Health Alliance℠
HealthAlliance.org

DIRECT PLANS

A Healthy Smile

The Affordable Care Act (ACA) provides small group (1–50 total employees) members in Illinois age 18 and under with some dental care—a pediatric Essential Health Benefit (EHB). We offer these benefits through Delta Dental, America's largest dental benefits provider.

Please note: The plan information below is for our direct plans only.

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 does not apply.)	No coverage
Preventive services, including X-rays, cleanings and fluoride treatments	0% coinsurance (Deductible does not 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	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 HealthAlliance.DeltaDentalIL.com 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 are not covered.

Questions?

Eligibility information: Call Health Alliance at 1-800-851-3379

Claims information: Call Delta Dental at 1-800-323-1743

Focused on Your Eyes

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% coinsurance Deductible may apply.[1]	50% coinsurance Deductible may apply.
		HMO not covered.
Pediatric Vision Materials[3] (includes frames and lenses, or contacts–once every 12 months)	0% coinsurance Deductible may apply.[1]	0% coinsurance Deductible may apply.
		HMO not covered.

Members Age 19 and Older

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 1-800-851-3379.

Adult Vision Benefit[1] (Member Pays)		
	Preferred Provider[2]	**Non-Preferred Provider**
Adult Vision Exam (once every 12 months)	$20 copay Deductible may apply.[1]	Not Covered
OR (depending on plan)	Deductible, then 0%	Not Covered

To find a Preferred Provider in your area, visit HealthAlliance.org and click "Find a Doctor" at the top.

[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.

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