

# Delta Dental of Illinois Individual and Family Insurance

Our dental benefit plans offer individuals, couples and families without an employer-sponsored dental plan access to affordable care.

Smart Options for Protecting Smiles & Budgets



## Individual Dental Plans

With Delta Dental of Illinois' individual dental plans, members can protect their oral health and their wallets. Our individual dental coverage gives consumers a choice of plans focused on providing access to preventive care at affordable rates.

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.

We also offer an Individual Kids Basic plan, which meets the guidelines of the Affordable Care Act's (ACA) Pediatric Dental Essential Health Benefit (EHB). The Individual Kids Basic plan can be purchased on a stand-alone basis, or with Delta Dental PPO<sup>SM</sup> – Gold and Silver individual plans.\*

### Delta Dental of Illinois Individual Plans Offer:

- Flexible coverage options.
- 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 dentist).
- Rates as low as \$15 per month for an individual with monthly payment options.
- Outstanding customer service provided by Illinois' most experienced dental carrier.
- Ability to purchase the Individual Kids Basic plan, an ACA compliant pediatric dental plan, on a stand-alone basis for children under age 19. Members under age 19 can use the benefits of both plans but can only receive benefits from the Individual Kids Basic plan with Delta Dental PPO dentists.

### Network Savings

Delta Dental of Illinois' individual plans are based on the Delta Dental PPO network. Delta Dental Premier® and non-network dentists can bill the enrollee 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. The Individual Kids Basic plan, an ACA compliant pediatric dental plan, uses an Exclusive Provider Feature where benefits are paid only when a member sees a Delta Dental PPO dentist.

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

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

\*\* Single rates are not available for Delta Dental PPO – Gold and Silver plans with the Individual Kids Basic 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 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 PPO<sup>SM</sup> – Gold Plan with the Individual Kids Basic 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 Basic Plan

(Children under age 19 only)

The Individual Kids Basic 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 Basic plans, but can only receive benefits from the Individual Kids Basic plan with Delta Dental PPO dentists.

<b>Deductible</b> (benefit year; per person, applies to all services)	\$50	<b>Deductible</b> (benefit year; per person, applies to basic and major services only)	\$120
<b>Out-of-Pocket Limit</b>	N/A	<b>Out-of-Pocket Limit</b>	\$350 per individual child
<b>Annual Maximum</b> (benefit year)	\$1,500	<b>Family Out-of-Pocket Limit</b> (for children under age 19)	\$700
<b>Covered Dental Services</b>			
<b>Preventive Services</b> <ul style="list-style-type: none"> <li>Exams (limited to 2 per person in a benefit year)</li> <li>Cleanings (limited to 2 per person in a benefit year)</li> <li>Bitewing X-rays (limited to 1 set per person in a benefit year)</li> <li>X-rays (full mouth/panoramic - limited to 1 per person in 36 months)</li> <li>Fluoride Treatments (limited to 1 per person in a benefit year, under age 16)</li> <li>Space Maintainers (under age 14)</li> <li>Sealants (under age 16)</li> </ul>	100%	<b>Preventive Services</b> <ul style="list-style-type: none"> <li>Exams (limited to 2 per person in a benefit year)</li> <li>Cleanings (limited to 2 per person in a benefit year)</li> <li>Bitewing X-rays (limited to 2 per person in a benefit year)</li> <li>X-rays (full mouth/panoramic - limited to 1 per person in 36 months)</li> <li>Fluoride Treatments (limited to 1 per person in a benefit year, under age 19)</li> <li>Space Maintainers (under age 19)</li> <li>Sealants (under age 19)</li> </ul>	100% in-network/ 0% out-of-network
<b>Basic Services</b> (6 month waiting period**) <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>	50% in-network/ 0% out-of-network
<b>Major Services</b> (12 month waiting period**) <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> (medically necessary orthodontia only) 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 Basic plan.	50% in-network/ 0% out-of-network

Visit [deltadentalil.com/healthalliance](http://deltadentalil.com/healthalliance) for monthly premiums and to enroll members or call 800-323-1743.

\*\* Single rates are not available for Delta Dental PPO – Gold and Silver plans with Individual Kids Basic 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 the member was covered under a Delta Dental of Illinois group-sponsored policy within 60 days of the start of 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 the member drops 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 PPO<sup>SM</sup> – Silver Plan with the Individual Kids Basic 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 Basic Plan

(Children under age 19 only)

The Individual Kids Basic 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 Basic plans, but can only receive benefits from the Individual Kids Basic plan with Delta Dental PPO dentists.

<b>Deductible</b> (benefit year; per person, applies to all services)	\$75	<b>Deductible</b> (benefit year; per person, applies to basic and major services only)	\$120
<b>Out-of-Pocket Limit</b>	N/A	<b>Out-of-Pocket Limit</b>	\$350 per individual child
<b>Annual Maximum</b> (benefit year)	\$1,000	<b>Family Out-of-Pocket Limit</b> (for children under age 19)	\$700
<b>Covered Dental Services</b>			
<b>Preventive Services</b> <ul style="list-style-type: none"> <li>• Exams (limited to 2 per person in a benefit year)</li> <li>• Cleanings (limited to 2 per person in a benefit year)</li> <li>• Bitewing X-rays (limited to 1 set per person in a benefit year)</li> <li>• X-rays (full mouth/panoramic – limited to 1 per person in 36 months)</li> <li>• Fluoride Treatments (limited to 1 per person in a benefit year, under age 16)</li> <li>• Space Maintainers (under age 14)</li> <li>• Sealants (under age 16)</li> </ul>	90%	<b>Preventive Services</b> <ul style="list-style-type: none"> <li>• Exams (limited to 2 per person in a benefit year)</li> <li>• Cleanings (limited to 2 per person in a benefit year)</li> <li>• Bitewing X-rays (limited to 2 per person in a benefit year)</li> <li>• X-rays (full mouth/panoramic – limited to 1 per person in 36 months)</li> <li>• Fluoride Treatments (limited to 1 per person in a benefit year, under age 19)</li> <li>• Space Maintainers (under age 19)</li> <li>• Sealants (under age 19)</li> </ul>	100% in-network/ 0% out-of-network
<b>Basic Services</b> (6 month waiting period**) <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>	50% in-network/ 0% out-of-network
<b>Major Services</b> (12 month waiting period**) <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> (medically necessary orthodontia only) 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 Basic plan.	50% in-network/ 0% out-of-network

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\* Single rates are not available for Delta Dental PPO – Gold and Silver plans with Individual Kids Basic 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 the member was covered under a Delta Dental of Illinois group-sponsored policy within 60 days of the start of 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 the member drops 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.

Individual and Family Plan Options	Delta Dental PPO <sup>SM</sup> - Bronze Plan
	<p style="text-align: center;"><b>The Bronze Plan</b></p> <p style="text-align: center;">The Bronze 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.</p>
<p><b>Deductible</b> (benefit year; per person, applies to all services)</p>	\$25
<p><b>Annual Maximum</b> (benefit year)</p>	\$500
<p><b>Covered Dental Services</b></p>	
<p><b>Preventive Services</b></p> <ul style="list-style-type: none"> <li>• Exams (limited to 2 per person in a benefit year)</li> <li>• Cleanings (limited to 2 per person in a benefit year)</li> <li>• Bitewing X-rays (limited to 1 set per person in a benefit year)</li> <li>• X-rays (full mouth/panoramic - limited to 1 per person every 36 months)</li> <li>• Fluoride Treatments (limited to 1 per person in a benefit year, under age 18)</li> <li>• Space Maintainers are not covered</li> <li>• Sealants (under age 19)</li> </ul>	100%
<p><b>Basic Services</b> (6 month waiting period*)</p> <ul style="list-style-type: none"> <li>• Fillings/Amalgams</li> <li>• Simple Extractions</li> </ul>	Not Covered
<p><b>Major Services</b> (12 month waiting period*)</p> <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>• Special Restorative</li> <li>• Crowns</li> <li>• Complete and Partial Dentures</li> <li>• Fixed Bridgework</li> </ul>	Not Covered
<p><b>Enhanced Benefits Program</b></p> <p>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.</p>	Additional general cleanings and fluoride treatment where applicable

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There is a 24-month waiting period to re-enroll if the member drops 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 Kids Basic Plan

(Children under age 19 only)

The Individual Kids Basic 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> (benefit year; per person, applies to basic and major services only)	\$120
<b>Out-of-Pocket Limit</b>	\$350 per individual child
<b>Family Out-of-Pocket Limit</b> (for children under age 19)	\$700
<b>Covered Dental Services</b>	
<b>Preventive Services</b> <ul style="list-style-type: none"> <li>• Exams (limited to 2 per person in a benefit year)</li> <li>• Cleanings (limited to 2 per person in a benefit year)</li> <li>• Bitewing X-rays (limited to 2 per person in a benefit year)</li> <li>• X-rays (full mouth/panoramic - limited to 1 per person in 36 months)</li> <li>• Fluoride Treatments (limited to 1 per person in a benefit year, under age 19)</li> <li>• Space Maintainers (under age 19)</li> <li>• Sealants (under age 19)</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>	50% 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> (medically necessary orthodontia only) 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 Basic plan.	50% in-network/ 0% out-of-network

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**Smart plans for smart mouths.**

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