

Member Central

Connecting with Delta Dental of Illinois is easy!

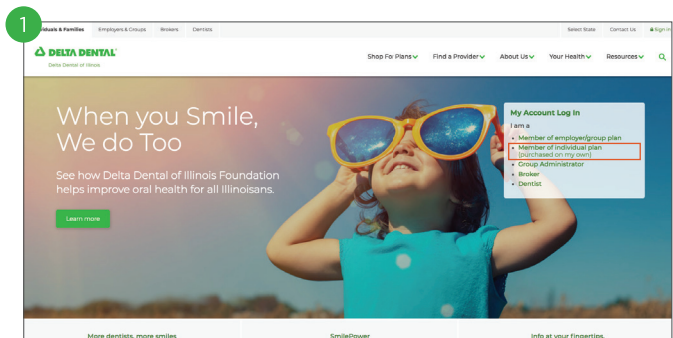
Get real-time benefit and claim information 24 hours a day, seven days a week through the Member Central at deltadentalil.com or through our automated phone system at 855-327-8336.

With the Member Central, you can find everything you need to know about your and your covered dependents' benefits, including:

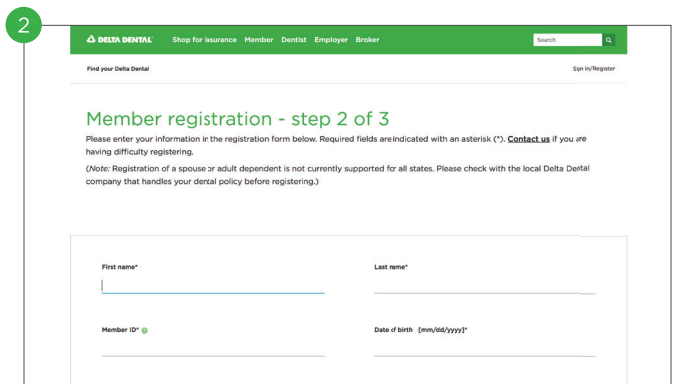
- Claim status
- Eligibility information
- Maximum and deductibles used to date
- Benefit levels
- Frequency and age limits
- Waiting periods
- Preventive history
- Explanation of Benefits (EOBs)

How to Register:

1 Go to deltadentalil.com, select “Member of individual plan (purchased on my own)” in the “My Account Log In” box located on the right side of the homepage. On the next page, click “New users register here.”



2 Complete the online registration. Enter the primary enrollee's first and last name (the name must appear exactly as what your employer entered the name during enrollment; e.g., “Bob” may be “Robert”), the assigned member ID or Social Security number and date of birth (enter two-digit month, two-digit day and four-digit year with dividers, e.g., 03/15/1984).

A screenshot of the Delta Dental registration form, step 2 of 3. The heading is "Member registration - step 2 of 3". Below the heading is a note: "Please enter your information in the registration form below. Required fields are indicated with an asterisk (*). Contact us if you are having difficulty registering." Below this is another note: "(Note: Registration of a spouse or adult dependent is not currently supported for all states. Please check with the local Delta Dental company that handles your dental policy before registering.)" The form has four input fields: "First name*", "Last name*", "Member ID" (with a green checkmark icon), and "Date of birth [mm/dd/yyyy]*".

- 3 Once registered, you can easily access your and your covered dependents' benefits and claims information, print your new policy ID card and sign up to receive electronic EOBs (Go Green E-Statements).

Automated Phone System. Faster Service For You.

You can also call 855-327-8336 to access our automated phone system 24 hours a day, seven days a week.

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DELTA DENTAL

My Account My Benefits Dentist Search Enhanced Benefits My Oral Health Resources

Benefits

An error occurred filling the maximums. Please make sure your request date is within your contract period.

Benefits:
With the Member Connection, you can find everything you need to know about you and your covered dependents' benefits including claims status, maximums used to date and more.

Benefits & Eligibility as of: 04/10/2013

This is not a guarantee of benefits and does not cover all plan details. If there are any differences between the information stated here and the group contract we govern, all benefits are subject to deductibles, contract maximums and eligibility on the date of service. The eligibility and benefit information is only valid for the following selection on this screen show.

Eligibility

Name	Regular Deductible	Regular Maximum	Ortho Maximum	Ortho Life Maximum	Custom Maximum
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Frequency & Age Limits

Standard Coordination of Benefits

Services	Frequency / Limit	Amount / Level	Age Limitations
Child Coverage Age - 1	Student Coverage Age - 1	Adult Orthodontics No	Dependent Orthodontics Age - 1
Comprehensive Oral Evaluation	Allowed 2 in a benefit year		None
General Dental X-rays (Full)	Allowed at 2 year intervals		None
Emergency - New Radiographs	Allowed 1 in a benefit year		None
Fractures - Child	Allowed 2 in a benefit year		None
Fractures - Adult	Allowed 2 in a benefit year		12 and Older
Special Application Rinses	Allowed 2 in a benefit year		17
Sedation - For Tooth	Allowed 1 per lifetime. Generally limited to one placement per tooth on permanent unrestored 1st and 2nd		19
Periodontal Health - John Action Therapy	Procedure not covered.		
Endosseous Implant - 1st Quad	Procedure not covered.		
Provisional Crown - 1st Quad	Procedure not covered.		

Maximums & Deductibles

Program deductibles and maximums are calculated for a "Benefit Year" defined as: Subscribers are responsible for paying the following deductible amounts before Delta Dental will make payment.

Maximum/Deductible	Delta Dental PPO	Delta Dental Premier	Out Of Network
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Benefit Levels

An asterisk (*) means that a wait period applies.

Services	Delta Dental PPO	Delta Dental Premier	Out Of Network
Diagnostic	100% Yes	100% Yes	100% Yes
Preventive	100% Yes	100% Yes	100% Yes
Restorative	100% Yes	100% Yes	100% Yes
Basic Restor	None No	None No	None No
Major Restor	None No	None No	None No
Endodontics	None No	None No	None No
Temp Repro	None No	None No	None No
Periodontics	None No	None No	None No
Fracture/Prosth	None No	None No	None No
Fracture (S&C)	None No	None No	None No
Fracture (S&C)	None No	None No	None No
Implants	None No	None No	None No
Dental Prosthes	None No	None No	None No
Simple Extract	None No	None No	None No
Oral Surgery	None No	None No	None No
Orthodontics	None No	None No	None No

Extra Benefits Levels

ENROLL

Enhanced Benefits Program - Health History

Your Delta Dental plan includes the Enhanced Benefits Program. This provides additional dental benefits such as cleanings and fluoride treatments for members with the following medical conditions: pregnancy, diabetes, periodontal disease, high-risk cardiac conditions, suppressed immune systems, kidney failure or dialysis, and cancer, chemotherapy and/or radiation. To receive additional benefits, click on the button above and complete the short enrollment form.

Waiting Periods

Listed Below Are Members Who Have Not Satisfied The Waiting Period. Dashes Indicate All Have Satisfied The Waiting Period.

Services	Duration	Members	Services	Duration	Members
ENDODONTIC	None	N/A	PERIODONTIC	None	N/A
GALVANIC	None	N/A	BASIC RESTOR	None	N/A
IMMUNE RESTOR	None	N/A	ENDODONTIC	None	N/A
SURG PERIO	None	N/A	PERIODONTIC	None	N/A
IMMUNE RESTOR	None	N/A	PERIODONTIC	None	N/A
FRAC (S&C)	None	N/A	FRAC (S&C)	None	N/A
FRAC (S&C)	None	N/A	IMPLANTS	None	N/A
FRAC (S&C)	None	N/A	ORAL SURGERY	None	N/A

Preventive History

Last Date of Service. Subject to change due to claims not yet received or processed.
Note: This list will show dependents that have been removed from the policy within the last 18 months.

SAM HART

Procedure	DOS	Procedure	DOS	Procedure	DOS
Clean		Cleaning		Routine	
Shewing X-rays		Full Mouth or Panoramic X-rays			

Claims