

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.

Riverside Medical Center Plan Design Summary Plan A

Annual Deductible	\$50/person; \$150/family		
Deductible applies to Basic and Major services			
Annual Maximum	\$1500/ person		
To GoSM 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.		
Lifetime Orthodontic Maximum	\$1500/ person		
Dependent Children to Age 26			
Adults are not eligible for coverage			
	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 year)	100%	100%	100%
• Fluoride treatments (once per benefit year to age 19)	100%	100%	100%
• Space maintainers (to age 14)	100%	100%	100%
• Sealants (to age 16)	100%	100%	100%
• Emergency exams and palliative (pain relief) treatment	100%	100%	100%
<u>BASIC SERVICES (no waiting period)</u>			
• Fillings (silver (amalgam) and tooth colored (composite) on front teeth)	80%	80%	80%
• Posterior composites (tooth colored fillings on back 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%
• Pin retention	80%	80%	80%
• Stainless steel crowns	80%	80%	80%
<u>MAJOR RESTORATIVE SERVICES (no waiting period)</u>			
• 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%
• Bridge and crown repairs	50%	50%	50%
<u>ORTHODONTICS (no waiting period)</u>	50%	50%	50%
Dependent Children to Age 26; Adults are not eligible for coverage			

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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 85th 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.

Riverside Medical Center Plan Design Summary Plan B

Annual Deductible	\$50/person; \$150/family		
Deductible applies to Basic and Major services			
Annual Maximum	\$1000/ person		
To GoSM 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***
<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 benefit year)	100%	100%	100%
• Fluoride treatments (once per benefit year to age 19)	100%	100%	100%
<u>BASIC SERVICES (no waiting period)</u>			
• Sealants (to age 16)	80%	80%	80%
• Space maintainers (to age 14)	80%	80%	80%
• Emergency exams and palliative (pain relief) treatment	80%	80%	80%
• Fillings (silver (amalgam) and tooth colored (composite) on front teeth)	80%	80%	80%
• Posterior composites (tooth colored fillings on back 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%
• Pin retention	80%	80%	80%
• Stainless steel crowns	80%	80%	80%
<u>MAJOR RESTORATIVE SERVICES (no waiting period)</u>			
• 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%
• Bridge and crown repairs	50%	50%	50%
<u>ORTHODONTICS (no waiting period)</u>	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 85th 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.

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 delatadentalil.com](http://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.