



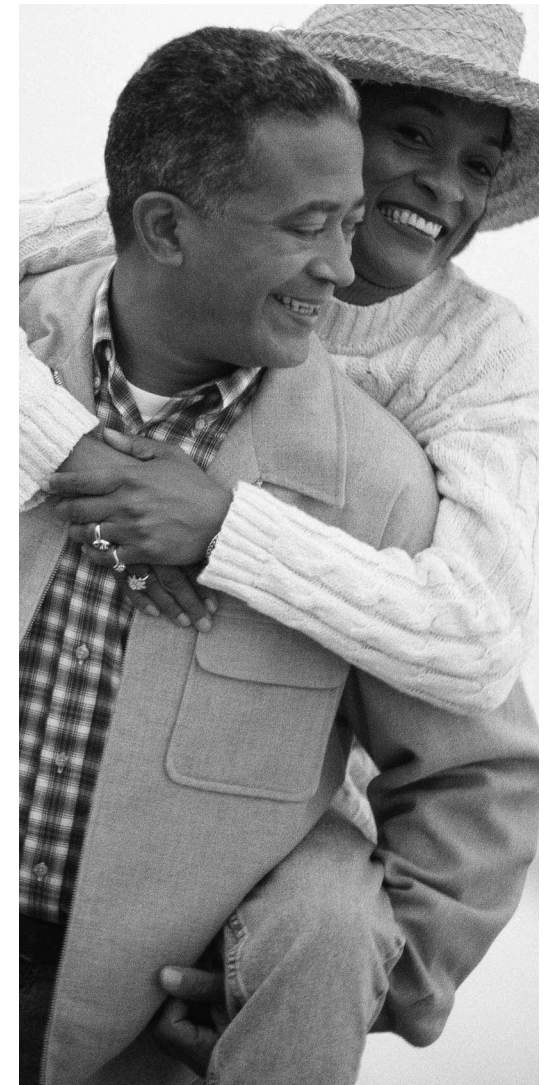
DeltaCare is a dental HMO, sometimes called a “panel” or “capitation” program. You select a network dentist from our carefully screened panel to provide care and must go to the dentist you’ve chosen to receive benefits. Your selected or primary dentist provides a referral if you need to see a specialist. 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.*



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## Your DeltaCare DHMO plan



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 20th 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.

### **How do I change from one primary dentist to another?**

Call Delta Dental at 800-942-3772.

### **How often can I change DeltaCare dentists?**

As often as you like – as long as you have not visited a dentist within the month you want to change. Changes must be called in by the 20th of the month in order to be effective the first of the following month.

### **Do I need a claim form when I visit a DeltaCare dentist?**

No. That is one of the great things about DeltaCare – there are no claim forms!

### **I need to see a specialist. What do I do?**

First, you need to see your regular DeltaCare dentist. If your DeltaCare dentist agrees that you need to see a specialist, he or she will complete the paperwork necessary to refer you to a specialist.

### **How do I know if my dentist is a DeltaCare dentist?**

You can access the most current dentist directory on our website at [www.deltadentalil.com](http://www.deltadentalil.com) by clicking Dentist Search in the Subscriber section. You can also call our Customer Service department, available 7:00 a.m. to 7:00 p.m. central time or our automated phone system, available 24 hours a day, seven days a week, at 800-942-3772.

### **How can I obtain eligibility and benefits information?**

You can speak with a Delta Dental customer service representative during normal business hours, Monday through Friday, 7:00 a.m. to 7:00 p.m. central time.