



Dental coverage made for you.

The Affordable Care Act (ACA) provides small group (1-50 total employees) members in Illinois age 19 and under with select dental care - a pediatric Essential Health Benefit (EHB). We offer these benefits through Delta Dental, America's largest dental benefits provider.

Eligibility info:
Call Health Alliance™ at (800) 851-3379.

Claims info:
Call Delta Dental at (800) 323-1743.

Pediatric Dental Highlights* (Member Pays)		
	Delta Dental PPO provider (EHB)	Delta Dental Non-PPO provider (non-EHB)
Dental deductible	\$50/member	
Dental annual out-of-pocket maximum	\$350/child \$700/family	
Dental exam: one exam covered per six-month period	0% coinsurance (Deductible doesn't apply.)	No coverage
Preventive services, including X-rays, cleanings and fluoride treatments	0% coinsurance (Deductible doesn't apply.)	No coverage
Minor restorative services, including fillings, extractions and oral surgery	Dental deductible, 20% coinsurance	No coverage
Major services, including crowns and dental implants	Dental deductible, 50% coinsurance	No coverage
Medically necessary orthodontic services	50% coinsurance (Deductible doesn't apply.)	No coverage

*For details on specific dental services and plan year limitations, see your plan's policy (under "Dental Services"). To find a dentist in your coverage area, visit DeltaDentalil.com/HealthAlliance and use the Dentist Search tool. Network Providers are listed as "Delta Dental PPO." Providers listed as "Delta Dental Premier" or not found in the search are not in-network. If you visit a dentist outside the Delta Dental PPO network, the pediatric Essential Health Benefits aren't covered.



Vision coverage made for you.

Members Age 18 and Under

The Affordable Care Act (ACA) provides small group members age 18 and under with some covered vision care - a pediatric Essential Health Benefit (EHB).

Pediatric Vision Benefit ¹ (Member Pays)		
	Preferred Provider ²	Non-Preferred Provider
Pediatric Vision Exam (once every 12 months)	\$0 per exam, deductible doesn't apply. ¹	50% coinsurance. Deductible may apply. HMO not covered.
Pediatric Vision Materials³ (includes frames and lenses, or contacts - once every 12 months)	\$0 per item, deductible only applies to HSA. ¹	In-network benefit applies. HMO not covered.

¹ For details on specific vision services and limits, see your plan's policy (under "Vision Care"). Deductible does apply for health savings account (HSA) compatible plans.

² Members using the pediatric vision benefit or the adult vision benefit (without the supplemental vision benefit) must use a provider in the Health Alliance network.

³ Members may choose any provider for vision materials. Health Alliance covers material costs up to our maximum allowable cost. If a provider bills at more than the maximum allowable cost, members are responsible to pay the difference.

Health Alliance complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Spanish: ATENCIÓN: Si habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame (800) 851-3379 (TTY 711). Chinese: 注意：如果你講中文，語言協助服務，免費的，都可以給你。呼叫 (800) 851-3379 (TTY 711).

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Members Age 19 and Over

Health Alliance™ covers an annual adult eye exam for anyone age 19 and older. You can add supplemental vision coverage to your plan to cover more than just the annual eye exam.

To find out more about adding vision care to your plan, call us at (800) 851-3379.

Adult Vision Benefit ¹ (Member Pays)		
	Preferred Provider ²	Non-Preferred Provider
Adult Vision Exam (depending on plan)	\$20 copay. Deductible may apply. ¹	Not Covered
	Deductible, then coinsurance will apply.	Not Covered

To find a preferred provider in your area, visit [HealthAlliance.org](https://www.healthalliance.org) and click "Find Care" at the top.

