



With the Dual Choice Program, you can select the dental plan – dental HMO (DHMO) or PPO – that best meets your needs at anytime throughout the year – not just at open enrollment. And you're free to switch from one plan to another throughout the year on a monthly basis.

How it works...

You choose between more generous coverage and a wider selection of dentists with the flexibility of a monthly "open enrollment" if you want to switch programs.

You are not "locked in" to a program for a one-year period, you can change from DeltaCare DHMO to the PPO or vice versa as often as once a month. You must notify Delta Dental of Illinois or your group administrator of the switch by the 15th of the month. The switch is effective the 1st of the following month.

You and your covered dependents must select the same dental plan – DeltaCare DHMO or Delta Dental PPO. If DeltaCare DHMO is selected, you must select the same primary dentist. With the PPO, you and your covered dependents are free to visit any dentist.



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Delta Dental's Dual Choice Program: The value of a dental HMO and the freedom of choice of a PPO



The DeltaCare DHMO plan

DeltaCare is a dental HMO, sometimes called a “panel” or “capitation” program. You select a network dentist from our carefully screened panel to provide care and must go to the dentist you’ve chosen to receive benefits. Your selected or primary dentist provides a referral if you need to see a specialist. You and your covered dependents must select the same primary dentist. With DeltaCare, you enjoy the cost-savings benefits of *minimal or no copayments, no deductibles and no annual maximums*.

Your DeltaCare dental HMO plan is designed to make dental care affordable and convenient for you and your covered dependents. Under this plan, you pay only the patient copayment for a covered procedure. There are no deductibles, no annual benefit maximums and no claim forms to complete.

How DeltaCare works

The network dentist you select when you enroll in this DeltaCare plan will provide all routine dental care for you and your covered dependents. If specialty care is required, your primary dentist will refer you to a specialist who is also a member of the DeltaCare network. You will need a written referral in order to visit a specialist.

You may select a new primary dentist at any time, however you must notify Delta Dental of Illinois. Change requests received prior to the 15th of the month become effective on the first day of the following month.

Emergency treatment

If you require emergency treatment and you are more than 35 miles from your panel dentist’s office or you are unable to schedule an appointment with your panel dentist within 24 hours, you may go to any licensed dentist. Upon submission of the dentist’s statement and your proof of payment, Delta Dental will reimburse you up to \$50 (less any copayment amount) in any year for the cost of emergency treatment.

What are the advantages of the DeltaCare plan?

Many dentists participate in the DeltaCare network. DeltaCare plans are designed with an

emphasis on quality and preventive care; most preventive and diagnostic procedures are covered at no cost.

DeltaCare is simple. There are set copayments for all covered procedures (see the highlight sheet or your certificate of coverage for copayments). There are no claim forms, no deductibles and no annual maximums.

You have access to a quality network of dentists with a full range of specialists.

The Delta Dental PPO Plan

Delta Dental PPO is a nationwide preferred provider organization (PPO) dental plan offered by Delta Dental, the nation’s largest and most experienced dental benefits carrier. The PPO plan gives you the freedom to visit any licensed dentist anywhere. To keep down your out-of-pocket costs, Delta Dental encourages you to seek care from a Delta Dental PPO network dentist.

Delta Dental PPO offers you access to two Delta Dental networks nationwide – Delta Dental PPO and Delta Dental Premier.

With Delta Dental PPO, you’re free to go to any licensed dentist anywhere, regardless of whether the dentist participates in one of our networks. However, you’re likely to save money by going to a dentist who participates in the PPO or Premier network.

If you go to a dentist who participates in the PPO network, your out-of-pocket expenses are likely to be lower because these dentists agree to accept reduced fees as payment-in-full. In the majority of cases, this translates into reduced copayments for you. More than 116,500 dentist locations throughout the country participate in the PPO network.

If you go to a dentist who participates in the Premier network, you may enjoy savings as well. These dentists have agreed to accept our Maximum Plan Allowances (MPAs) as payment-in-full. If Delta Dental’s fee is lower than what the dentist charges, he or she can’t bill you for the difference. More than 194,900 dentist locations throughout the country participate in Premier – nearly three out of every four practicing dentists nationwide.

If you visit a dentist who participates in either network, you don’t have to hassle with paper work since all dentists who participate in the PPO and Premier networks agree to fill out and file claim forms for their Delta Dental patients.

If you go to an out-of-network dentist, you’ll still be covered, but you may have to pay more because these dentists have not agreed to reduced fees or no “balance billing,” which means you will be responsible for any difference between what we pay and the dentist’s submitted fee. You may also have to file your own claim. Claim forms are available on our website at www.deltadentalil.com under the Subscriber section.

What are the advantages of the Delta Dental PPO plan?

Your plan offers you and your covered family members the flexibility to visit any licensed dentist, and to change dentists at any time without notifying Delta Dental. This flexibility is important if you need dental care while on a business trip, your children are attending college away from home or your personal dentist isn’t a member of Delta Dental’s network.

What are the advantages of using a Delta Dental PPO or Premier dentist?

When you visit a dentist who participates in a Delta Dental network:

- You will be treated by a dentist who adheres to Delta Dental’s quality standards and contract guidelines. For example, dentists who replace a filling within 24 months or a sealant within 12 months will do so at no charge.
- You do not pay the entire bill up front and wait for reimbursement from Delta Dental. Instead, Delta Dental pays its portion directly to your dentist. We send you a notice explaining your portion of the bill. You pay only that amount.
- Your costs may be lower because network dentists agree to our determination of fees. Network dentists cannot balance bill, or charge the difference between their fee and the amount Delta Dental allows to the patient.
- The dentist handles all the claim forms and other paperwork for you.