

# Individual and Family Dental Benefit Plan



For Individuals, Couples &  
Families Residing in Illinois

Smart plans for smart mouths.

# Protect your smile. Protect your budget. That's smart.

Our individual and family dental plans give you a **choice of coverage options** that focus on prevention – making sure you get the oral health care you need at a cost you can afford. Now that's smart.

We offer a variety of plan options, as well as plans that meet the guidelines of the Affordable Care Act's (ACA) Pediatric Dental Essential Health Benefit (EHB). Individuals do not have to purchase pediatric dental coverage from a medical carrier, and the pediatric dental EHB does not have to be embedded in a medical plan or purchased from a medical carrier or exchange.

Studies have linked gum disease to systemic conditions, such as diabetes and heart disease, and indicate that some form of gum disease affects 75 percent of the U.S. population. Preventive dental care, such as regular cleanings, is the most effective way to protect oral health.

And because oral health care is so important to overall health, our individual coverage includes Delta Dental of Illinois' Enhanced Benefits Program\*, which offers enhanced coverage for individuals who have specific health conditions that can be positively affected by additional oral health care – like pregnancy, diabetes, high-risk cardiac conditions and suppressed immune systems.

Serious oral health problems can be expensive and time-consuming to treat. The fact is people with dental insurance are more likely to get the preventive care they need and avoid costly and serious oral health problems. If you are considering a dental benefit plan, think about Delta Dental of Illinois.

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

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

Delta Dental of Illinois does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.

# Delta Dental of Illinois Individual Plans Offer:

- Rich coverage for preventive services like exams, cleanings, X-rays, sealants and fluoride treatments.
- Coverage for major services like gum disease treatment, root canals, dentures and crowns.
- Freedom to use any dentist\* (the most out-of-pocket savings will be realized with a Delta Dental PPO<sup>SM</sup> dentist).
- Rates as low as \$15 per month for an individual with monthly payment options.

## Finding a Dentist

To locate a network dentist, visit the Dentist Search on our website at [deltadentil.me](http://deltadentil.me).

Members in the Delta Dental PPO Gold, Silver and Bronze plans can choose any licensed dentist, but will pay the least in out-of-pocket costs by using a Delta Dental PPO dentist.

- **Delta Dental PPO network:** Lowest out-of-pocket costs.
- **Delta Dental Premier<sup>®</sup> network:** Higher out-of-pocket costs than PPO, but may be lower than non-network costs. (With the Individual Kids Preferred plan, there are no benefits with dentists who are not in the Delta Dental PPO network.)
- **Non-network:** Highest out-of-pocket costs. (With the Individual Kids Preferred plan, there are no benefits with dentists who are not in the Delta Dental PPO network.)

Because the Delta Dental PPO Gold, Silver and Bronze individual plans are based on the Delta Dental PPO network, Delta Dental Premier and non-network dentists can bill members for charges above the allowed Delta Dental PPO amount. However, Delta Dental Premier dentists cannot bill members for charges above the allowed Delta Dental Premier amount.

\* With the Individual Kids Preferred plan, there are no benefits when a member sees a dentist outside the Delta Dental PPO network.

# Individual and Family Plan Options

## Delta Dental PPO<sup>SM</sup>

Gold Plan

Silver Plan

Bronze Plan

### Delta Dental PPO<sup>SM</sup>/Delta Dental Premier<sup>®</sup>/Non-Network

All plans are based on the Delta Dental PPO network. Delta Dental PPO dentists cannot bill over the PPO allowed amount. Delta Dental Premier and non-network dentists can bill for charges above the allowed Delta Dental PPO amount. However, Delta Dental Premier dentists cannot bill for charges above the allowed Delta Dental Premier amount.

**Deductible** (benefit year; per person, applies to all services)

\$50

\$75

\$25

**Annual Maximum** (benefit year)

\$1,500

\$1,000

\$500

### Covered Dental Services

#### Preventive Services

- Exams (limited to 2 per person in a benefit year)
- Cleanings (limited to 2 per person in a benefit year)
- Bitewing X-rays (limited to 2 per person in a benefit year)
- X-rays (full mouth/panoramic – limited to 1 per person every 36 months)
- Fluoride Treatments (limited to 1 per person in a benefit year, under age 16)
- Space Maintainers (under age 14)
- Sealants (under age 16)

100%

90%

100%  
Fluoride under age 18; Sealants under age 19; Space Maintainers are not covered

#### Basic Services (6 month waiting period\*)

- Fillings/Amalgams
- Simple Extractions

50%

50%

Not covered

#### Major Services (12 month waiting period\*)

- Gum Disease Treatment
- Root Canals
- Surgical Extractions
- Denture Relines and Rebases, Adjustments
- Repairs to Crowns, Dentures and Bridges
- Special Restorative
- Crowns
- Complete and Partial Dentures
- Fixed Bridgework

50%

50%

Not covered

#### Enhanced Benefits 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.

Included

Included

Additional general cleanings and fluoride treatment where applicable

\* The waiting period is waived if you were covered under a Delta Dental of Illinois group-sponsored policy within 60 days of the start of your coverage under this policy, and had at least 12 months of continuous coverage under that plan. Waiting periods must be satisfied if there has been a lapse in coverage or for new members who are added to this policy.

There is a 24-month waiting period to re-enroll if you drop coverage. Subsequent rate changes will be reviewed prior to the renewal date subject to a 60-day notification. Applications must be received by the 20th of the month to be effective the 1st of the following month. Applications received after the 20th will be effective the 1st of the month after the next month.

Delta Dental of Illinois' individual plans are only available to Illinois residents.

Visit [deltadentalil.me](http://deltadentalil.me) for monthly premiums and to enroll.

## Delta Dental of Illinois' Individual Kids Preferred Plan, an ACA Compliant Pediatric Dental Plan

Delta Dental of Illinois' Individual Kids Preferred plan meets all the guidelines of the Affordable Care Act's (ACA) Pediatric Dental Essential Health Benefit (EHB). The Delta Dental PPO Individual Kids Preferred plan uses an Exclusive Provider Feature. With an Exclusive Provider Feature, benefits are paid only when a member sees a Delta Dental PPO dentist.

**There are no benefits when a member sees a dentist outside of the Delta Dental PPO network.**

However, with the Gold and Silver Plan with the Individual Preferred plan, members under age 19 can use the benefits of both plans but can only receive benefits from the Individual Kids Preferred plan with Delta Dental PPO dentists. The plan is also offered on a stand-alone basis.

SAMPLE

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



# Delta Dental PPO<sup>SM</sup> Gold Plan with the Individual Kids Preferred Plan

## Delta Dental PPO Gold Plan

The Gold plan is based on the Delta Dental PPO network. Delta Dental PPO dentists cannot bill over the PPO allowed amount. Delta Dental Premier and non-network dentists can bill for charges above the allowed Delta Dental PPO amount. However, Delta Dental Premier dentists cannot bill for charges above the allowed Delta Dental Premier amount.

## Individual Kids Preferred Plan

(Illinois children under age 19 only)

The Individual Kids Preferred plan uses an Exclusive Provider Feature where benefits are paid only when a member uses a Delta Dental PPO dentist. Delta Dental PPO dentists cannot bill members for charges over the PPO allowed amount. There are no benefits when a member uses a non-Delta Dental PPO network dentist. Members under age 19 can use the benefits of both the Gold and Individual Kids Preferred plans but can only receive benefits from the Individual Kids Preferred plan with Delta Dental PPO dentists.

<b>Deductible</b> <i>(benefit year; per person, applies to all services)</i>	\$50	<b>Deductible</b> <i>(benefit year; per person, applies to basic and major services only)</i>	\$50
<b>Out-of-Pocket Limit</b>	N/A	<b>Out-of-Pocket Limit</b>	\$350 per individual child
<b>Annual Maximum</b> <i>(benefit year)</i>	\$1,500	<b>Family Out-of-Pocket Limit</b> <i>(for children under age 19)</i>	\$700
<b>Preventive Services</b> <ul style="list-style-type: none"> <li>Exams <i>(limited to 2 per person in a benefit year)</i></li> <li>Cleanings <i>(limited to 2 per person in a benefit year)</i></li> <li>Bitewing X-rays <i>(limited to 2 per person in a benefit year)</i></li> <li>X-rays <i>(full mouth/panoramic – limited to 1 per person in 36 months)</i></li> <li>Fluoride Treatments <i>(limited to 1 per person in a benefit year, under age 16)</i></li> <li>Space Maintainers <i>(under age 14)</i></li> <li>Sealants <i>(under age 16)</i></li> </ul>	100%	<b>Preventive Services</b> <ul style="list-style-type: none"> <li>Exams <i>(limited to 2 per person in a benefit year)</i></li> <li>Cleanings <i>(limited to 2 per person in a benefit year)</i></li> <li>Bitewing X-rays <i>(limited to 2 per person in a benefit year)</i></li> <li>X-rays <i>(full mouth/panoramic – limited to 1 per person in 36 months)</i></li> <li>Fluoride Treatments <i>(limited to 1 per person in a benefit year, under age 19)</i></li> <li>Space Maintainers <i>(under age 19)</i></li> <li>Sealants <i>(under age 19)</i></li> </ul>	100% in-network/ 0% out-of-network
<b>Basic Services</b> <i>(6 month waiting period**)</i> <ul style="list-style-type: none"> <li>Fillings/Amalgams</li> <li>Simple Extractions</li> </ul>	50%	<b>Basic Services</b> <ul style="list-style-type: none"> <li>Fillings/Amalgams</li> <li>Simple Extractions</li> <li>Gum Disease Treatment</li> <li>Root Canals</li> <li>Surgical Extractions</li> </ul>	80% in-network/ 0% out-of-network
<b>Major Services</b> <i>(12 month waiting period**)</i> <ul style="list-style-type: none"> <li>Gum Disease Treatment</li> <li>Root Canals</li> <li>Surgical Extractions</li> <li>Denture Relines and Rebases, Adjustments</li> <li>Repairs to Crowns, Dentures and Bridges</li> <li>Crowns</li> <li>Complete and Partial Dentures</li> <li>Fixed Bridgework</li> </ul>	50%	<b>Major Services</b> <ul style="list-style-type: none"> <li>Denture Relines and Rebases, Adjustments</li> <li>Repairs to Crowns, Dentures and Bridges</li> <li>Crowns</li> <li>Complete and Partial Dentures</li> <li>Fixed Bridgework</li> </ul>	50% in-network/ 0% out-of-network
<b>Enhanced Benefits Program</b> Offers additional coverage for individuals who have specific health conditions (including pregnancy, diabetes, high-risk cardiac conditions and suppressed immune systems) that can be positively affected by additional oral health care.	Included	<b>Enhanced Benefits Program</b> Offers additional coverage for individuals who have specific health conditions (including pregnancy, diabetes, high-risk cardiac conditions and suppressed immune systems) that can be positively affected by additional oral health care.	Included
<b>Orthodontia</b>	Not included	<b>Orthodontia</b> <i>(medically necessary orthodontia only)</i> The ACA requires coverage for medically necessary orthodontia only. Predeterminations will be necessary to determine if there is any coverage for orthodontia under the Individual Kids Preferred plan.	50% in-network/ 0% out-of-network

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

\*\* The waiting period is waived if you were covered under a Delta Dental of Illinois group-sponsored policy within 60 days of the start of your coverage under this policy, and had at least 12 months of continuous coverage under that plan. Waiting periods must be satisfied if there has been a lapse in coverage or for new members who are added to this policy. Your previous coverage will be verified.

Waiting periods will be waived if you were covered within the past 60 days by Delta Dental of Illinois. Please note: Your effective date for the individual product must be within 60 days of your termination date from prior Delta Dental of Illinois coverage. You must enroll by the 20th of the month to be effective the 1st of the following month.

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# Delta Dental PPO<sup>SM</sup> Silver Plan with Individual Kids Preferred Plan

## Delta Dental PPO Silver Plan

The Silver plan is based on the Delta Dental PPO network. Delta Dental PPO dentists cannot bill over the PPO allowed amount. Delta Dental Premier and non-network dentists can bill for charges above the allowed Delta Dental PPO amount. However, Delta Dental Premier dentists cannot bill for charges above the allowed Delta Dental Premier amount.

## Individual Kids Preferred Plan

(Illinois children under age 19 only)

The Individual Kids Preferred plan uses an Exclusive Provider Feature where benefits are paid only when a member uses a Delta Dental PPO dentist. Delta Dental PPO dentists cannot bill members for charges over the PPO allowed amount. There are no benefits when a member uses a non-Delta Dental PPO network dentist. Members under age 19 can use the benefits of both the Silver and Individual Kids Preferred plans but can only receive benefits from the Individual Kids Preferred plan with Delta Dental PPO dentists.

<b>Deductible</b> <i>(benefit year; per person, applies to all services)</i>	\$75	<b>Deductible</b> <i>(benefit year; per person, applies to basic and major services only)</i>	\$50
<b>Out-of-Pocket Limit</b>	N/A	<b>Out-of-Pocket Limit</b>	\$350 per individual child
<b>Annual Maximum</b> <i>(benefit year)</i>	\$1,000	<b>Family Out-of-Pocket Limit</b> <i>(for children under age 19)</i>	\$700
<b>Preventive Services</b> <ul style="list-style-type: none"> <li>Exams <i>(limited to 2 per person in a benefit year)</i></li> <li>Cleanings <i>(limited to 2 per person in a benefit year)</i></li> <li>Bitewing X-rays <i>(limited to 2 per person in a benefit year)</i></li> <li>X-rays <i>(full mouth/panoramic – limited to 1 per person in 36 months)</i></li> <li>Fluoride Treatments <i>(limited to 1 per person in a benefit year, under age 16)</i></li> <li>Space Maintainers <i>(under age 14)</i></li> <li>Sealants <i>(under age 16)</i></li> </ul>	90%	<b>Preventive Services</b> <ul style="list-style-type: none"> <li>Exams <i>(limited to 2 per person in a benefit year)</i></li> <li>Cleanings <i>(limited to 2 per person in a benefit year)</i></li> <li>Bitewing X-rays <i>(limited to 2 per person in a benefit year)</i></li> <li>X-rays <i>(full mouth/panoramic – limited to 1 per person in 36 months)</i></li> <li>Fluoride Treatments <i>(limited to 1 per person in a benefit year, under age 19)</i></li> <li>Space Maintainers <i>(under age 19)</i></li> <li>Sealants <i>(under age 19)</i></li> </ul>	100% in-network/ 0% out-of-network
<b>Basic Services</b> <i>(6 month waiting period**)</i> <ul style="list-style-type: none"> <li>Fillings/Amalgams</li> <li>Simple Extractions</li> </ul>	50%	<b>Basic Services</b> <ul style="list-style-type: none"> <li>Fillings/Amalgams</li> <li>Simple Extractions</li> <li>Gum Disease Treatment</li> <li>Root Canals</li> <li>Surgical Extractions</li> </ul>	80% in-network/ 0% out-of-network
<b>Major Services</b> <i>(12 month waiting period**)</i> <ul style="list-style-type: none"> <li>Gum Disease Treatment</li> <li>Root Canals</li> <li>Surgical Extractions</li> <li>Denture Relines and Rebases, Adjustments</li> <li>Repairs to Crowns, Dentures and Bridges</li> <li>Crowns</li> <li>Complete and Partial Dentures</li> <li>Fixed Bridgework</li> </ul>	50%	<b>Major Services</b> <ul style="list-style-type: none"> <li>Denture Relines and Rebases, Adjustments</li> <li>Repairs to Crowns, Dentures and Bridges</li> <li>Crowns</li> <li>Complete and Partial Dentures</li> <li>Fixed Bridgework</li> </ul>	50% in-network/ 0% out-of-network
<b>Enhanced Benefits Program</b> Offers additional coverage for individuals who have specific health conditions (including pregnancy, diabetes, high-risk cardiac conditions and suppressed immune systems) that can be positively affected by additional oral health care.	Included	<b>Enhanced Benefits Program</b> Offers additional coverage for individuals who have specific health conditions (including pregnancy, diabetes, high-risk cardiac conditions and suppressed immune systems) that can be positively affected by additional oral health care.	Included
<b>Orthodontia</b>	Not included	<b>Orthodontia</b> <i>(medically necessary orthodontia only)</i> The ACA requires coverage for medically necessary orthodontia only. Predeterminations will be necessary to determine if there is any coverage for orthodontia under the Individual Kids Preferred plan.	50% in-network/ 0% out-of-network

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

\*\* The waiting period is waived if you were covered under a Delta Dental of Illinois group-sponsored policy within 60 days of the start of your coverage under this policy, and had at least 12 months of continuous coverage under that plan. Waiting periods must be satisfied if there has been a lapse in coverage or for new members who are added to this policy. Your previous coverage will be verified.

Waiting periods will be waived if you were covered within the past 60 days by Delta Dental of Illinois. Please note: Your effective date for the individual product must be within 60 days of your termination date from prior Delta Dental of Illinois coverage. You must enroll by the 20th of the month to be effective the 1st of the following month.

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# Delta Dental of Illinois Individual Kids Preferred Plan

*(Children under age 19 only)*

The Individual Kids Preferred plan uses an Exclusive Provider Feature where benefits are paid only when a member uses a Delta Dental PPO dentist. Delta Dental PPO dentists cannot bill members for charges over the PPO allowed amount.

There are no benefits when a member uses a non-Delta Dental PPO network dentist.

<b>Deductible</b> <i>(benefit year; per person, applies to basic and major services only)</i>	\$50
<b>Out-of-Pocket Limit</b>	\$350 per individual child
<b>Family Out-of-Pocket Limit</b> <i>(for children under age 19)</i>	\$700
<b>Covered Dental Services</b>	
<b>Preventive Services</b>	
<ul style="list-style-type: none"> <li>Exams <i>(limited to 2 per person in a benefit year)</i></li> <li>Cleanings <i>(limited to 2 per person in a benefit year)</i></li> <li>Bitewing X-rays <i>(limited to 2 per person in a benefit year)</i></li> <li>X-rays <i>(full mouth/panoramic – limited to 1 per person in 36 months)</i></li> <li>Fluoride Treatments <i>(limited to 1 per person in a benefit year, under age 19)</i></li> <li>Space Maintainers <i>(under age 19)</i></li> <li>Sealants <i>(under age 19)</i></li> </ul>	100% in-network/ 0% out-of-network
<b>Basic Services</b>	
<ul style="list-style-type: none"> <li>Fillings/Amalgams</li> <li>Simple Extractions</li> <li>Gum Disease Treatment</li> <li>Root Canals</li> <li>Surgical Extractions</li> </ul>	80% in-network/ 0% out-of-network
<b>Major Services</b>	
<ul style="list-style-type: none"> <li>Denture Relines and Rebases, Adjustments</li> <li>Repairs to Crowns, Dentures and Bridges</li> <li>Crowns</li> <li>Complete and Partial Dentures</li> <li>Fixed Bridgework</li> </ul>	50% in-network/ 0% out-of-network
<b>Enhanced Benefits Program</b>	
Offers additional coverage for individuals who have specific health conditions (including pregnancy, diabetes, high-risk cardiac conditions and suppressed immune systems) that can be positively affected by additional oral health care.	Included
<b>Orthodontia</b> <i>(medically necessary orthodontia only)</i>	
The ACA requires coverage for medically necessary orthodontia only. Predeterminations will be necessary to determine if there is any coverage for orthodontia under the Individual Kids Preferred plan.	50% in-network/ 0% out-of-network

Delta Dental of Illinois' individual plans are only available to Illinois residents.



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

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

- Visit [deltadentalil.me](http://deltadentalil.me)
- Contact Delta Dental of Illinois' Consumer Direct Unit at **877-824-2776**, Monday – Friday, 8:30 a.m. to 5:00 p.m., or [individual@deltadentalil.com](mailto:individual@deltadentalil.com)
- Contact your health insurance broker



 **DELTA DENTAL®**

**Smart plans for smart mouths.**

Delta Dental of Illinois  
877-824-2776

[deltadentalil.me](http://deltadentalil.me)

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