

## 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 shall have no obligation with regard to such material. Delta Dental may copy, disclose, distribute, incorporate, make derivative works from, and use this material and all things embedded in it for its own commercial and non-commercial purposes.

### Protecting Your Privacy

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

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

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

## Discrimination is Against the Law

Delta Dental of Illinois complies with all applicable Federal and State civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender, or gender identity. Delta Dental of Illinois does not exclude people or treat them differently because of race, color, national origin, age, disability, gender or gender identity.

Delta Dental of Illinois:

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

If you need these services, contact our Civil Rights Coordinator: Stacey Bonn

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

Director of Client Services  
Delta Dental of Illinois  
111 Shuman Boulevard  
Naperville IL 60563  
Phone: 800-323-1743  
Email: [csi@deltadentalil.com](mailto:csi@deltadentalil.com)

You can file a grievance in person or by mail, phone or email. If you need help filing a grievance, our Director of Client Services is available to help you.

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

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

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

**Arabic**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-323-1743.

**Chinese****繁體中文**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-323-1743。

**French****Français**

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-323-1743.

**German****Deutsch**

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-323-1743.

**Greek****Ελληνικά**

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-323-1743.

**Gujarati****ગુજરાતી**

સુચના: જો તમે ગુજરાતી બોલતા છો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-323-1743.

**Hindi****हिंदी**

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-323-1743 पर कॉल करें।

**Italian****Italiano**

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-323-1743.

**Korean****한국어**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-323-1743 번으로 전화해 주십시오.

**Polski****Polski**

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-323-1743.

**Russian****Русский**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-323-1743.

**Spanish****Español**

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-323-1743.

**Tagalog****Tagalog**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-323-1743.

**Urdu****اردو**

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-323-1743.

**Vietnamese****Tiếng Việt**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-323-1743.