



Welcome to Delta Dental

YMCA Employee Benefits

Group #000000164



Delta Dental of Illinois



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 PPOSM 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.

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. **Remember that you'll likely enjoy the most out-of-pocket savings if you visit a Delta Dental PPO 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 or call 800-323-1743 to connect with us.

Your dental benefit program also includes our Enhanced Benefits Program and our ToGoSM 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 ToGoSM 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 ToGoSM 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.

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.
- Get oral health information and tips.

You can contact Customer Service at 800-323-1743.

Connect with Us Today

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



www.facebook.com/DeltaDentalIL



www.linkedin.com/company/delta-dental-of-illinois



www.instagram.com/DeltaDentalIL



www.youroralhealthhub.com/blog/





Smile Perks

Exclusive Savings for Members



All Delta Dental of Illinois members qualify for our exclusive Smile Perks discount program — which helps save money on everything from groceries and self-care products to electronics and flights.

Whether you're planning a major purchase like a car or vacation, or just want to save on the day-to-day essentials, Smile Perks has you covered.



Savings on Sonicare oral health products, Avent mother and baby essentials and Norelco shaving and grooming items

Member Discount Program powered by LifeMart®

Discounts on groceries, electronics, entertainment, travel, and much more — including regular limited-time offers



Access to a comprehensive hearing health discount program with savings of more than 60% off retail hearing aids



24/7 access to virtual dental care — a convenient, safe, and effective way to get immediate care when needed



Savings of 20-35% on LASIK procedures from the largest network of credentialed and experienced eye surgeons nationwide



Discounts on Oral-B electric and manual toothbrushes, replacement brush heads and more



Scan the QR code to access exclusive member savings — or visit deltadentalil.com/smile-perks to learn more.

*This offering is exclusive for Delta Dental of Illinois clients and their employees and covered members only. External distribution outside your company/group and employees is prohibited.



Delta Dental of Illinois and Philips Sonicare Team Up for Your Oral Health

A special offer for our valued clients and members



1 $\overline{\text{IN}}$ 4 ADULTS DON'T BRUSH
their teeth twice a day.¹

Delta Dental of Illinois employer clients can now help employees (and their family members) brush up on oral health habits while saving money on Sonicare products.*

With this exclusive program, Delta Dental of Illinois is providing an opportunity for you to access monthly offers on Sonicare products — including electric toothbrushes, power flossers, brush heads and more.

Visit philips.com/deltadentalil today and enter the provided promo code at checkout.

PHILIPS
sonicare



¹ Delta Dental Adult's Oral Health & Well-Being Survey, 2020

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LASIK is now easier for Delta Dental of IL members!



LASIK is an eligible pre-tax expense:

Save up to 30 percent more with your FSA or HSA dollars! ²

Flexible Financing Options:

12 months interest-free available from participating providers for qualified applicants.

The QualSight program is NOT an insured benefit and is available to members for access to QualSight for LASIK surgery.

¹ Savings based on national average LASIK price as reported by Market Scope LLC, Refractive Surgery Market Report Dec 2022

² Flexible Spending Account (FSA) and Health Savings Account (HSA) based on individual tax situation.

³ Lifetime Assurance Plans available at participating providers for an additional cost.



SERVICE

Savings

Members save 20-35% on LASIK through QualSight providers across the nation. ¹

Quality

Credentialed NCQA surgeons who have collectively performed more than 7.5 million procedures.

Choice

More than 800 locations and you choose the physician with the experience, reputation and technology your vision correction requires.

HOW IT WORKS

1. To take advantage of our savings call: **877-710-7104**
2. A QualSight Care Manager will explain the program and answer your questions.
3. Select your physician and set an appointment today!

VALUE

- ✓ Our low price includes the preoperative exam, procedure, postoperative visits and a One-Year Assurance Plan ³
- ✓ Prescription or astigmatism does not affect pricing.
- ✓ Custom Bladeless LASIK for **\$1,795** per eye represents savings of **20-35% off** the overall national average price.

Schedule your FREE consultation today.

877-710-7104

For more information visit:

qualsight.com/-Delta-Dental-IL



Treat your hearing loss, easily and affordably



What causes hearing loss?

Hearing loss can be temporary and caused by simple things like ear wax or a cold. It can also be permanent, caused by damage to the tiny hair-like cells in the inner ear as a result of exposure to noise, aging, other health conditions, or certain medications.



When should I get my hearing checked?

Hearing loss can come on so gradually that you may not even notice it's happening. In general, you should have your hearing screened every three to five years, and tested annually if you are over the age of 50 or 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.



How can I check my hearing?

Getting your hearing checked is now easier than ever with in-person and at-home options:

- **Virtual screening** allows you to confirm if hearing loss is detected from the comfort of home
- **Professional hearing evaluations** take place in a hearing care clinic setting. A hearing care professional will work with you to complete an in-depth evaluation of your hearing and propose solutions if hearing loss is indicated.

Learn more at www.amplifonusa.com/deltadentalLL



See reverse for your benefit information >

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 options from the top brands with an average savings of 66% off retail pricing.				
Amplifon Price (per ear)	\$995/ear	\$1,295/ear	\$1,495/ear	\$1,895/ear	\$2,195/ear



New virtual services

Virtual screening – determine need from the comfort of home

Personalized coaching – enhance adjustment and use of hearing aids

On-demand virtual visits – convenient care for non-clinical support

Risk-free trial

Find your right fit by trying your hearing aids for 60 days

Complimentary aftercare

1-year follow-up care - ensures smooth transition to your new hearing aids

2-year battery support - battery supply or charging station to keep you powered

3-year warranty - coverage for loss, repairs, or damage

To learn more, call 888-823-2130 TTY: 711 | Hours: Mon-Fri 7am - 8pm CT
or visit: www.amplifonusa.com/deltadentalIL

You and your provider will determine the best device to meet your hearing loss, lifestyle, and technology needs.

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 Amplifon 888-823-2130 for details.

Virtual screening does not take the place of a diagnostic exam by a licensed professional. Not all virtual services are available on all products.

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 third-party payor program, including government and private third-party payor programs. Hearing services are administered by Amplifon Hearing Health Care, Corp.

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-pocket 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):

- **ToGoSM**, a feature that allows you to carryover qualified unused portions of your annual maximum to the next year.
- **Enhanced Benefit Program** offers additional coverage for individuals who have specific health conditions (including pregnancy, diabetes, high-risk cardiac conditions, suppressed immune systems, and special needs) 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.

YMCA Employee Benefits Plan Design Summary Plan 1

Annual Deductible Deductible applies to Major services	\$50/ person; \$150/ family		
Annual Maximum	\$1500/ person		
To GoSM Carryover Feature	Allows enrollees to carryover qualified unused portions of their annual maximum from one year to the next. See enclosed brochure for more information.		
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.		
Lifetime Orthodontic Maximum Dependent Children to Age 26 Adults are eligible for coverage	\$1500/ person (when using a Delta Dental PPO SM dentist). \$1000/ person (when using a Delta Dental Premier [®] or a non-network dentist).		
	Delta Dental PPO Network Dentist*	Delta Dental Premier Network Dentist**	Non-Network Dentist***
<u>PREVENTIVE/DIAGNOSTIC SERVICES (no waiting period)</u>			
• 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 5 years)	100%	100%	100%
• Fluoride treatments (twice per benefit year to age 19)	100%	100%	100%
• Space maintainers (to age 14)	100%	100%	100%
• Sealants (to age 16)	100%	100%	100%
<u>BASIC SERVICES (no waiting period)</u>			
• Emergency exams and palliative (pain relief) treatment	85%	80%	80%
• Fillings (silver (amalgam) and tooth colored (composite) on front teeth)	85%	80%	80%
• Posterior composites (tooth colored fillings on back teeth)	85%	80%	80%
• Non-surgical Periodontic (gum) maintenance	85%	80%	80%
• Surgical Periodontic (gum) maintenance	85%	80%	80%
• Oral surgery (simple extractions)	85%	80%	80%
• Oral surgery (surgical extractions)	85%	80%	80%
• Oral surgery (all other)	85%	80%	80%
• Stainless steel crowns	85%	80%	80%
<u>MAJOR RESTORATIVE SERVICES (no waiting period)</u>			
• Endodontics (root canals and pulpal therapy)	50%	50%	50%
• General anesthesia or IV sedation	50%	50%	50%
• Crown and bridge repairs	50%	50%	50%
• Occlusal guards	50%	50%	50%
• Crowns, onlays, and other ceramic restorations to permanent teeth	50%	50%	50%
• Partial/full dentures	50%	50%	50%
• Denture (repair, reline, rebase and adjustments)	50%	50%	50%
• Fixed/removable bridges	50%	50%	50%
• Implants	50%	50%	50%
<u>ORTHODONTICS (no waiting period)</u> Dependent Children to Age 26; Adults are eligible for coverage	50%	50%	50%

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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 discounts of 25% - 30% off of average billed charges nationally.

***Non-network (non-Delta Dental PPO/non-Delta Dental Premier) dentists are reimbursed at the 80th percentile of "reasonable and customary" charges.

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.

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: Delta Dental PPO network dentists agree to accept our reduced PPO fees as payment in full for dental services. This means they cannot bill you the difference between what they usually charge for a dental service and what the Delta Dental PPO fee is. This requirement for network dentists is how we protect members from unexpected charges. On average, **members save 30%** on the fee a Delta Dental PPO dentist would normally charge for a service.

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 delatadentalil.com](https://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.

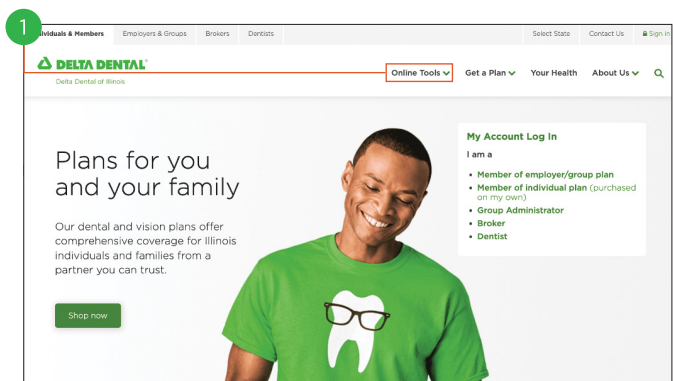
* The example chart is relative to plans where Delta Dental Premier network and out-of-network services are paid off of the maximum plan allowance. This information is for illustrative purposes only and assumes the deductible has been met and the annual maximum has not been reached. There are some limitations 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.

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

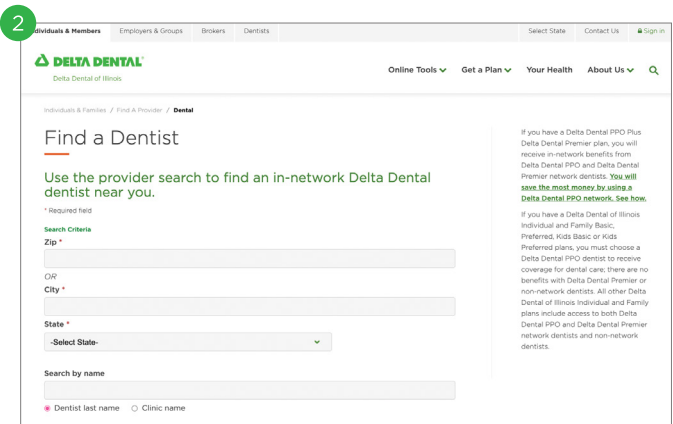
Finding a Delta Dental network dentist is easy. More than 3 out of every 4 dentists nationwide participate in a Delta Dental network. You can find a network dentist today by using the Dentist Search on our website or calling our automated phone system.

Provider Search

- 1 Go to deltadentalil.com, and select “Online Tools” and then “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

The screenshot shows the 'Dentist Search Results' page for Delta Dental of Illinois. The search filters are as follows:

- Zip: 60604
- City: (empty)
- State: -Select State-
- Specialty: Any
- Distance from results: 10 Miles
- Gender: Any
- Languages Spoken: Any
- Search by name: (empty)

Below the filters, there are four search results for 'DOE, JOHN' at 'ABC DENTAL'.

Result Number	Dentist Name	Address	Phone	Website	Networks	Distance
1	DOE, JOHN	ABC DENTAL 124 ANY STREET, CITY, ST 12345 (123)456-7890 WWW.ABCDENTAL.COM			Delta Dental PPO, Delta Dental Premier	0.19 miles from your location
2	DOE, JOHN	ABC DENTAL 124 ANY STREET, CITY, ST 12345 (123)456-7890 WWW.ABCDENTAL.COM			Delta Dental PPO, Delta Dental Premier	0.19 miles from your location
3	DOE, JOHN	ABC DENTAL 124 ANY STREET, CITY, ST 12345 (123)456-7890 WWW.ABCDENTAL.COM			Delta Dental PPO, Delta Dental Premier	0.19 miles from your location
4	DOE, JOHN	ABC DENTAL 124 ANY STREET, CITY, ST 12345 (123)456-7890 WWW.ABCDENTAL.COM			Delta Dental PPO, Delta Dental Premier	0.19 miles from your location

Automated Phone System

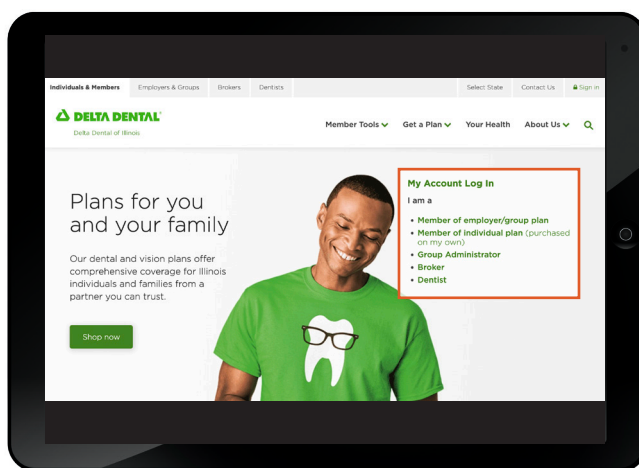
You can also find a dentist through our automated phone system. Delta Dental PPO and Delta Dental Premier members can call 800-323-1743, say “Dentist Directory” and follow the automated instructions.



Delta Dental of Illinois' Member Connection



Easily access all your benefits information securely with our online Member Connection.



Find everything you need to know about your coverage.

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

Opt-in to receive your EOBs electronically.

- Receive your statements quicker.
- Keep personal information secure.
- Get real-time updates anytime, anywhere.
- Help the environment by going paperless.



Make the most of your benefits with Member Connection — and enroll for electronic EOBs today. It's quick and easy!

Scan the QR code or visit deltadentalil.com to learn more.

Member Connection

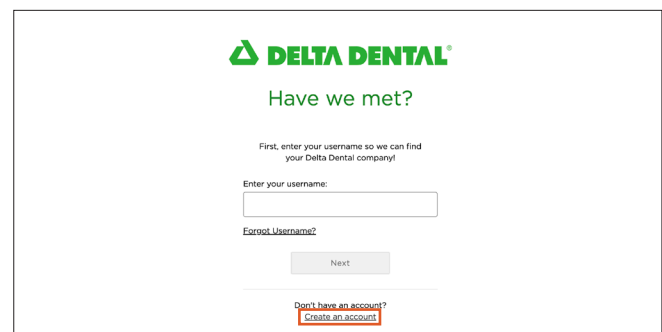
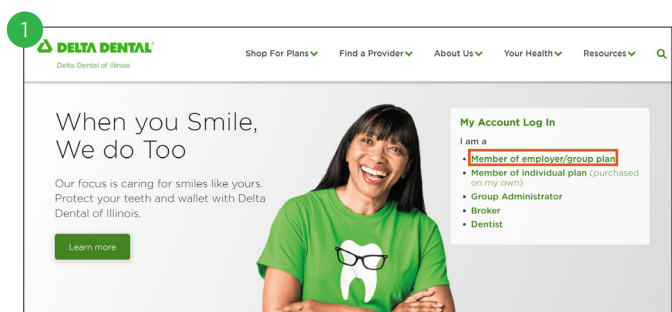
Get real-time benefit and claim information 24 hours a day, seven days a week through the Member Connection at deltadentalil.com or through our automated phone system at 800-323-1743.

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

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

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 "Create an account."



2 You will need to enter the primary member's first and last name, member ID or Social Security number and date of birth.

- **For name:**
 - The name must appear exactly how your employer entered it during enrollment; for example, "Bob" may be "Robert."
 - If you have a suffix before or after your first name — for example, Jr., II or an initial — you may also need to list it; for example, Robert Jr., Robert III or J Robert.
 - There is a 10-character limit for first name and a 15-character limit for last name. For example, if your first name is Christopher, you are limited to Christophe for first name.
- **For member ID:** If your member ID is less than 9 digits, you must enter zeros in front of the number; for example, 001234567. You may also use Social Security number with no dashes.
- **For date of birth:** You must enter two-digit month, two-digit day and four-digit year with dividers; for example, 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 an ID card, sign up to receive electronic EOBs and access EOB history. Please note, when printing a digital ID card from the member portal, the card may display a dependent's name based on the view selected. Be sure the ID card you present to your dentist lists the primary member (subscriber) to ensure accurate claims processing.

2

DELTA DENTAL Shop for insurance Member Dentist Employer Broker

Find your Delta Dental Sign in/Register

Member registration - step 2 of 3

Please enter your information in the registration form below. Required fields are indicated with an asterisk (*). [Contact us](#) if you are having difficulty registering.

(Note: Registration of a spouse or adult dependent is not currently supported for all states. Please check with the local Delta Dental company that handles your dental policy before registering.)

First name*	Last name*
Member ID*	Date of birth [mm/dd/yyyy]*
ZIP code*	

4

DELTA DENTAL Dashboard Claims Find a Dentist Forms & Resources Enhanced Benefit Program Edit Account

As a member, you have access to exclusive discounts through our [Smile Perks program](#). With Smile Perks, you get discounts on day-to-day essentials with LifeMart, Oral-B and Philips products, such as Sonicare toothbrushes, AVENT mother and baby products, Norelco grooming products, and much more.

My Plan	My Recent Dentists
Name: JANE DOE	JOHN DOE
Group Name: Company ABC	
Group Number: 0000000000-0000000000-0000000000	Address: 123 Any Street Anytown, IL 12345 Get Directions
ID: XXX-XX-4575	Directions:
Plan / Type: PPO/Premier	Contact:
Effective Date: 02/01/2025	
Product Name: Delta Dental PPO Plus Premier	

Q Search for Dentists

Recent Claims [View all claims](#)

In the last 30 days you have 0 claims with a member responsibility of \$0.00 .

My Benefits SELECT INDIVIDUAL TO VIEW DET...



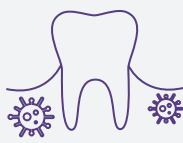
A Smart Way to Enhance Your Overall Health

Delta Dental of Illinois offers an Enhanced Benefits Program for individuals who have specific health conditions that can be positively affected by extra oral health care. Benefits include additional cleanings and/or fluoride treatments.* Individuals with disabilities may also qualify for additional services such as anesthesia, sedation, silver diamine fluoride and other medications and behavior modifying treatments.

Individuals who qualify include those:



with diabetes



with periodontal disease



with cardiac conditions



who are pregnant



with kidney failure/
who are undergoing
dialysis



with suppressed
immune systems**



with
disabilities***



who are undergoing
cancer-related
chemotherapy
and/or radiation

To receive additional benefits, enroll in the Enhanced Benefits Program through Delta Dental of Illinois' Member Connection portal. Visit deltadentalil.com to sign up today.



Delta Dental of Illinois

* Costs of additional treatments will be applied to members' annual maximums.

** Includes individuals with HIV, organ recipients, and/or stem cell (bone marrow) recipients.

*** Includes individuals with physical, medical, developmental and/or cognitive needs, such as autism, Alzheimer's disease, Down syndrome, spinal cord injuries and other conditions where modifications are necessary to provide the best oral health treatment possible. Individuals with disabilities may also qualify for additional services such as general anesthesia, IV and oral sedation, nitrous oxide, decay arresting medications such as silver diamine fluoride, and behavior management benefits.

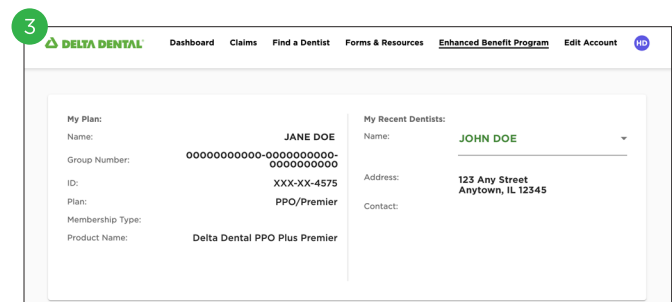
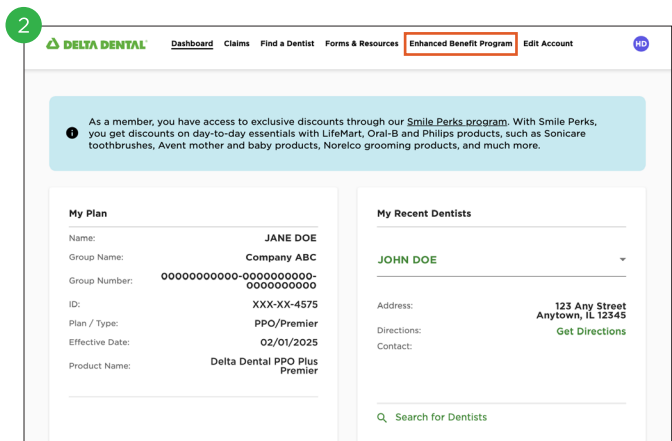
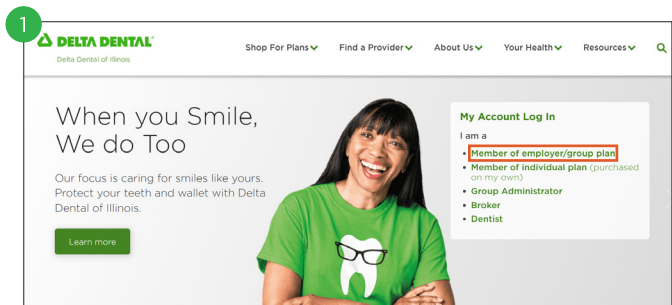
Enhanced Benefits Program

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. (To protect the confidentiality of your personal health information, you must be a registered user of the Member Connection to enroll in the Enhanced Benefits Program.) After you have successfully signed in, select the "Enhanced Benefits Program" tab.
- 3 You will be able to enter or update the health condition and start date required to qualify for extra benefits for yourself or your 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.





Use it or lose it?

Not with To GoSM from Delta Dental of Illinois

In traditional PPO dental plans, the annual maximum is a “use it or lose it” benefit. With Delta Dental of Illinois’ To Go feature, members don’t have to leave unused annual maximum dollars behind.* They can carry over the unused portion of their annual maximum to the next benefit year and use it later.

To Go allows members more flexibility and can help them plan for more costly dental treatments down the road.

Visiting the dentist is doubly important.

It pays to go to the dentist for routine visits to keep oral health in check and maximize dental benefit plans. If members have a dental service that applies to their annual maximum** during their benefit year, To Go allows unused annual maximum dollars to be applied to their dental plan for the next year — up to twice the amount of their plan’s annual maximum. Plus, their To Go carryover balance never expires, so they keep the additional dollars until they need them.***

How To Go annual maximum carryover works:

YEAR 1	Annual Maximum	\$1,500	
	Eligible Benefits Received	— \$500	
	Unused Annual Maximum	\$1,000	
	To Go Balance / Carryover to Year 2	\$1,000	←
YEAR 2	Annual Maximum	\$1,500	
	Eligible Benefits Received	— \$400	
	Unused Annual Maximum	\$1,100	
	To Go Balance	+ \$1,000	←
	! To Go Balance / Carryover to Year 3	\$2,100	
	The To Go balance cannot exceed the total annual maximum amount (\$1,500) so only \$500 of the \$1,100 unused annual maximum can be applied to the To Go balance.		
	Adjusted To Go Balance / Carryover to Year 3	\$1,500	←
YEAR 3	Annual Maximum	\$1,500	
	Eligible Benefits Received	— \$2,000	
	Balance Due	\$500	
	Unused Annual Maximum	\$0	
	To Go Balance	\$1,500	←
	To Go Balance Applied	\$500	
	To Go Balance / Carryover to Year 4	\$1,000	

deltadentalil.com

* The To Go feature may not be available with all Delta Dental PPOTM and Delta Dental Premier[®] plans. Review your plan documents to see if To Go is included in your plan.

** Any preventive/diagnostic, basic or major dental services apply to the annual maximum. Carryover amounts for unused annual maximum dollars are subject to plan design and cannot exceed twice the plan’s annual maximum.

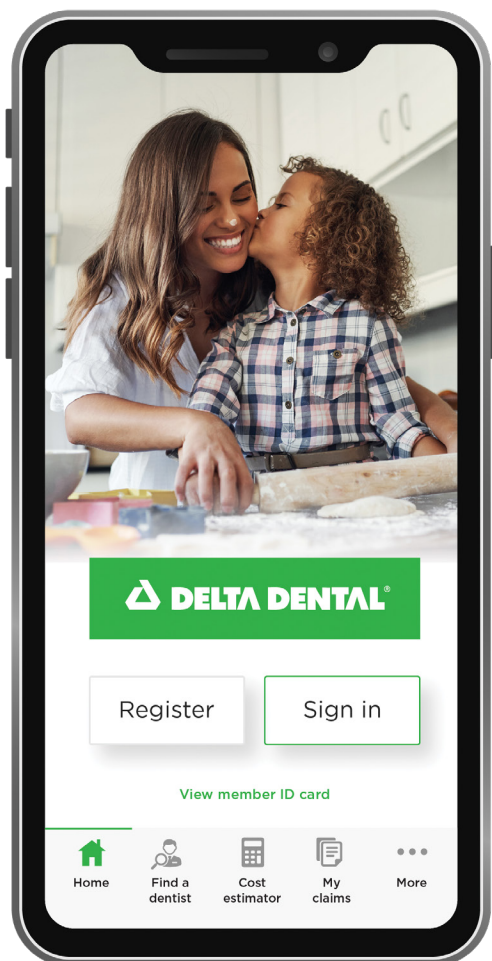
*** Members cannot take unused maximums with them upon termination of employment or the dental plan, nor can they apply the unused annual maximum to another dental plan.

Delta Dental Mobile App

Manage your oral health anytime, anywhere



Your oral health is important to Delta Dental — and to your overall health. We have designed our mobile app to make it easy for you to make the most of your dental benefits. Maximize your health, wherever you are! Search for a dentist near you, view ID cards, and more, right on your mobile device.



Get started

The Delta Dental Mobile App is free and 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 Mobile App. Or, scan the QR code below. You will need an internet connection to download and use most features of our free app.

Log in to view benefits

Delta Dental members can sign in with their username and password used for DeltaDental.com. If you have not registered for an account yet, you can do that within the app. If you have forgotten your username or password, you can also retrieve these via the Delta Dental Mobile App.



SCAN TO DOWNLOAD
DELTA DENTAL MOBILE APP

Delta Dental Mobile App features

Sign in to access the full range of tools and resources

	Access your mobile ID card No need for a paper card. Quickly access your ID card by saving it to the Apple Wallet or Google Wallet on your mobile device.
	Find a dentist It's easy to find a dentist near you. Search and compare dental offices to find one that suits your needs.
	Estimate dental care cost Find out what to expect with our Dental Care Cost Estimator. Our easy to use tool provides estimated cost ranges on common dental care needs for dentists in your area, now with the option to select your dentist for tailored cost estimates.
	Save your preferred dentist Save your favorite dentists using the Delta Dental Mobile App for quick access to contact information, making it easy to schedule your routine cleaning.
	See your claims Look up detailed claims information for your dentist visits over the last 18 months.
	Review your plan coverage Review your dental policy coverage details such as deductibles, maximums, and other benefits.

Please note information displayed may vary based on your particular coverage. For more information on your coverage, contact your Delta Dental company. "Delta Dental" refers to the national network of 39 independent Delta Dental companies that provide dental benefits and is a registered trademark of Delta Dental Plans Association.

deltadental.com

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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

This Notice explains 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”). These entities follow the privacy rules under HIPAA and share health information for treatment, payment, and health care operations or as otherwise permitted by law.

We understand that your health information is personal and are committed to protecting its confidentiality.

HIPAA protects certain health information known as Protected Health Information (PHI), which includes identifiable health information transmitted or maintained by us.

This Notice explains how we use and share your health information and informs you of your rights regarding your health information.

We comply with HIPAA, Health Information Technology for Economic and Clinical Health (“HITECH”) Act, and their regulations. We have safeguards to track disclosures and meet reporting obligations, and we follow the "Minimum Necessary" requirements when using or sharing your health information.

This Notice does not apply to information that has been de-identified, meaning it cannot be used to identify you.

Our Privacy Practices and Responsibilities

- We are required by law to maintain the privacy and security of your health information. As a result, we ensure that our employees’ access to your health information is limited to a business “need-to-know” basis.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you provide permission in writing. If you provide permission, you may change your mind at any time. Let us know in writing if you change your mind.
- We will notify you promptly if a breach occurs that may have compromised the privacy or security of your information.

Your Rights

This section explains your rights and our responsibilities in helping to protect your information. You have the right to:

Get copies of 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. Your right to this information does not include copies of information: ○ Made in reasonable anticipation of (or use in) a civil, criminal, or administrative action or proceeding; ○ Subject to federal or state laws that do not allow us to give it to you; ○ That could possibly harm you or another person. If we limit access because of this, you have the right to ask for a review of this decision. A request to inspect and copy these records should be made in writing to the Compliance Department at the address listed below. We will provide a copy or summary of your health records, usually within 30 days of your request, and we may charge a reasonable, cost-based fee.
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Correct health and claims records	You can ask us to correct your health and claims records if you think they are incorrect or incomplete. 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.
Request confidential communications	• If you're concerned about your safety, you can ask us to contact you in a specific way (for example, home or office phone number) or send mail to a different address. • We will consider all reasonable requests and will agree if not doing so could put you in danger.
Request limits on how we share your information	• You have the right to ask us to limit how we use or share your information for payment or health care operations, especially for services paid in full out-of-pocket without using plan benefits. • You have the right to request us to limit information that we may release to someone who is involved in your care or the payment for your care. • We are not required to agree to your request. For example, we may deny a request if it could affect your care. • 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).
Get a list of who we've shared your information with	• You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date of your request, who we shared it with, and why. • This list won't include information shared for treatment, payment, health care operations, or any other disclosures you asked us to make. • We'll provide one accounting per year for free. If you request more than one within 12 months, we will charge a reasonable, cost-based fee.
Get a paper copy of this Notice	• You can ask for a paper copy of this Notice at any time, even if you agreed to receive it electronically. We will provide you with a paper copy promptly. • 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
Choose someone to act for you	• If you have given someone power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. • We will ask the person to show proof of this authority to act for you before we take any action.

Your Choices

For certain health information, you have a choice in what we share. If you have a clear preference for how we share your information in the situations described below, let us know, and we will follow your instructions.

In these situations, you can choose to tell us to:	• Share information with your family, close friends, or others involved in payment for your care • Share information in a disaster relief situation
In these cases, we won't share your information unless you give us written permission:	• Marketing purposes • Sale of your information

Our Uses and Disclosures

The following categories describe ways we use and disclose health information. Not every use or disclosure in a category will be listed. We may use or share your health information without your permission in the following ways:

Payment for your health services	• We might use or share your health information to get payment for your treatment.	Examples: ○ Checking if you qualify for benefits. ○ Billing for your treatment. ○ Handling your health claims. ○ Making decisions about your coverage. ○ Managing your benefits. ○ Coordinating payments for your benefits.
To assist in managing the care you receive	• We might use or share your health information to help dentists and other medical providers treat you.	Example: We might share information about your past treatment with a dentist if it affects your current treatment coverage.
To run our organization	• We might use or share your health information for our health care operations and contact you when necessary. We may share non-health information with other Delta Dental member companies for business operational purposes. • We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.	Examples: We use health information about you to develop better services. This may include: ○ 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.
With Your Employer	• If you are part of a group benefit program, your health information might be shared with the plan sponsor, usually your employer, to manage your benefits. We will only share this information if the sponsor has agreed to protect its confidentiality. • In certain situations, we may share health information with the sponsor even without a confidentiality agreement.	Examples of situations where a promise is not required: ○ We can share summary health information to get premium bids or to change the group health plan. This summary information doesn't include details that can identify you. ○ We can share information about whether you have joined or left your benefit program.

With Business Associates	• We might hire people or companies called Business Associates to do different tasks or provide certain services for the Company. • To do these tasks or provide these services, Business Associates might receive, create, maintain, use, or share your health information. • Business Associates are permitted to use your health information only if they have entered into a written agreement with the Company to ensure its security and confidentiality.	Example: We might hire a company to handle billing or manage our data.
For health-related benefits	• We may use or disclose health information about you to communicate to you about health-related benefits and services.	Example: We may communicate to you about health-related benefits and services that add value to, but are not part of, your health plan.

How else can we use or share your health information?

We are allowed or required to share your information in other ways, such as for public health and research. We must meet many legal conditions before we can share your information for these purposes. For more information, visit www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

To help with public health and safety issues	• We can share health information about you for certain situations such as: ○ Preventing disease ○ Helping with product recalls ○ Reporting adverse reactions to medications ○ Reporting suspected abuse, neglect, or domestic violence ○ Preventing or reducing a serious threat to anyone's health or safety
For research	• We can use or share your information for certain health research.
To comply with the law	• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
To respond to a health entity, medical examiner or funeral director	• We can share health information about you with organ procurement organizations. • We can share health information with a coroner, medical examiner, or funeral director when a person dies.
To address workers' compensation, law enforcement, and other government requests	• We can use or share health information about you: ○ For workers' compensation claims ○ For law enforcement purposes or with a law enforcement official ○ With health oversight agencies for activities authorized by law ○ For special government functions such as military, national security, and presidential protective services
To respond to lawsuits and legal actions	• We can share health information about you in response to a court or administrative order, or in response to a subpoena.

For situations involving fraud	• We might report your health information if we suspect fraud. • For example, we might share it with state and federal agencies that oversee us or your providers. These agencies include the U.S. Department of Health and Human Services, the Illinois Department of Insurance, or the Illinois Department of Financial and Professional Regulation.
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If none of these situations apply, we may need to obtain your written permission before using or sharing your health information. If you give permission, you may change your mind at any time and revoke your permission by writing to us at the address listed on page 5 of this Notice. If you change your mind, we will no longer use or disclose your health information for reasons covered by your permission unless required by law. We are unable to take back any uses or disclosures we made while your permission was in effect.

Specially Protected Information

In some situations, federal and state laws provide special protections for certain kinds of health information such as substance use disorder treatment, mental health treatment, HIV/AIDS, sexually transmitted diseases, or reproductive health. We will not disclose that specially protected information without your written permission unless the request complies with any required regulatory or legal requirements.

Changes to the Terms of this Notice

We may amend this Notice of Privacy Practices at any time in the future and make the new 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.

Questions and Complaints

You can ask a question or submit a complaint if you feel we have violated your rights by contacting us at 630-718-4807. You may also file a written complaint with Delta Dental of Illinois at compliance@deltadentalil.com or mail to:

Delta Dental of Illinois
Attn: Compliance and Privacy
Officer 111 Shuman Boulevard
Naperville, IL 60563

If you believe your privacy rights or rights of notification in the event of a breach of your PHI have been violated, you may also file a complaint with the Office of Civil Rights by contacting them at 312-886-2359; 312-353-5693 (TDD); 312-886-1807 (facsimile). You can send a complaint by mail at:

Office of Civil Rights, U.S. Department of Health & Human Services
233 North Michigan Avenue
Suite 240
Chicago, Illinois 60601

You may also visit the Office of Civil Rights 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.



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. Delta Dental of Illinois does not discriminate, exclude people, or treat them differently on the basis of gender, sex (which includes discrimination on the basis of sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity or expression; and sex stereotypes), race, color, religious creed, national origin, citizenship, age, physical or intellectual disability, protected veteran status, marital status, genetic information, or any other characteristic protected by law.

Delta Dental of Illinois:

- Provides free auxiliary aids and services to individuals with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, braille, audio, accessible electronic formats, etc.)
- Provides free language assistance services to people whose primary language is not English, such as:
 - Qualified interpreters for oral interpretation
 - Electronic and written translated documents 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 any way, you can file a grievance with:

Civil Rights Coordinator
Delta Dental of Illinois
111 Shuman Boulevard
Naperville IL 60563
Phone: [630-718-4807](tel: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](tel:1-800-368-1019), [800-537-7697](tel:800-537-7697) (TDD)

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

This notice is available at Delta Dental of Illinois' website at

<https://www.deltadentalil.com/non-discrimination-notice/>

العربية (Arabic)	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على ال 1-800-323-1743 أو تحدث إلى مقدم الخدمة.
繁體中文 (Chinese)	注意：如果您說中文，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-800-323-1743 或與您的提供者討論。
Français (French)	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-323-1743 ou parlez à votre fournisseur.
Deutsch (German)	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-323-1743 an oder sprechen Sie mit Ihrem Provider.
Ελληνικά (Greek)	ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προβάσιμες μορφές. Καλέστε το 1-800-323-1743 ή απευθυνθείτε στον πάροχό σας.
ગુજરાતી (Gujarati)	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓકિઝવરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-800-323-1743 પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी (Hindi)	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-800-323-1743 पर कॉल करें या अपने प्रदाता से बात करें।
Italiano (Italian)	ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-800-323-1743 o parla con il tuo fornitore.
한국어 (Korean)	주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-323-1743 번으로 전화하거나 서비스 제공업체에 문의하십시오.
Polski (Polish)	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-323-1743 lub porozmawiaj ze swoim dostawcą.
Русский (Russian)	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-323-1743 или обратитесь к своему поставщику услуг.
Español (Spanish)	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-323-1743 o hable con su proveedor.
Tagalog (Tagalog – Filipino)	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-323-1743 o makipag-usap sa iyong provider.
اُردو (Urdu)	توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 1-800-323-1743 پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Tiếng Việt (Vietnamese)	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-323-1743 hoặc trao đổi với người cung cấp dịch vụ của bạn.

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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
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