

Welcome to Delta Dental

Watterson Environmental Group

Group #20564

DELTA DENTAL®

Delta Dental of Illinois

DELTA DENTAL®



Delta Dental of Illinois will make you smile.

You are a member of the largest and most experienced dental benefits carrier. You have the benefit of our over 50 years of dental expertise. You've made a smart choice to elect dental benefit coverage. Good oral health starts with good dental coverage and knowledge. Your smile is a powerful thing and it's safe with Delta Dental of Illinois.

Your oral health and satisfaction are extremely important to us. We are committed to ensuring you and your covered dependents receive quality dental care and superior customer service. For help answering any questions, please visit us online at deltadentalil.com, download our Delta Dental mobile app, (see the enclosures here for all you can access through our website and mobile app) or contact our Customer Service Department at 800-323-1743. We look forward to serving you.

Delta Dental of Illinois is partnering with Amplifon to provide you with an added benefit for deeply discounted hearing aids and hearing healthcare services. One in 9 Americans experience some form of hearing loss – and that number is expected to double by 2030. The good news is that 95 percent of hearing loss is treatable with hearing aids. Please see the information sheet included in this packet or visit http://www.amplifonusa.com/deltadentalil to learn more.

Your Delta Dental Program

With your dental benefit program, you are free to go to any licensed dentist. However, you will save the most money by visiting a dentist in the Delta Dental PPO℠ network.

Delta Dental PPO dentists agree to accept our allowed PPO fees as payment in full, which means they can't charge you the difference between their usual fee and our allowed fee. On average, patients save 30 percent on the fee a Delta Dental PPO dentist would typically submit for a claim. Not only will you save money, but you can also stretch your benefit dollars – the less the claim reimbursement, the less dollars applied to your annual maximum.

Delta Dental Premier® is a safety net for our Delta Dental PPO network. You will pay more out-of-pocket with a Delta Dental Premier dentist compared to a Delta Dental PPO dentist. However, you may save more money with a Delta Dental Premier dentist compared to a non-network dentist. Delta Dental Premier dentists agree to our maximum plan allowances as payment in full, which may be lower than what a dentist would typically charge. See below for savings examples.

	Amount Billed	Delta Dental of Illinois' Allowed Amount	Coverage Percentage Paid by Delta Dental of Illinois	Amount Delta Dental of Illinois Pays*	Amount Dentist Can Bill You Over the Allowed Amount	Total Amount You Pay	Your Total Cost Savings
Procedure 1							
Delta Dental PPO™ Network	$80	$57	100%	$57	$0	$0	$23
Delta Dental Premier® Network	$80	$70	100%	$70	$0	$0	$10
Out-of-Network	$80	$70	100%	$70	$10	$10	$0
Procedure 2							
Delta Dental PPO™ Network	$1,200	$850	50%	$425	$0	$425	$350
Delta Dental Premier® Network	$1,200	$995	50%	$497.50	$0	$497.50	$205
Out-of-Network	$1,200	$995	50%	$497.50	$205	$702.50	$0

The information in the chart above is for illustrative purposes only and assumes the deductible has been met and the annual maximum has not been reached. There are some limitations on the expenses for which your dental plan pays. If you have specific questions regarding benefit coverage, limitations, exclusions or non-covered services, please refer to your certificate of coverage/dental benefit booklet or contact Delta Dental of Illinois. For specific fees and costs for a certain procedure, you can request a pre-estimate from your dentist.

Finding a Network Dentist

As you can see, it pays to use a Delta Dental PPO dentist. Visit deltadentalil.com today to find a network dentist. You can also download our free Delta Dental mobile app, available for Apple and Android devices, to find dentists and gauge the cost of common dental treatments using the Dental Care Cost Estimator tool.

What are my Benefits?

A highlight of your benefit plan is included with this packet. You can also review your benefits through the Member Connection at deltadentalil.com (please see the Member Connection sheet included in this packet). Please also review your certificate of coverage for a detailed description of your benefits. Delta Dental offers an array of dental benefits programs to our clients. The benefits you receive depend on the program options your group has selected. Payment policies differ for each program and likewise, not all treatments are covered similarly. Depending on the treatment, Delta Dental of Illinois will pay only the applicable percentage of the fee for the maximum we allow for that service. **Remember that you'll likely enjoy the most out-of-pocket savings if you visit a Delta Dental PPO network dentist.** The better you understand your program, the more you will know about what dental services are covered and understand what you may owe your dentist.

We're here to help. If you have questions, visit deltadentalil.com or call 800-323-1743 to connect with us.

Your dental benefit program also includes our Enhanced Benefits Program. Information is below.

Enhanced Benefits Program — Oral Health Meets Overall Health

Delta Dental of Illinois offers an Enhanced Benefit Program that enhances coverage for individuals who have specific health conditions that can be positively affected by additional oral health care. These enhancements are based on scientific evidence that shows treating and preventing oral disease in these situations can improve overall health. If you are eligible, you can sign up through the Member Connection (information is included).

When Do You Need a Predetermination of Benefits?

It is not required, but we recommend that you ask your dentist to predetermine services over $200. If your dentist recommends a certain procedure that will cost over $200, ask him or her to send a predetermination to Delta Dental of Illinois. We will issue a predetermination that indicates the amount covered for the procedure in advance. Assuming no changes are made to eligibility or additional benefits for other claims are paid prior to receiving treatment, you and your dentist will have a better idea how much will be covered under the benefit program and how much you will be required to pay for the service.

Submitting a Claim

Network dentists automatically submit claims to us. If you use a non-network dentist, you may have to file your own claim form. Our claims mailing address is: P.O. Box 5402, Lisle IL 60532.

Your Oral Health Matters: Be a Smart Mouth

Visit deltadentalil.com/oralhealth to find oral health resources that can answer your oral health questions and offer information to help you protect your smile for a lifetime.

Get Answers

Visit our website at deltadentalil.com. Our online resources are available 24 hours a day. On deltadentalil.com, you can:

- Retrieve benefit information (through the Member Connection). You can find specific information about your benefits, such as program type, benefit coverage levels, deductibles, coordination of benefits and age limitations, maximums used to date and copayments.
- Sign up to receive electronic EOBs (Explanation of Benefits) and other electronic documents (through the Member Connection).
- Check claim status and access EOBs (through the Member Connection).
- Print an ID card (through the Member Connection).
- Sign up for the Enhanced Benefits Program (through the Member Connection).
- Find network dentists.
- Access claim forms and information on the claims appeal process.
- Find answers to frequently asked questions.

- Assess your risk of dental disease.
- Get oral health information and tips.

You can contact Customer Service at 800-323-1743 from 7 a.m. to 7 p.m. Monday – Thursday and 7 a.m. to 6 p.m. Friday.

Connect with Us Today

Follow us on social media for oral health tips, recent news, contests and more!

www.facebook.com/DeltaDentalIL

www.linkedin.com/company/delta-dental-of-illinois

www.instagram.com/DeltaDentalIL

www.youroralhealthhub.com/blog/

DELTA DENTAL®

DELTA DENTAL®



Smile Perks

Exclusive Savings for Members

All Delta Dental of Illinois members qualify for our exclusive Smile Perks discount program — which helps save money on everything from groceries and self-care products to electronics and flights.

Whether you're planning a major purchase like a car or vacation, or just want to save on the day-to-day essentials, Smile Perks has you covered.

PHILIPS

Savings on Sonicare oral health products, Avent mother and baby essentials and Norelco shaving and grooming items

Member Discount Program powered by LifeMart®

Discounts on groceries, electronics, entertainment, travel, and much more — including regular limited-time offers

amplifon Hearing Health Care

Access to a comprehensive hearing health discount program with savings of more than 60% off retail hearing aids

TELEDENTISTRY.COM
Your Dentist, Anytime Anywhere®

24/7 access to virtual dental care — a convenient, safe, and effective way to get immediate care when needed

QualSight® LASIK
Quality, Choice & Savings

Savings of 20-35% on LASIK procedures from the largest network of credentialed and experienced eye surgeons nationwide

Crest + Oral-B

Discounts on Oral-B electric and manual toothbrushes, replacement brush heads and more

Scan the QR code to access exclusive member savings — or visit **deltadentalil.com/smile-perks** to learn more.

*This offering is exclusive for Delta Dental of Illinois clients and their employees and covered members only. External distribution outside your company/group and employees is prohibited.

16253 (07/24)

DELTA DENTAL®

Delta Dental of Illinois and Philips Sonicare Team Up for Your Oral Health

A special offer for our valued clients and members



Delta Dental of Illinois employer clients can now help employees (and their family members) brush up on oral health habits while saving money on Sonicare products.*

With this exclusive program, Delta Dental of Illinois is providing an opportunity for you to access monthly offers on Sonicare products — including electric toothbrushes, power flossers, brush heads and more.

Visit **philips.com/deltadentalil** today and enter the provided promo code at checkout.

PHILIPS
sonicare



[1] Delta Dental Adult's Oral Health & Well-Being Survey, 2020

* This offering is exclusive for Delta Dental of Illinois clients and their employees and covered members only. External distribution outside your company/group and employees is prohibited.

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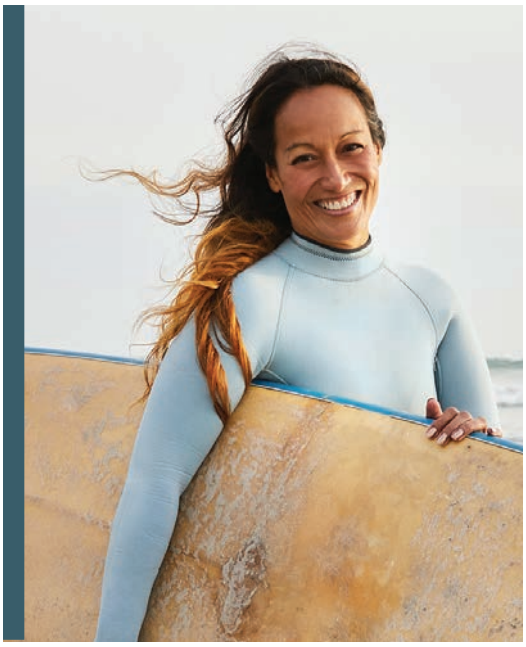
DELTA DENTAL®

LASIK is now easier for Delta Dental of IL members!



LASIK is an eligible pre-tax expense:
Save up to 30 percent more with your FSA or HSA dollars! [2]

Flexible Financing Options:
12 months interest-free available from participating providers for qualified applicants.

The QualSight program is NOT an insured benefit and is available to members for access to QualSight for LASIK surgery.

[1] Savings based of national average LASIK price as reported by Market Scope LLC, Refractive Surgery Market Report Dec 2022

[2] Flexible Spending Account (FSA) and Health Savings Account (HSA) based on individual tax situation.

[3] Lifetime Assurance Plans available at participating providers for an additional cost.

QualSight® LASIK
Quality, Choice and Savings

SERVICE

Savings
Members save 20-35% on LASIK through QualSight providers across the nation. [1]

Quality
Credentialed NCQA surgeons who have collectively performed more than 7.5 million procedures.

Choice
More than 800 locations and you choose the physician with the experience, reputation and technology your vision correction requires.

HOW IT WORKS

1. To take advantage of our savings call: **877-710-7104**
2. A QualSight Care Manager will explain the program and answer your questions.
3. Select your physician and set an appointment today!

VALUE

- ✓ Our low price includes the preoperative exam, procedure, postoperative visits and a One-Year Assurance Plan [3]
- ✓ Prescription or astigmatism does not affect pricing.
- ✓ Custom Bladeless LASIK for **$1,795** per eye represents savings of **20-35% off** the overall national average price.

Schedule your FREE consultation today.

877-710-7104

For more information visit:

qualsight.com/-Delta-Dental-IL

BBB ACCREDITED BUSINESS

Serving you with Quality, Choice and Savings

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3654 (01/24)

Treat your hearing loss, easily and affordably



What causes hearing loss?

Hearing loss can be temporary and caused by simple things like ear wax or a cold. It can also be permanent, caused by damage to the tiny hair-like cells in the inner ear as a result of exposure to noise, aging, other health conditions, or certain medications.

When should I get my hearing checked?

Hearing loss can come on so gradually that you may not even notice it's happening. In general, you should have your hearing screened every three to five years, and tested annually if you are over the age of 50 or experiencing any of the following:

- **Consistent exposure** to loud noises.
- **Difficulty understanding** in noisy environments or in groups.
- **Hearing mumbling** or feeling as though people are not speaking clearly.
- **Ringing** in your ears.

How can I check my hearing?

Getting your hearing checked is now easier than ever with in-person and at-home options:

- **Virtual screening** allows you to confirm if hearing loss is detected from the comfort of home
- **Professional hearing evaluations** take place in a hearing care clinic setting. A hearing care professional will work with you to complete an in-depth evaluation of your hearing and propose solutions if hearing loss is indicated.

Learn more at www.amplifonusa.com/deltadentalIL

DELTA DENTAL®

amplifon Hearing Health Care

See reverse for your benefit information >

Your Hearing Program

amplifon Hearing Health Care

If you think you may have hearing loss, rest easy. Delta Dental Of Illinois has teamed up with Amplifon to offer you quality hearing health care.

	Level 1	Level 2	Level 3	Level 4	Level 5
	Hearing aid options from the top brands with an average savings of 66% off retail pricing.				
Amplifon Price (per ear)	**$995/ear**	**$1,295/ear**	**$1,495/ear**	**$1,895/ear**	**$2,195/ear**

New virtual services

Virtual screening – determine need from the comfort of home

Personalized coaching – enhance adjustment and use of hearing aids

On-demand virtual visits – convenient care for non-clinical support

Risk-free trial

Find your right fit by trying your hearing aids for 60 days

Complimentary aftercare

1-year follow-up care - ensures smooth transition to your new hearing aids

2-year battery support - battery supply or charging station to keep you powered

3-year warranty - coverage for loss, repairs, or damage

To learn more, call 888-823-2130 TTY: 711 | Hours: Mon-Fri 7am - 8pm CT
or visit: www.amplifonusa.com/deltadentalIL

You and your provider will determine the best device to meet your hearing loss, lifestyle, and technology needs.
Risk-free trial - 100% money-back guarantee if not completely satisfied, no return or restocking fees
Follow-up care - for one year following purchase. **Batteries** - two-year supply of batteries (80 cells/ear/year) or one standard charger at no additional cost. **Warranty** - exclusions and limitations may apply. Contact Amplifon 888-823-2130 for details.
Virtual screening does not take the place of a diagnostic exam by a licensed professional. Not all virtual services are available on all products.
Amplifon Hearing Health Care is solely responsible for the administration of hearing health care services, and its own financial and contractual obligations. Delta Dental Of Illinois and Amplifon are independent, unaffiliated companies. The Amplifon Hearing Health Care discount program is not approved for use with any third-party payor program, including government and private third-party payor programs. Hearing services are administered by Amplifon Hearing Health Care, Corp.

3309MEMR/Delta Dental Of Illinois

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DELTA DENTAL

Delta Dental of Illinois
Dental Benefit Highlight Sheet
Watterson Environmental Group, Group #20564

Delta Dental of Illinois is pleased to be your dental benefits carrier. Your group plan offers you the dental benefits program: Delta Dental PPO Plus Delta Dental Premier.

Delta Dental PPO Plus Premier

On the reverse side of this sheet is a summary of your plan coverage*. Please also see the enclosed sheet, "How You Can Save with a Delta Dental Network Dentist," which provides an example of your out-of-pockets costs with network dentists and a non-network dentist. With Delta Dental PPO Plus Premier:

- You can go to any licensed general or specialty dentist.
- **You will maximize your benefits by receiving care from a Delta Dental PPO or Delta Dental Premier network dentist.**
- Delta Dental's network dentists have agreed to reduced fees as payment in full, which means you will likely save money by going to a Delta Dental PPO or Delta Dental Premier network dentist. Non-network dentists have not agreed to accept our reduced fees as payment in full, which means they may bill you for any charges over our allowed fees.
- You are charged only the patient's share** at the time of treatment. Delta Dental pays its portion directly to network dentists.

Finding a Dentist

Visit our web site at www.deltadentalil.com and click on Provider Search. Please see the enclosed "How to Find a Network Dentist" sheet for more details.

Example of Your Copayment with Delta Dental Network Dentists and Non-Network Dentists

- Delta Dental PPO: Lowest out-of-pocket costs and network protection.
- Delta Dental Premier: Higher out-of-pocket costs than PPO, but may be lower than non-network and network protection.
- Non-network: You may have the highest out-of-pocket costs.

Delta Dental PPO Plus Premier Plan Features

Your Delta Dental PPO Plus Premier plan includes the following features (please see enclosed pieces for more information):

- **Enhanced Benefit Program** offers additional coverage for individuals who have specific health conditions (including pregnancy, diabetes, high-risk cardiac conditions, suppressed immune systems, and special needs) that can be positively affected by additional oral health care.

Customer Service

The enclosed Member Connection sheet explains how to register on Delta Dental of Illinois' website, www.deltadentalil.com. Once registered, you can **get real time benefit information, check claim status, sign up for electronic Explanation of Benefits and print a temporary ID card.**

Call 1-800-323-1743 to access our automated phone system or speak to a customer service representative from 7 am to 7 pm Monday through Thursday and 7 am to 6 pm Friday, Central Time. Our automated phone system is available 24 hours a day, seven days a week, and offers dentist listings and claim information.

You can also connect with us through our mobile app, Facebook, Twitter, our blog and more. See the enclosed sheets on connecting with us.

Learn More

You can learn more about your Delta Dental of Illinois dental plan by reading the information included in your enrollment kit.

***The information on the reverse side of this sheet is a brief summary of your dental plan and the services it covers. There are some limitations on the expenses for which your dental plan pays If you have specific questions regarding benefit coverage, limitations, exclusions, or non-covered services, please refer to your certificate of coverage/dental benefit booklet or contact Delta Dental of Illinois.

**Patient's share is the coinsurance/copayment, any remaining deductible any amount over the annual maximum and any services your plan does not cover.

Note: Delta Dental imposes no restrictions on the method of diagnosis or treatment by a treating dentist. A benefit determination relates only to the level of payment that your group dental plan is required to make.

PPOPREF

Docusign Envelope ID: CEB93244-6740-44AA-840A-519A7803E843

Watterson Environmental Group Plan Design Summary

Annual Deductible Deductible applies to Basic and Major services	$50/ person; $150/ family
Annual Maximum	$1500/ person
To Go℠ Carryover Feature	Not Included
Enhanced Benefits Program	Your plan provides additional cleanings and/or applications of topical fluoride to people with specific health conditions that put them at risk for oral health disease. The costs of the additional cleanings and fluoride treatments will be applied to your annual maximum.
Lifetime Orthodontic Maximum **Dependent Children to Age 19** **Adults are not eligible for coverage**	$2000/ person

	Delta Dental PPO Network Dentist*	Delta Dental Premier Network Dentist**	Non-Network Dentist***
PREVENTIVE/DIAGNOSTIC SERVICES (no waiting period)			
• Routine exams (two per benefit year)	100%	100%	100%
• Cleanings (two per benefit year)	100%	100%	100%
• X-rays (bitewings -2 per benefit year; full mouth-1 per 5 years)	100%	100%	100%
• Fluoride treatments (twice per benefit year to age 19)	100%	100%	100%
• Space maintainers (to age 14)	100%	100%	100%
• Sealants (to age 16)	100%	100%	100%
BASIC SERVICES (no waiting period)			
• Emergency exams and palliative (pain relief) treatment	80%	80%	80%
• Fillings (silver (amalgam) and tooth colored (composite) on front teeth)	80%	80%	80%
• Non-surgical Periodontic (gum) maintenance	80%	80%	80%
• Surgical Periodontic (gum) maintenance	80%	80%	80%
• Oral surgery (simple extractions)	80%	80%	80%
• Endodontics (root canals and pulpal therapy)	80%	80%	80%
MAJOR RESTORATIVE SERVICES (no waiting period)			
• Oral surgery (surgical extractions including general anesthesia)	60%	50%	50%
• Oral surgery (all other)	60%	50%	50%
• Crowns, onlays, and other ceramic restorations to permanent teeth	60%	50%	50%
• Partial/full dentures	60%	50%	50%
• Denture (repair, reline, rebase and adjustments)	60%	50%	50%
• Fixed/removable bridges	60%	50%	50%
• Implants	60%	50%	50%
ORTHODONTICS (no waiting period) Dependent Children to Age 19; Adults are not eligible for coverage	50%	50%	50%

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*Delta Dental PPO dentists accept payment based on the lesser of the submitted fee or the PPO fee schedule, which is established at a level that typically delivers a 15 – 40% discount off of average billed charges nationally.

**Delta Dental Premier dentists accept payment based on the lesser of the submitted fee or Delta Dental's maximum plan allowance (MPA), which is established at a level that typically delivers discounts of 25% - 30% off of average billed charges nationally.

***Non-network (non-Delta Dental PPO/non-Delta Dental Premier) dentists are reimbursed at the 90th percentile of "reasonable and customary" charges.

Delta Dental PPO and Premier dentists cannot balance bill the enrollee for the difference between Delta Dental's allowed fee and the dentist's submitted charge.

DELTA DENTAL®

Save More by Going PPO

When it comes to pearly whites, everyone wants to save a little green. With the Delta Dental PPO™ network, you'll get the coverage you need at a lower out-of-pocket cost.

Here's why: Delta Dental PPO network dentists agree to accept our reduced PPO fees as payment in full for dental services. This means they cannot bill you the difference between what they usually charge for a dental service and what the Delta Dental PPO fee is. This requirement for network dentists is how we protect members from unexpected charges. On average, **members save 30%** on the fee a Delta Dental PPO dentist would normally charge for a service.

Delta Dental Premier® is a safety net for our Delta Dental PPO network. You will pay more out-of-pocket with a Delta Dental Premier Dentist compared to a Delta Dental PPO Dentist. However, you may save more with a Delta Dental Premier Dentist compared to a non-network Dentist. Delta Dental Premier Dentists agree to our maximum plan allowances as payment in full, which may be lower than the dentist's regular fee.

	Amount Billed	Delta Dental of Illinois' Allowed Amount	Coverage Percentage Paid by Delta Dental of Illinois	Amount Delta Dental of Illinois Pays*	Amount Dentist Can Bill You Over the Allowed Amount	Total Amount You Pay	Your Total Cost Savings
Procedure 1							
Delta Dental PPO™ Network	$80	$57	100%	$57	$0	$0	$23
Delta Dental Premier® Network	$80	$70	100%	$70	$0	$0	$10
Out-of-Network	$80	$70	100%	$70	$10	$10	$0
Procedure 2							
Delta Dental PPO™ Network	$1,200	$850	50%	$425	$0	$425	$350
Delta Dental Premier® Network	$1,200	$995	50%	$497.50	$0	$497.50	$205
Out-of-Network	$1,200	$995	50%	$497.50	$205	$702.50	$0

Whether you see a general dentist or visit a specialist, it pays to use a Delta Dental PPO dentist. Visit deltadentalil.com today to find participating dentists in your area.

You can also download our free Delta Dental mobile app to search dentists and gauge the cost of common dental treatments using the Dental Care Cost Estimator tool.

** The example chart is relative to plans where Delta Dental Premier network and out-of-network services are paid off of the maximum plan allowance. This information is for illustrative purposes only and assumes the deductible has been met and the annual maximum has not been reached. There are some limitations on the expenses for which your dental plan pays. If you have specific questions regarding benefit coverage, limitations, exclusions or non-covered services, please refer to your policy or certificate of coverage, or contact Delta Dental of Illinois. For specific fees and costs for a certain procedure, you can request a pre-estimate from your dentist.*

4159 GroupPPO (09/23)

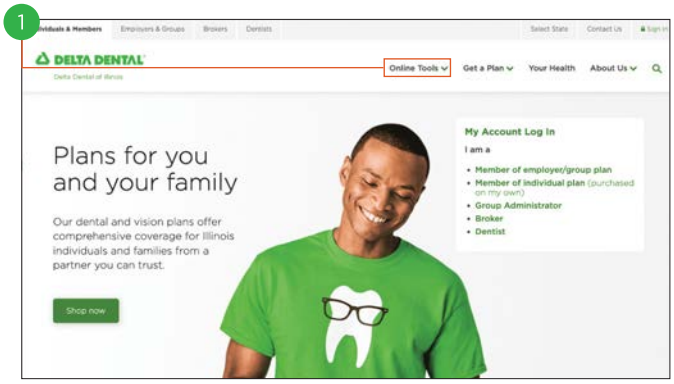
DELTA DENTAL®

Finding a Delta Dental PPO™ or Delta Dental Premier® Dentist

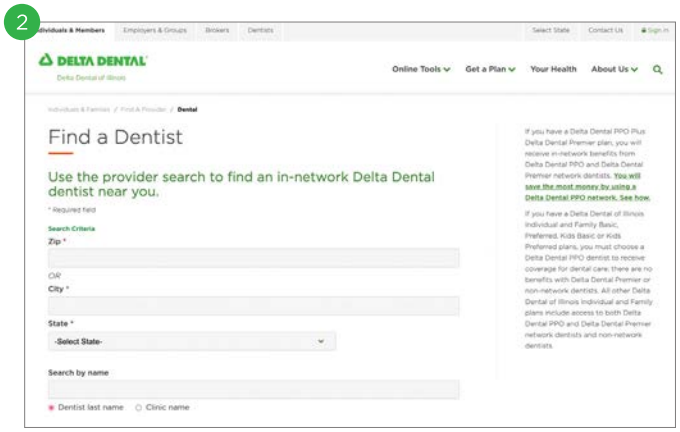
Finding a Delta Dental network dentist is easy. More than 3 out of every 4 dentists nationwide participate in a Delta Dental network. You can find a network dentist today by using the Dentist Search on our website or calling our automated phone system.

Provider Search

1. Go to deltadentalil.com, and select "Online Tools" and then "Find a Provider." On the following page, select "Dental."



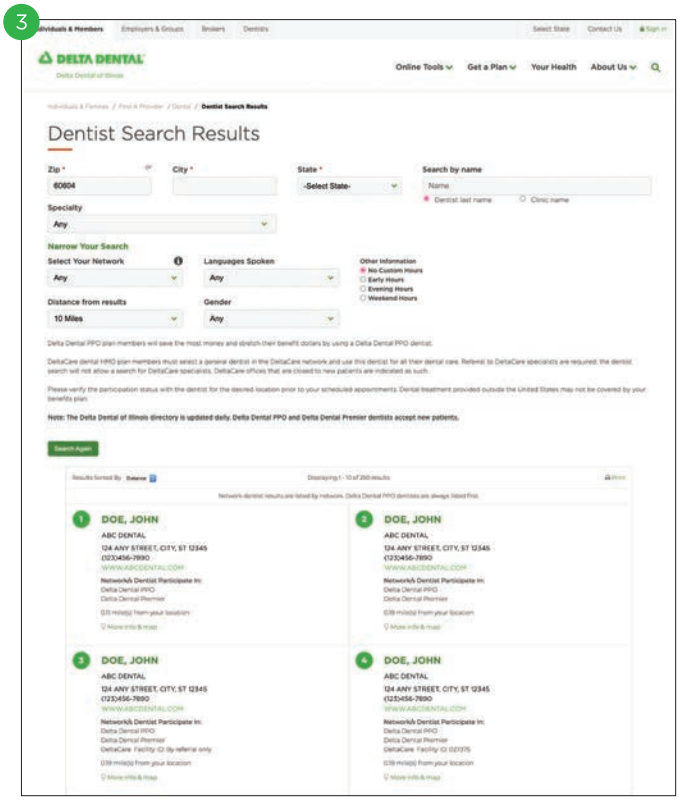
2. To start your search, you can either enter the location where you want to locate network dentists (search by city/state or ZIP code), or search for a particular dentist or practice by name and ZIP code.



3 Results will automatically display by proximity (within 10 miles from city or ZIP code) and all Delta Dental networks the dentist participates in will be listed. You can change the distance by selecting a new option under the “Distance from results” dropdown menu and clicking “Search Again.”

4 You have the option to narrow your search based on the Delta Dental network a dentist participates in. You will save the most if you use a Delta Dental PPO network dentist. *Any field marked with a red asterisk is a required field.*

5 You can further narrow your search by selecting a specialty (such as orthodontist), languages spoken and gender.



Automated Phone System

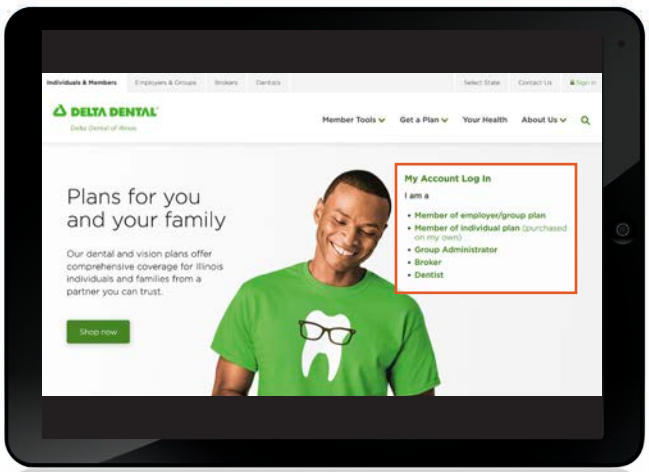
You can also find a dentist through our automated phone system. Delta Dental PPO and Delta Dental Premier members can call 800-323-1743, say “Dentist Directory” and follow the automated instructions.

DELTA DENTAL



Delta Dental of Illinois' Member Connection

Easily access all your benefits information securely with our online Member Connection.



Find everything you need to know about your coverage.

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

Opt-in to receive your EOBs electronically.

- Receive your statements quicker.
- Keep personal information secure.
- Get real-time updates anytime, anywhere.
- Help the environment by going paperless.

Make the most of your benefits with Member Connection — and enroll for electronic EOBs today. It's quick and easy!

Scan the QR code or visit **deltadentalil.com** to learn more.

18317 (04/24)

DELTA DENTAL®

Member Connection

Connecting with Delta Dental of Illinois is easy!

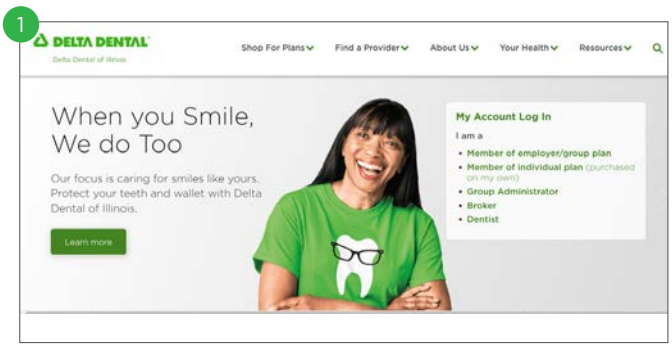
Get real-time benefit and claim information 24 hours a day, seven days a week through the Member Connection at deltadentalil.com or through our automated phone system at 800-323-1743.

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

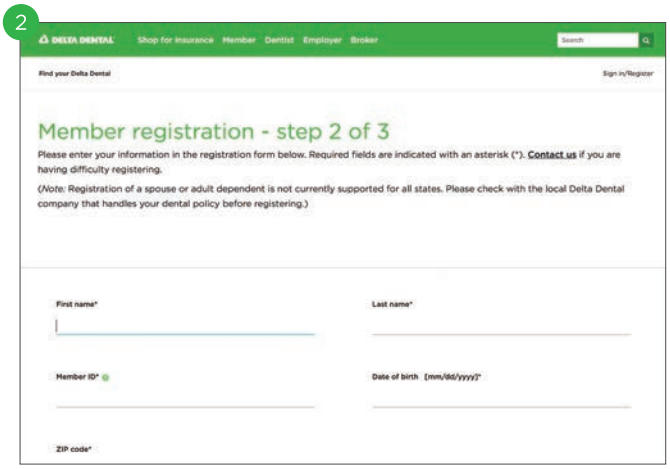
- Claim status
- Eligibility information
- Maximum and deductibles used to date
- Benefit levels
- Frequency and age limits
- Waiting periods
- Preventive history
- Explanation of Benefits (EOBs)

How to Register:

1. Go to deltadentalil.com, select "Member of employer/group plan" in the "My Account Log In" box located on the right side of the homepage. On the next page, click "Don't have an account? Create an account." Select "I am a member or adult dependent and have coverage with Delta Dental" on the next screen.



2. You will need to enter the primary member's first and last name, member ID or Social Security number and date of birth.
   - For name:
     - The name must appear exactly how your employer entered it during enrollment; for example, "Bob" may be "Robert."
     - If you have a suffix before or after your first name – for example, Jr., II or an initial – you may also need to list it; for example, Robert Jr., Robert III or J Robert.
     - There is a 10-character limit for first name and a 15-character limit for last name. For example, if your first name is Christopher, you are limited to Christophe for first name.
   - For member ID: If your member ID is less than 9 digits, you must enter zero's in front of the number; for example, 001234567. You may also use Social Security number with no dashes.
   - For date of birth: You must enter two-digit month, two-digit day and four-digit year with dividers; for example, 03/15/1984.

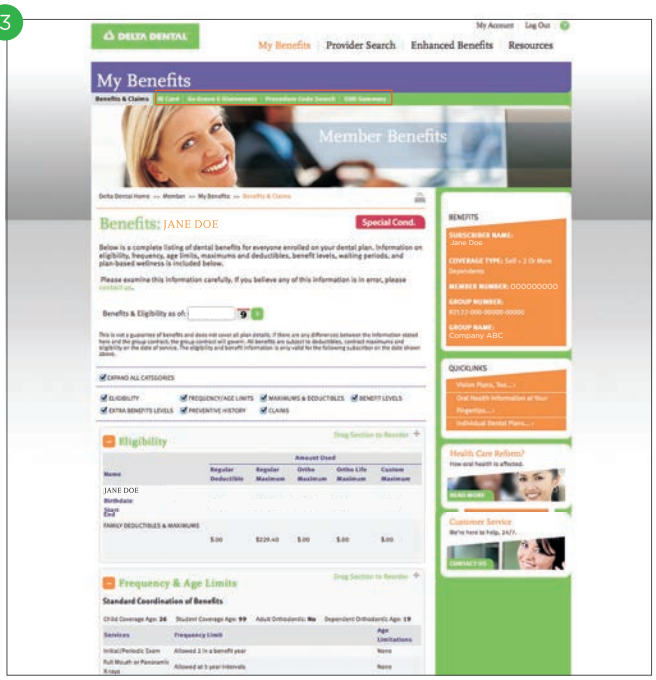


3 Once registered, you can easily access your and your covered dependents' benefits and claims information, print a temporary ID card, sign up to receive electronic EOBs (Go Green E-Statements), conduct a procedure code search and access EOB history.

Automated Phone System. Faster service for you.

You can also call 800-323-1743 to access our automated phone system 24 hours a day, seven days a week or to speak to a customer service representative during normal business hours.

3



DELTA DENTAL®

A Smart Way to Enhance Your Overall Health

Delta Dental of Illinois offers an Enhanced Benefits Program for individuals who have specific health conditions that can be positively affected by extra oral health care. Benefits include additional cleanings and/or fluoride treatments.* Individuals with disabilities may also qualify for additional services such as anesthesia, sedation, silver diamine fluoride and other medications and behavior modifying treatments.

Individuals who qualify include those:

- with diabetes
- with periodontal disease
- with cardiac conditions
- who are pregnant
- with kidney failure/ who are undergoing dialysis
- with suppressed immune systems**
- with disabilities***
- who are undergoing cancer-related chemotherapy and/or radiation

To receive additional benefits, enroll in the Enhanced Benefits Program through Delta Dental of Illinois' Member Connection portal. Visit deltadentalil.com to sign up today.



Delta Dental of Illinois

* Costs of additional treatments will be applied to members' annual maximums.
** Includes individuals with HIV, organ recipients, and/or stem cell (bone marrow) recipients.
*** Includes individuals with physical, medical, developmental and/or cognitive needs, such as autism, Alzheimer's disease, Down syndrome, spinal cord injuries and other conditions where modifications are necessary to provide the best oral health treatment possible. Individuals with disabilities may also qualify for additional services such as general anesthesia, IV and oral sedation, nitrous oxide, decay arresting medications such as silver diamine fluoride, and behavior management benefits.

11969 (06/24)

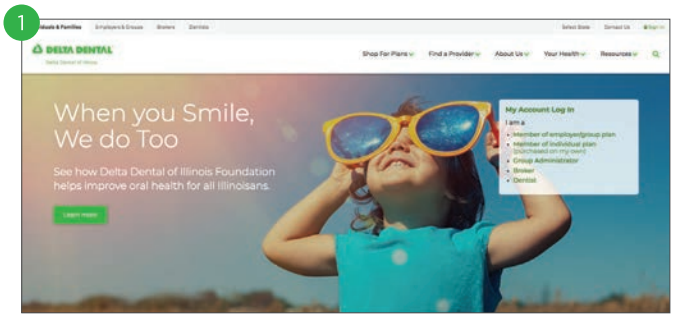
DELTA DENTAL®

Enrolling in Delta Dental of Illinois' Enhanced Benefits Program

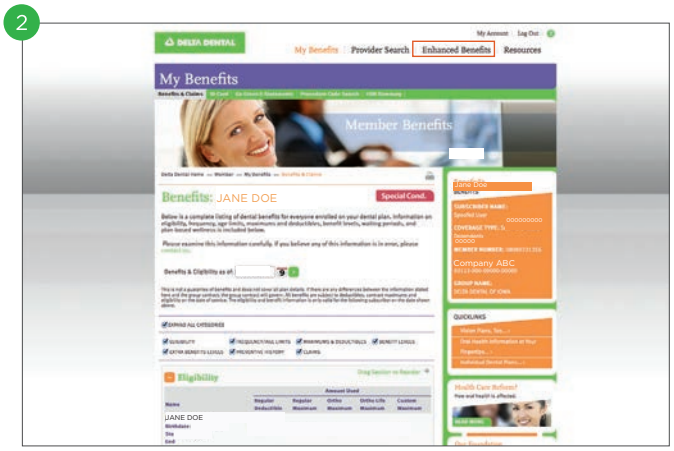
Your dental plan includes Delta Dental of Illinois' Enhanced Benefits Program that integrates oral health and overall health to offer additional benefits to people who have specific health conditions. To receive the additional benefits, you must enroll in the Enhanced Benefits program.

How to Enroll:

1. Go to Delta Dental of Illinois' member website at deltadentalil.com.

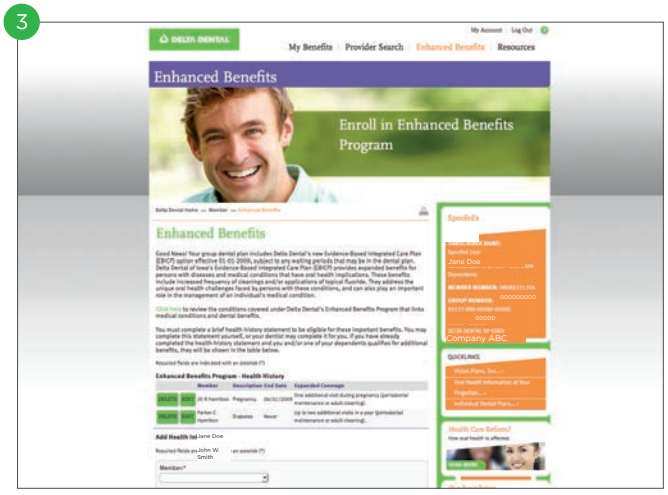


2. Sign into Member Connection. (You must be a registered user of the Member Connection to enroll in the Enhanced Benefits Program to protect the confidentiality of your personal health information. If you are not enrolled, see "How to register" on the next page.) After you have successfully signed in, select the "Enhanced Benefits" tab.



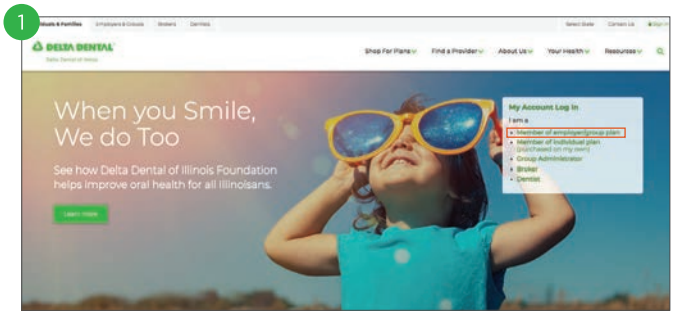
3. You will be able to enter or update the small amount of health information required to qualify for extra benefits for yourself or dependents. You and/or your dependents will be immediately eligible for those benefits.

Please note: The periodontal disease health condition indicator will automatically be updated when nonsurgical or surgical periodontal procedures are processed by Delta Dental of Illinois.

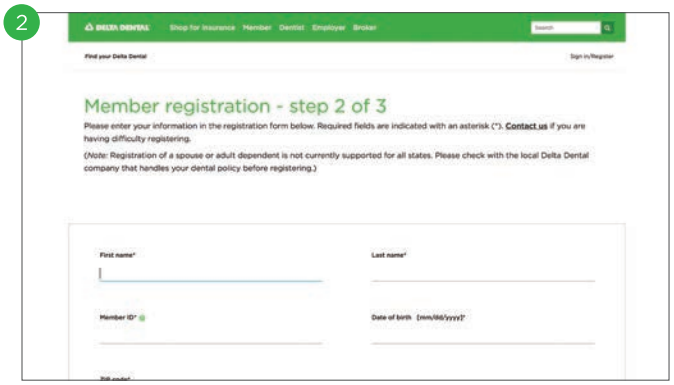


How to Register:

1. Go to deltadentalil.com and select “Member of employer/group plan” in the “My Account Log In” box located on the right side of the homepage. On the next page, click “New to Delta Dental? Enroll Here.”

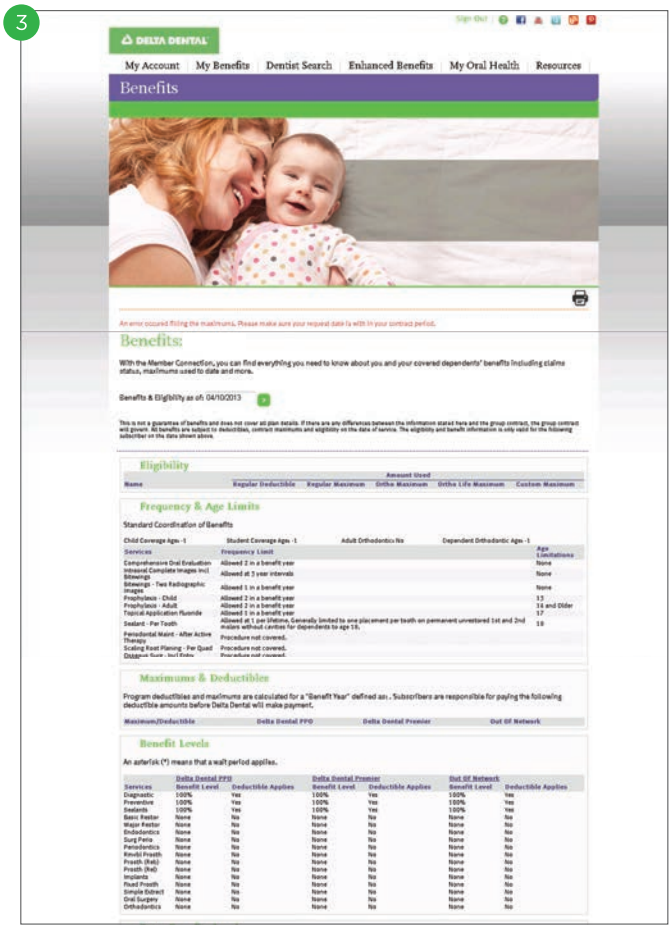


2. Complete the online registration. Enter the primary enrollee’s first and last name (the name must appear exactly as what your employer entered during enrollment; e.g., “Bob” may be “Robert”), the assigned member ID or Social Security number and date of birth (enter two-digit month, two-digit day and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



3. Create a username and password, enter your email, create a challenge question and then click on “Register User.”

4. Once registered, you can easily access your and your covered dependents’ benefits and claims information, print a temporary ID card, sign up to receive electronic EOBs (Go Green E-Statements), conduct a procedure code search and access EOB history.



Automated Phone System. Faster Service For You.

You can also call 800-323-1743 to access our automated phone system 24 hours a day, seven days a week.

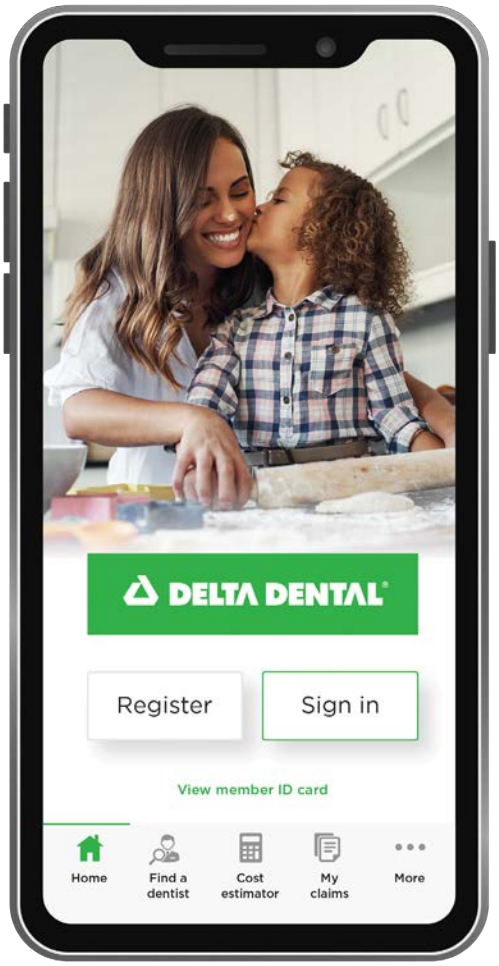
DELTA DENTAL

Delta Dental Mobile App

Manage your oral health anytime, anywhere



Your oral health is important to Delta Dental — and to your overall health. We have designed our mobile app to make it easy for you to make the most of your dental benefits. Maximize your health, wherever you are! Search for a dentist near you, view ID cards, and more, right on your mobile device.



Get started

The Delta Dental Mobile App is free and optimized for iOS (Apple) and Android devices. To download our app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental Mobile App. Or, scan the QR code below. You will need an internet connection to download and use most features of our free app.

Log in to view benefits

Delta Dental members can sign in with their username and password used for DeltaDental.com. If you have not registered for an account yet, you can do that within the app. If you have forgotten your username or password, you can also retrieve these via the Delta Dental Mobile App.

SCAN TO DOWNLOAD
DELTA DENTAL MOBILE APP

Delta Dental Mobile App features

Sign in to access the full range of tools and resources



Access your mobile ID card

No need for a paper card. Quickly access your ID card by saving it to the Apple Wallet or Google Wallet on your mobile device.



Find a dentist

It's easy to find a dentist near you. Search and compare dental offices to find one that suits your needs.



Estimate dental care cost

Find out what to expect with our Dental Care Cost Estimator. Our easy to use tool provides estimated cost ranges on common dental care needs for dentists in your area, now with the option to select your dentist for tailored cost estimates.



Save your preferred dentist

Save your favorite dentists using the Delta Dental Mobile App for quick access to contact information, making it easy to schedule your routine cleaning.



See your claims

Look up detailed claims information for your dentist visits over the last 18 months.



Review your plan coverage

Review your dental policy coverage details such as deductibles, maximums, and other benefits.

Please note information displayed may vary based on your particular coverage. For more information on your coverage, contact your Delta Dental company. "Delta Dental" refers to the national network of 39 independent Delta Dental companies that provide dental benefits and is a registered trademark of Delta Dental Plans Association.

deltadental.com

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DELTA DENTAL®

Effective Date: September 23, 2013

NOTICE OF PRIVACY PRACTICES AND RIGHTS

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

This Notice describes the privacy practices of Delta Dental of Illinois and its affiliated companies (collectively, "we" or "us" or the Company). These entities have designated themselves as a single affiliated covered entity for purposes of the privacy rules under the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA") and each has agreed to abide by the terms of this Notice and may share protected health information with each other as necessary for treatment, payment or to carry out health care operations, or as otherwise permitted by law.

We understand that health information about you is personal. We are committed to protecting the confidentiality of your health information that we maintain and using your information appropriately.

The HIPAA Privacy Rule protects only certain health information known as "Protected Health Information" ("PHI"). Generally, PHI is individually identifiable health information, including demographic information, transmitted or maintained by us, regardless of form (oral, written or electronic). We are required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to your health information and to notify affected individuals following a breach of unsecured PHI.. This Notice explains how we may use your health information and when we can share that information with others. This Notice also informs you of your rights with respect to your health information and how you may exercise those rights.

We comply with the provisions of HIPAA and the Health Information Technology for Economic and Clinical Health ("HITECH") Act and their implementing regulations. We maintain a breach reporting policy and have in place appropriate safeguards to track required disclosures and meet appropriate reporting obligations. In addition we comply with the "Minimum Necessary" requirements when using or disclosing your health information or when requesting your health information.

This Notice does not apply to information that has been de-identified. De-identified information is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.

HOW WE MAY USE AND SHARE YOUR HEALTH INFORMATION

We are allowed to use or share health information about you for certain purposes without your authorization, as permitted by federal and state law. The following categories describe different ways we may use and disclose health information. Not every use or disclosure in a category will be listed, but all of the ways we are permitted to use and disclose information will fall within one of the categories.

Payment: We may use or disclose PHI about you to obtain payment for your treatment and to conduct other payment related activities, for example, determining eligibility for benefits, billing, adjudicating your health claims, making coverage decisions, administering benefits and coordinating benefit payments.

Treatment: We may use or disclose your PHI to facilitate medical treatment or services by providers. For example, we may disclose information about prior treatment to a provider if the prior treatment affects coverage for the current treatment.

Health Care Operations: We may use or disclose your health information in connection with our health care operations, including conducting quality assessment and improvement activities, training, licensing, or credentialing activities, setting rates, conducting or arranging for treatment review, legal services and audit functions including fraud and abuse detection and compliance programs; resolving grievances and other activities related to coverage determinations, carrying out a wellness program and conducting business planning and general administrative activities.

Use by Business Associates: We may contract with individuals or entities known as Business Associates to perform various functions or to provide certain types of services on the Company's behalf. In order to perform those functions or provide these services, Business Associates may receive, create, maintain, use and/or disclose your PHI, but only if they agree in writing with the Company to implement appropriate safeguards regarding your PHI.

Disclosure to Health Plan Sponsor, Which May Be Your Employer: If you are covered under a group benefit program, your health information may be disclosed to the sponsor of the health plan under which your benefits are provided solely for the purposes of administering benefits under the health plan. The plan sponsor may be your employer or affiliated with your employer. Health information may also be disclosed to another health plan maintained by that plan sponsor for purposes of facilitating claims payments under that other health plan. We will make disclosures to the plan sponsor only if the plan sponsor has certified that it has put into place plan provisions requiring the sponsor to keep the health information protected.

We may, however, disclose certain health information to the plan sponsor without a certification in two circumstances. First, we may disclose summary health information to the plan sponsor to obtain premium bids or modifying, amending, or terminating the group health plan. Summary health information is summary claims information that has been stripped of most information that can link it to particular individuals. Second, we may disclose information on whether you have enrolled in or disenrolled from your benefit program.

Health Related Benefits and Services: We may use or disclose health information about you to communicate to you about health-related benefits and services. For example, we may communicate to you about health related benefits and services that add value to, but are not part of, your health plan.

We may also be required to release your health information, without your authorization, to others for the following reasons:

Required By Law: We may report your PHI, for example, in the event of suspected fraud, to state and federal agencies that regulate us or providers, such as the U.S. Department of Health and Human Services, the Illinois Department of Insurance or the Illinois Department of Financial and Professional Regulation.

Military and Veterans: If you are a member of the armed forces, we may release PHI about you if required by military command authorities.

Victims of Abuse, Neglect or Domestic Violence: We may report your PHI to a government authority regarding child abuse, neglect or domestic violence.

Health Oversight Activities: We may share your PHI with a health oversight agency for certain activities including audits, inspections, licensure or disciplinary actions.

Lawsuits and Disputes: We may provide your PHI to a court or an administrative agency, for example, pursuant to a court order or subpoena.

Law Enforcement: We may report your PHI to a law enforcement official for purposes, for example, of identifying or locating a suspect, fugitive, material witness or missing person or in response to a grand jury subpoena, an administrative subpoena or a civil or criminal investigation.

Coroners, Medical Examiners, and Funeral Directors: We may share your PHI with a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also share information with funeral directors as necessary to carry out their duties.

Avert a Serious Threat to Health or Safety: We may report your PHI to public health agencies if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious health or safety threat. Any disclosure, however, would only be to someone able to help prevent the threat.

Specialized Government Functions: We may share your PHI to authorized federal officials for the conduct of lawful intelligence, counterintelligence and other national security activities duly authorized by law.

Workers' Compensation: We may disclose your PHI as authorized by and to the extent necessary to comply with the law relating to workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Research: We may use or disclose your health information for research, subject to certain conditions. For example, we may provide your PHI to an entity to analyze utilization patterns so long as the recipient entity fully complies with all legal requirements which apply to PHI for which no patient authorization has been given.

Other Uses of Health Information: Uses and disclosures of PHI for marketing purposes and disclosures that constitute a sale of PHI require your written authorization. Other uses and disclosures of your PHI not covered by this Notice or laws that apply to us will be made only with your written authorization. If you give us an authorization, you may revoke that authorization, in writing, at any time to stop any future uses or disclosures. If you revoke your authorization, we will no longer use or disclose health information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your authorization.

WHAT ARE YOUR RIGHTS

You have the following rights regarding health information the Company maintains about you:

You have the right to inspect and copy your health records: You have the right to inspect and obtain a copy of the information that we maintain about you in your designated record set ("health records"). Your health records typically include claim and payment information. A request to inspect and copy these records should be made in writing to the Compliance Department at the address listed below. If you request a copy of this information, we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. In certain situations, we may deny your request to inspect a copy or obtain a copy of your information. If you are denied access to PHI, you may request that the denial be reviewed by submitting a written request to the Compliance Department at the address listed below.

You have the right to ask us to make changes to your health records: If you believe that any health information we have about you is incorrect or incomplete, you may ask us to make changes to this information. These changes are known as "amendments." You have the right to request an amendment for as long as the information is kept by or for us. To request an amendment, your request must be made in writing and include a reason supporting the requested change. Please submit the request to the Compliance Department at the address listed below. We may deny your request for an amendment if it is not in writing or does not include a reason. We may also deny your request for amending your health information if it covers health records that:

- were not created by us, unless the person who actually created the information is no longer available to make the amendment;
- are not part of the information which you would be permitted to inspect and copy;
- are not part of the health records kept by or for us; or
- are accurate and complete.

We are not required to amend your PHI, but if we deny your request, we will provide you with information about our denial and how you can contest the denial.

You have the right to receive an accounting of certain disclosures: You may request an accounting of disclosures of your PHI that we have made, except for disclosures we made to you or pursuant to your written authorization, or that were made for treatment, payment or health care operations, national security or incident to other permissible disclosures. You must submit your request in writing to the Compliance Department at the address listed below. Your request should specify a time period of up to six years. We will provide one list of disclosures to you per 12-month period free of charge; we may charge you for additional lists.

You have the right to ask us to restrict the use or disclosure of your information: You have the right to ask us to restrict information about you that we use or disclose for payment or health care operations. You also have the right to request us to restrict information that we may release to someone who is involved in your care or the payment for your care. Please note that, with limited exceptions, we are not required to agree to these restrictions. To request restrictions, you must make your request in writing to the Compliance Department at the address listed below. In your written request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse).

You have the right to ask to receive confidential communications of information: If you believe that you would be harmed if we send your health information to your current mailing address (for example, in situations involving domestic disputes), you can ask us to send the health information by alternate means (for example, by facsimile or e-mail) or to an alternate address.

We will accommodate your reasonable requests to receive communications from us by alternative means or at alternative locations to the extent our claims management system has that capability. Further, we will not ask you the reason for your request. To request confidential communications, you must send a written request to the Compliance Department at the address listed below. Your request must specify how or where you wish to be contacted.

You have the right to receive a paper copy of this Notice upon request: You may ask us to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to obtain a paper copy of this Notice from us upon request.

You may also obtain a copy of the current version of the Notice of Privacy Practice and Rights of the Company at its website: www.deltadentalil.com

CHANGES TO THIS NOTICE

We may amend this Notice of Privacy Practices at any time in the future and make the new Notice provisions effective for all PHI that we maintain. We will advise you of any significant changes to the Notice. We are required by law to comply with the current version of this Notice.

COMPLAINTS

If you believe your privacy rights or rights of notification in the event of a breach of your PHI have been violated, you may file a complaint with us or with the Office of Civil Rights ("OCR"). Complaints about this Notice or about how we handle your PHI should be submitted in writing to the Compliance Department at the address listed below.

A complaint to the Office of Civil Rights should be sent to the Office of Civil Rights, U.S. Department of Health & Human Services, 233 North Michigan Avenue, Suite 240, Chicago, Illinois 60601, 312-886-2359; 312-353-5693 (TDD); 312-886-1807 (facsimile). You may also visit OCR's website at http://www.hhs.gov/ocr/privacy. You will not be penalized, or in any other way retaliated against for filing a complaint with us or the Office of Civil Rights.

SEND ALL WRITTEN REQUESTS REGARDING THIS NOTICE OF PRIVACY PRACTICES TO:

Compliance Department Delta
Dental of Illinois 111 Shuman
Boulevard
Naperville, Illinois 60563

FURTHER INFORMATION

You have the right to ask us questions about matters covered by this Notice. To do so, please contact the Compliance Department at the address listed above, by e-mail at compliance@deltadentalil.com, or by telephone at (630) 718-4807.

DELTA DENTAL OF ILLINOIS
Privacy Notice

This Privacy Notice, provided on behalf of Delta Dental of Illinois, describes our practices for safeguarding personal financial information of individuals enrolled in our benefit programs.

How We Collect Financial Information

We collect, retain and use certain types of personal financial information in connection with administering benefit programs. We may collect information from the following sources:

- Information we may obtain during the application or enrollment process, such as the enrollee's name, address, bank information, credit card information and social security number;
- Information we obtain from third parties, such as claim records and similar information;
- Information about transactions and experience, such as the enrollee's claims history and premium payment records; and
- Information we obtain through Internet technology, such as information provided to us via on-line forms that enrollees complete and information we receive when enrollees visit our Web site.

How We Share Personal Financial Information

We treat all personal financial information as confidential. We will not disclose personal financial information concerning any person covered under our dental benefit programs to third parties not affiliated with Delta Dental of Illinois or its affiliated companies except as necessary to administer claims in the ordinary course of our business, or where such disclosure has been authorized by the enrollee, or as otherwise permitted or required by law.

Aside from any information that is covered by our Privacy Policy (see above), any other information or material that is posted to the Website will be considered non-confidential and non-proprietary. Delta Dental of Illinois shall have no obligation with regard to such material. Delta Dental of Illinois may copy, disclose, distribute, incorporate, make derivative works from, and use this material and all things embedded in it for its own commercial and non-commercial purposes.

Protecting Your Privacy

We take great care to properly handle information about our enrollees. We have established strict policies and procedures to protect the confidentiality of personal financial information, and we maintain physical, electronic and procedural safeguards that comply with applicable federal regulations to protect information we have collected from unauthorized access.

If you have any questions about our privacy policy, please write to us at:

Delta Dental of Illinois
Privacy Questions
111 Shuman Boulevard
Naperville, IL 60563

DELTA DENTAL

Discrimination is Against the Law

Delta Dental of Illinois complies with all applicable Federal and State civil rights laws. Delta Dental of Illinois does not discriminate, exclude people, or treat them differently on the basis of gender, sex (which includes discrimination on the basis of sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity or expression; and sex stereotypes), race, color, religious creed, national origin, citizenship, age, physical or intellectual disability, protected veteran status, marital status, genetic information, or any other characteristic protected by law.

Delta Dental of Illinois:

- Provides free auxiliary aids and services to individuals with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, braille, audio, accessible electronic formats, etc.)
- Provides free language assistance services to people whose primary language is not English, such as:
  - Qualified interpreters for oral interpretation
  - Electronic and written translated documents in other languages

If you need these services, contact our Civil Rights Coordinator.
If you believe that Delta Dental of Illinois has failed to provide these services or discriminated in any way, you can file a grievance with:

Civil Rights Coordinator
Delta Dental of Illinois
111 Shuman Boulevard
Naperville IL 60563
Phone: 630-718-4807
Email: compliance@deltadentalil.com

You can file a grievance in person or by mail, phone or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://hhs.gov/ocr/office/file/index.html
This notice is available at Delta Dental of Illinois' website at https://www.deltadentalil.com/non-discrimination-notice/

العربية **(Arabic)**	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على ال 1-800-323-1743 أو تحدث إلى مقدم الخدمة.
繁體中文 (Chinese)	注意：如果您說中文，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-800-323-1743 或與您的提供者討論。
Français (French)	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-323-1743 ou parlez à votre fournisseur.
Deutsch (German)	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-323-1743 an oder sprechen Sie mit Ihrem Provider.
Ελληνικά (Greek)	ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το 1-800-323-1743 ή απευθυνθείτε στον πάροχό σας.
ગુજરાતી **(Gujarati)**	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-800-323-1743 પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी (Hindi)	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-800-323-1743 पर कॉल करें या अपने प्रदाता से बात करें।
Italiano (Italian)	ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-800-323-1743 o parla con il tuo fornitore.
한국어 (Korean)	주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-323-1743 번으로 전화하거나 서비스 제공업체에 문의하십시오.
Polski (Polish)	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-323-1743 lub porozmawiaj ze swoim dostawcą.
Русский (Russian)	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-323-1743 или обратитесь к своему поставщику услуг.
Español (Spanish)	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-323-1743 o hable con su proveedor.
Tagalog (Tagalog – Filipino)	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-323-1743 o makipag-usap sa iyong provider.
اُردُو (Urdu)	توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 1-800-323-1743 پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Tiếng Việt (Vietnamese)	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-323-1743 hoặc trao đổi với người cung cấp dịch vụ của bạn.

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Problems with Your Insurance? — If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

Delta Dental of Illinois
Customer Service Department
111 Shuman Boulevard
Naperville, IL 60563
(800) 323-1743

You can also contact the ILLINOIS DEPARTMENT OF INSURANCE, a state agency which enforces Illinois' insurance laws, and file a complaint. You can contact the ILLINOIS DEPARTMENT OF INSURANCE at:

Illinois Department of Insurance
Consumer Complaints
320 West Washington St.
Springfield, IL 62767
(866) 445-5364
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