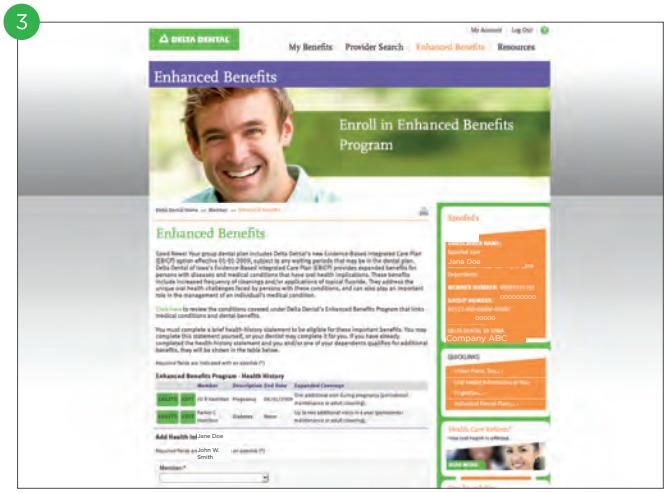
1. Go to Delta Dental of Illinois' member website at deltadentalil.com.



2. Sign into Member Connection. (You must be a registered user of the Member Connection to enroll in the Enhanced Benefits Program to protect the confidentiality of your personal health information. If you are not enrolled, see "How to register" on the next page.) After you have successfully signed in, select the "Enhanced Benefits" tab.



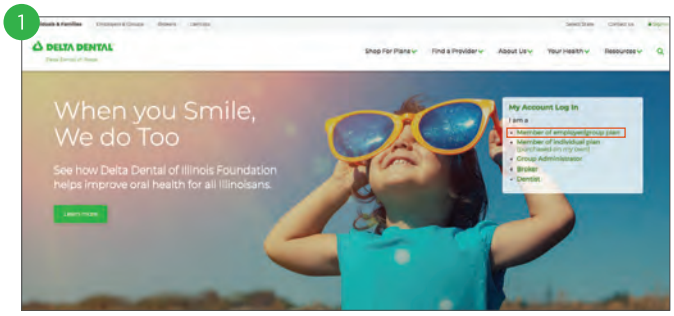
3. You will be able to enter or update the small amount of health information required to qualify for extra benefits for yourself or dependents. You and/or your dependents will be immediately eligible for those benefits.



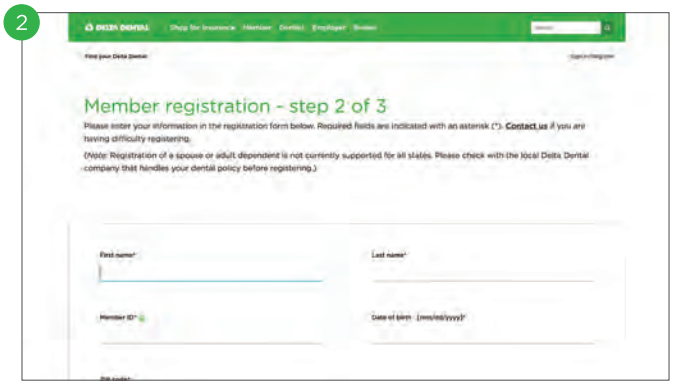
Please note: The periodontal disease health condition indicator will automatically be updated when nonsurgical or surgical periodontal procedures are processed by Delta Dental of Illinois.

How to Register:

1. Go to deltadentalil.com and select “Member of employer/group plan” in the “My Account Log In” box located on the right side of the homepage. On the next page, click “New to Delta Dental? Enroll Here.”



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



3. Create a username and password, enter your email, create a challenge question and then click on “Register User.”

4. Once registered, you can easily access your and your covered dependents’ benefits and claims information, print a temporary ID card, sign up to receive electronic EOBs (Go Green E-Statements), conduct a procedure code search and access EOB history.



Automated Phone System. Faster Service For You.

You can also call 800-323-1743 to access our automated phone system 24 hours a day, seven days a week.

DELTA DENTAL®

The Delta Dental Mobile App

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





Getting Started

Delta Dental's free mobile app is optimized for iOS (Apple) and Android devices. To download our app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental.

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

If you are a Delta Dental member who is registered on our website for Member Connection, you can log in using the same username and password. Launch the app on your device, then click the Login button. If you haven't registered for an account yet, you can do that within the app. If you've forgotten your username or password, you can also retrieve these via Delta Dental Mobile. You must enter your username and password each time you access the secure portion of the app. No personal health information is ever stored on your device. For more details on security, our Privacy Policy can be viewed via a link in the top right corner of the Login page.

Using the App Without Logging In

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

Using the App After Logging In

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



View your Mobile ID Card (Login Required)

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



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

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



View Coverage and Claims Information (Login Required)

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

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



Finding a Dentist

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



Understand Your Oral Health Risk with LifeSmile Score

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

DELTA DENTAL®



Get smart about your smile.

Understand your oral health with a simple risk assessment.

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

how it works

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

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

why it's important

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

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

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

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

Developed using leading edge technology, myDentalScore is made available through a partnership with the world leader in risk and disease analytic software, PreViser Corp.

4578 (04/15)

Effective Date: September 23, 2013

NOTICE OF PRIVACY PRACTICES AND RIGHTS

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

This Notice describes the privacy practices of Delta Dental of Illinois and its affiliated companies (collectively, "we" or "us" or the Company). These entities have designated themselves as a single affiliated covered entity for purposes of the privacy rules under the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA") and each has agreed to abide by the terms of this Notice and may share protected health information with each other as necessary for treatment, payment or to carry out health care operations, or as otherwise permitted by law.

We understand that health information about you is personal. We are committed to protecting the confidentiality of your health information that we maintain and using your information appropriately.

The HIPAA Privacy Rule protects only certain health information known as "Protected Health Information" ("PHI"). Generally, PHI is individually identifiable health information, including demographic information, transmitted or maintained by us, regardless of form (oral, written or electronic). We are required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to your health information and to notify affected individuals following a breach of unsecured PHI.. This Notice explains how we may use your health information and when we can share that information with others. This Notice also informs you of your rights with respect to your health information and how you may exercise those rights.

We comply with the provisions of HIPAA and the Health Information Technology for Economic and Clinical Health ("HITECH") Act and their implementing regulations. We maintain a breach reporting policy and have in place appropriate safeguards to track required disclosures and meet appropriate reporting obligations. In addition we comply with the "Minimum Necessary" requirements when using or disclosing your health information or when requesting your health information.

This Notice does not apply to information that has been de-identified. De-identified information is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.

HOW WE MAY USE AND SHARE YOUR HEALTH INFORMATION

We are allowed to use or share health information about you for certain purposes without your authorization, as permitted by federal and state law. The following categories describe different ways we may use and disclose health information. Not every use or disclosure in a category will be listed, but all of the ways we are permitted to use and disclose information will fall within one of the categories.

Payment: We may use or disclose PHI about you to obtain payment for your treatment and to conduct other payment related activities, for example, determining eligibility for benefits, billing, adjudicating your health claims, making coverage decisions, administering benefits and coordinating benefit payments.

Treatment: We may use or disclose your PHI to facilitate medical treatment or services by providers. For example, we may disclose information about prior treatment to a provider if the prior treatment affects coverage for the current treatment.

Health Care Operations: We may use or disclose your health information in connection with our health care operations, including conducting quality assessment and improvement activities, training, licensing, or credentialing activities, setting rates, conducting or arranging for treatment review, legal services and audit functions including fraud and abuse detection and compliance programs; resolving grievances and other activities related to coverage determinations, carrying out a wellness program and conducting business planning and general administrative activities.

Use by Business Associates: We may contract with individuals or entities known as Business Associates to perform various functions or to provide certain types of services on the Company's behalf. In order to perform those functions or provide these services, Business Associates may receive, create, maintain, use and/or disclose your PHI, but only if they agree in writing with the Company to implement appropriate safeguards regarding your PHI.

Disclosure to Health Plan Sponsor, Which May Be Your Employer: If you are covered under a group benefit program, your health information may be disclosed to the sponsor of the health plan under which your benefits are provided solely for the purposes of administering benefits under the health plan. The plan sponsor may be your employer or affiliated with your employer. Health information may also be disclosed to another health plan maintained by that plan sponsor for purposes of facilitating claims payments under that other health plan. We will make disclosures to the plan sponsor only if the plan sponsor has certified that it has put into place plan provisions requiring the sponsor to keep the health information protected.

We may, however, disclose certain health information to the plan sponsor without a certification in two circumstances. First, we may disclose summary health information to the plan sponsor to obtain premium bids or modifying, amending, or terminating the group health plan. Summary health information is summary claims information that has been stripped of most information that can link it to particular individuals. Second, we may disclose information on whether you have enrolled in or disenrolled from your benefit program.

Health Related Benefits and Services: We may use or disclose health information about you to communicate to you about health-related benefits and services. For example, we may communicate to you about health related benefits and services that add value to, but are not part of, your health plan.

We may also be required to release your health information, without your authorization, to others for the following reasons:

Required By Law: We may report your PHI, for example, in the event of suspected fraud, to state and federal agencies that regulate us or providers, such as the U.S. Department of Health and Human Services, the Illinois Department of Insurance or the Illinois Department of Financial and Professional Regulation.

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

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

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

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

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

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

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

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

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

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

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

WHAT ARE YOUR RIGHTS

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

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

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

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

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

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

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

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

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

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

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

CHANGES TO THIS NOTICE

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

COMPLAINTS

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

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

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

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

FURTHER INFORMATION

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

DELTA DENTAL OF ILLINOIS
Privacy Notice

This Privacy Notice, provided on behalf of Delta Dental of Illinois, describes our practices for safeguarding personal financial information of individuals enrolled in our benefit programs.

How We Collect Financial Information

We collect, retain and use certain types of personal financial information in connection with administering benefit programs. We may collect information from the following sources:

- Information we may obtain during the application or enrollment process, such as the enrollee's name, address, bank information, credit card information and social security number;
- Information we obtain from third parties, such as claim records and similar information;
- Information about transactions and experience, such as the enrollee's claims history and premium payment records; and
- Information we obtain through Internet technology, such as information provided to us via on-line forms that enrollees complete and information we receive when enrollees visit our Web site.

How We Share Personal Financial Information

We treat all personal financial information as confidential. We will not disclose personal financial information concerning any person covered under our dental benefit programs to third parties not affiliated with Delta Dental of Illinois or its affiliated companies except as necessary to administer claims in the ordinary course of our business, or where such disclosure has been authorized by the enrollee, or as otherwise permitted or required by law.

Aside from any information that is covered by our Privacy Policy (see above), any other information or material that is posted to the Website will be considered non-confidential and non-proprietary. Delta Dental of Illinois shall have no obligation with regard to such material. Delta Dental of Illinois may copy, disclose, distribute, incorporate, make derivative works from, and use this material and all things embedded in it for its own commercial and non-commercial purposes.

Protecting Your Privacy

We take great care to properly handle information about our enrollees. We have established strict policies and procedures to protect the confidentiality of personal financial information, and we maintain physical, electronic and procedural safeguards that comply with applicable federal regulations to protect information we have collected from unauthorized access.

If you have any questions about our privacy policy, please write to us at:

Delta Dental of Illinois
Privacy Questions
111 Shuman Boulevard
Naperville, IL 60563

Discrimination is Against the Law

Delta Dental of Illinois complies with all applicable Federal and State civil rights laws and does not discriminate on the basis of sex, sexual orientation, race, color, religious creed, national origin, citizenship, age, physical or mental disability, protected veteran status, gender, gender identity or expression, marital status, genetic information, or any other characteristic protected by law. Delta Dental of Illinois does not exclude people or treat them differently because of sex, sexual orientation, race, color, religious creed, national origin, citizenship, age, physical or mental disability, gender, gender identity or expression, marital status, genetic information, or any other characteristic protected by law.

Delta Dental of Illinois:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, etc.)
- Provides free language services to people whose primary language is not English, such as:
    - Qualified interpreters
    - Information written in other languages

If you need these services, contact our Civil Rights Coordinator. If you believe that Delta Dental of Illinois has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, gender, or gender identity, you can file a grievance with:

Civil Rights Coordinator
Delta Dental of Illinois
111 Shuman Boulevard
Naperville IL 60563
Phone: 630-718-4807
Email: compliance@deltadentalil.com

You can file a grievance in person or by mail, phone or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://hhs.gov/ocr/office/file/index.html.

Arabic
ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-323-1743.
Chinese
繁體中文
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-323-1743。
French
Français
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-323-1743.
German
Deutsch
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-323-1743.
Greek
Ελληνικά
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-323-1743.
Gujarati
ગુજરાતી
સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-323-1743.
Hindi
हिंदी
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-323-1743 पर कॉल करें।
Italian
Italiano
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-323-1743.
Korean
한국어
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-323-1743 번으로 전화해 주십시오.
Polish
Polski
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-323-1743.
Russian
Русский
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-323-1743.
Spanish
Español
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-323-1743.
Tagalog
Tagalog
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-323-1743.
Urdu
اردو
خبردار: اگر آپ اردو بولتے ہیں تو آپکے لیے مفت میں زبان کی مدد کی خدمات دستیاب ہیں۔ کال کریں 1-800-323-1743.
Vietnamese
Tiếng Việt
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-323-1743.

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Problems with Your Insurance? — If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

Delta Dental of Illinois
Customer Service Department
111 Shuman Boulevard
Naperville, IL 60563
(800) 323-1743

You can also contact the ILLINOIS DEPARTMENT OF INSURANCE, a state agency which enforces Illinois' insurance laws, and file a complaint. You can contact the ILLINOIS DEPARTMENT OF INSURANCE at:

Illinois Department of Insurance
Consumer Complaints
320 West Washington St.
Springfield, IL 62767
(866) 445-5364
(217) 557-6955

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