



Dental Benefit Highlight Sheet

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-pocket 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 feature:

- **Enhanced Benefit Program** 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.

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.

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.



Healthcare Plus Corporation Group #35357 Silver Option

	Delta Dental PPO Network Dentist	Delta Dental Premier® Network Dentist	Non-Network Dentist
DIAGNOSTIC & PREVENTIVE SERVICES <i>Diagnostics:</i> Routine exams twice a year; Bitewing X-rays twice a year; Full-mouth X-rays every three years <i>Preventive:</i> Cleanings twice a year; Fluoride treatments for children once a year (to age 19); Space maintainers (to age 14)	100%*	80%*	80%*
BASIC RESTORATIVE SERVICES <i>Minor Restorative:</i> Fillings, amalgam and composite (including posterior composites); Sealants (to age 16) <i>Non-Surgical Periodontics:</i> Non-surgical treatment of gum disease <i>Endodontics:</i> Root canals and pulpal therapy Oral Surgery, Surgical Extractions (including pre- and post-operative care) Oral Surgery, Simple Extractions	80%*	60%**	60%**
MAJOR RESTORATIVE SERVICES <i>Major Restorative:</i> Cast restorations: crowns, onlays, and other ceramic restorations to permanent teeth <i>Prosthodontics:</i> Bridges, partial dentures and complete dentures Implant therapy <i>Surgical Periodontics:</i> Surgical treatment of gum disease	50%**	50%**	50%**
ORTHODONTICS	50%*	50%**	50%***
ENHANCED BENEFIT PROGRAM 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 enrollees' annual maximum.	Included	Included	Included
Deductible:	\$50/\$150 Applies to B & C	\$50/\$150 Applies to B & C	\$50/\$150 Applies to B & C
Annual Maximum: Per person - Dependent children to age 26	\$1,000	\$1,000	\$1,000
Ortho Lifetime Maximum: Per dependent up to age 19	\$1,000	\$1,000	\$1,000

*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 - 35% discount off of average billed charges in Illinois.

**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 a 10-20% discount off of average billed charges in Illinois.

***Non-network (non-Delta Dental PPO/non-Delta Dental Premier) dentists are reimbursed at Delta Dental Premier fee levels.

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.

The information provided is a brief summary of the Healthcare Plus Corporation Dental Plan and the services Delta Dental covers. If you have specific questions regarding benefit coverage, limitations or exclusions, contact Delta Dental at 1-800-323-1743.



Dental Benefit Highlight Sheet

Delta Dental of Illinois is pleased to be your dental benefits carrier. Your group plan offers you the dental benefit program: DeltaCare. Your benefits begin on the effective date listed above.

DeltaCare

- Your DeltaCare plan is designed to make dental care affordable and convenient for you and your covered dependents. Under this plan, you pay only the patient copayment for a covered procedure. Please see the enclosed DeltaCare Highlight sheet, which provides examples of common procedures and the associated copayments.
- In order to receive dental benefits, you must receive services from a dentist in the DeltaCare network and you must select a primary dentist for yourself and your covered dependents.
- There are no deductibles, no annual benefit maximums and no claim forms to complete.

How DeltaCare Works

- The network dentist you select when you enroll in this DeltaCare plan will provide all routine dental care for you and your covered dependents.
- If specialty care is required, your primary dentist will refer you to a specialist who is also a member of the DeltaCare network. You will need a written referral in order to visit a specialist.
- You may select a new primary dentist at any time, however you must notify Delta Dental of Illinois. Change requests received prior to the 20th of the month become effective on the first day of the following month.

Selecting and Changing Your Primary Care Dentist

- You can change your primary dentist at any time by calling our customer service department at 800-942-3772. However, all changes must be received prior to the 20th of the month in order for your change to be effective for the upcoming month.
- If you or your dependents make a change after the 20th of the month, your change will take effect in two months.
- If you need to see a specialist, your primary dentist must provide a written referral to a DeltaCare network specialist per program guidelines (program guidelines indicate the procedures that can be referred and the protocols associated with such referrals by procedure code). There is an authorization process for both non-emergency and emergency referrals. Please contact our customer service department at 800-942-3772 to confirm the

DeltaCare Non-Emergency and Emergency Standards of Care

Non-Emergency

- The first available appointment, regardless of time or day, for a new patient examination is within four weeks.
- The first available appointment, regardless of time or day, for a routine follow-up appointment with a dentist is within four weeks.
- The first available hygiene appointment, regardless of time or day, is within six weeks.

Emergency

- Triage and/or palliative care, if needed, must be available 24/7 for— severe dental/oral pain, bleeding or swelling; or dental emergencies that risk life or disability without timely professional care.

If you are more than 35 miles from your primary dentist or are unable to see your primary dentist within 24 hours AND you require emergency treatment, you may go to any dentist and will be reimbursed for the treatment cost, less any applicable co-payment amount, up to a maximum of \$50 once during any 12-month period. Please note that emergency treatment and reimbursement for that treatment is intended for the relief of severe dental/oral pain or to treat dental emergencies that risk life or disability without professional care. Follow-up care for treatment completion should be performed by your primary DeltaCare DHMO dentist.

If you are in this situation, you must contact customer service within 24 hours of treatment for authorization. You must also submit the dentist's statement and proof of payment for emergency services within 90 days after receiving treatment.

If a DeltaCare dentist is not available in the timeframes

Finding a Dentist

A DeltaCare directory listing is included in your enrollment packet. You can also visit our website at www.deltadentalil.com and click Provider Search. Please see the enclosed "How to Find a Network Dentist" for more details.

Customer Service

Call 800-942-3772 speak to a customer service representative from 7 a.m. to 7 p.m. Monday through Thursday and 7 a.m. to 6 p.m. Friday, Central Time. You can learn more about your Delta Dental of Illinois dental plan by reading the information included in your

DELTACARE



HIGHLIGHTS OF DELTA DENTAL OF ILLINOIS DELTACARE PROGRAM PLAN 305

CODE	PROCEDURE	PATIENT PAYS	CODE	PROCEDURE	PATIENT PAYS
	Office Visit Copay	\$0			
DIAGNOSTIC			RESTORATIVE (cont.)		
D0120	Periodic oral evaluation	\$0	D2332	Resin-based composite - three surfaces, anterior	\$45.00
D0140	Limited oral evaluation - problem focused	\$0	D2335	Resin-based composite, four or more surfaces or involving incisal angle (anterior)	\$55.00
D0150	Comprehensive oral evaluation - new or established patient	\$0	D2390	Resin-based composite crown, anterior	\$142.00
D0160	Detailed and extensive oral evaluation - problem focused, by report	\$0	D2391	Resin-based composite - one surface, posterior	\$24.00†
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	\$0	D2392	Resin-based composite - two surfaces, posterior	\$32.00†
D0180	Comprehensive periodontal evaluation - new or established patient	\$0	D2393	Resin-based composite - three surfaces, posterior	\$46.00†
D0210	Intraoral radiographs - complete series (including bitewings)	\$0	D2394	Resin-based composite - four or more surfaces, post.	\$54.00†
D0220	Intraoral - periapical first film	\$0	D2910	Recement inlay, only or partial coverage rest.	\$38.00
D0230	Intraoral - periapical each additional film	\$0	D2920	Recement crown	\$38.00
D0240	Intraoral - occlusal film	\$0	D2940	Sedative filling	\$45.00
D0270	Bitewing - single film	\$0	D2951	Pin retention - per tooth, in addition to rest.	\$44.00
D0272	Bitewings - two films	\$0	CROWNS/BRIDGES		
D0274	Bitewings - four films	\$0	D2710	Crown - resin (indirect)	\$313.00
D0277	Vertical bitewings - 7 to 8 films	\$0	D2720	Crown - resin with high noble metal*	\$394.00
D0330	Panoramic film	\$0	D2721	Crown - resin with predominantly base metal	\$394.00
D0460	Pulp vitality tests	\$0	D2722	Crown - resin with noble metal	\$394.00
D0470	Diagnostic casts	\$0	D2740	Crown - porcelain/ceramic substrate	\$394.00
PREVENTIVE			D2750	Crown - porcelain fused to high noble*	\$394.00
D1110	Prophylaxis (cleaning) - adult	\$0	D2751	Crown - porcelain fused to predom. base metal	\$394.00
D1120	Prophylaxis (cleaning) - child	\$0	D2752	Crown - porcelain fused to noble metal	\$394.00
D1201	Topical application of fluoride (including prophylaxis - child (to age 19)	\$0	D2780	Crown - ¾ cast high noble metal*	\$394.00
D1203	Topical application of fluoride (prophylaxis not included) - child (to age 19)	\$0	D2781	Crown - ¾ cast predom. base metal	\$394.00
D1330	Oral hygiene instructions	\$0	D2782	Crown - ¾ cast noble metal	\$394.00
D1351	Sealant, per tooth (through age 15)	\$14.00	D2783	Crown - ¾ porcelain/ceramic	\$394.00
D1510	Space maintainer - fixed - unilateral	\$79.00	D2790	Crown - full cast high noble metal*	\$394.00
D1515	Space maintainer - fixed - bilateral	\$79.00	D2791	Crown - full cast predominantly base metal	\$394.00
D1520	Space maintainer - removable - unilateral	\$79.00	D2792	Crown - full cast noble metal	\$394.00
D1525	Space maintainer - removable - bilateral	\$79.00	D2794	Crown - titanium	\$397.00
D1550	Recementation of space maintainer	\$11.00	D2910	Recement inlay, onlay or partial coverage rest.	\$38.00
<i>Diagnostic and Preventive services may be subject to frequency limitations. See your booklet for details.</i>			D2915	Recement cast or prefab. post and core	\$38.00
RESTORATIVE			D2930	Prefab. stainless steel crown - prim. tooth	\$130.00
D2140	Amalgam - one surface, primary or permanent	\$24.00	D2931	Prefab. stainless steel crown - perm. tooth	\$130.00
D2150	Amalgam - two surfaces, primary or permanent	\$32.00	D2932	Prefab. resin crown [anterior teeth only]	\$130.00
D2160	Amalgam - three surfaces, primary or permanent	\$46.00	D2933	Prefab. stainless steel crown with resin window	\$130.00†
D2161	Amalgam - four or more surfaces, primary or perm.	\$54.00	D2950	Core buildup, including any pins	\$111.00
D2330	Resin-based composite - one surface, anterior	\$32.00	D2951	Pin retention - per tooth, in addition to rest.	\$44.00
D2331	Resin-based composite - two surfaces, anterior	\$37.00	D2952	Cast post and core in addition to crown*	\$132.00
			D2953	Each additional cast post - same tooth*	\$132.00
			D2954	Prefab. post and core in addition to crown	\$112.00
			D2957	Each additional prefab. post - same tooth	\$112.00
			D2971	Additional procedures to construct new crown under existing partial denture framework	\$107.00
			D6210	Pontic - cast high noble metal*	\$394.00
			D6211	Pontic - cast predominantly base metal	\$394.00
			D6240	Pontic - porcelain fused to high noble metal*	\$394.00
			D6241	Pontic - porcelain fused to predom. base metal	\$394.00

Delta Dental of Illinois

If you are a DeltaCare member, you must select a general dentist in the DeltaCare network.

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CODE	PROCEDURE	PATIENT PAYS	CODE	PROCEDURE	PATIENT PAYS
CROWNS/BRIDGES (cont.)			PROSTHODONTICS-REMOVABLE* (cont.)		
D6242	Pontic - porcelain fused to noble metal	\$394.00	D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth)	\$793.00†
D6250	Pontic - resin with high noble metal*	\$394.00	D5410	Adjust complete denture - maxillary	\$20.00
D6251	Pontic - resin with predom. base metal	\$394.00	D5421	Adjust partial denture - maxillary	\$20.00
D6252	Pontic - resin with noble metal	\$394.00	D5520	Replace missing or broken teeth - complete denture (each tooth)	\$67.00
D6750	Crown - porcelain fused to high noble metal*	\$394.00	D5630	Repair or replace broken clasp	\$101.00
D6790	Crown - full cast high noble metal*	\$394.00	REPAIRS TO PROSTHETICS		
D6930	Recement fixed partial denture	\$66.00	D5510	Repair broken complete denture base	\$92.00
D6971	Cast post as part of fixed partial denture retainer	\$194.00	D5520	Replace missing or broken teeth - complete denture (each tooth)	\$67.00
ENDODONTICS			D5610	Repair resin denture base	\$93.00
D3110	Pulp cap - direct (excluding final restoration)	\$22.00	D5640	Replace broken teeth - per tooth	\$75.00
D3120	Pulp cap - indirect (excluding final restoration)	\$12.00	D5650	Add tooth to existing partial denture	\$87.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to dentinocemental junction and application of medicament	\$58.00	D5660	Add clasp to existing partial denture	\$115.00
D3221	Pulpal debridement, primary and permanent teeth	\$58.00	D5710	Rebase complete maxillary denture	\$218.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$40.00	D5720	Rebase maxillary partial denture	\$218.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$40.00	D5730	Reline complete maxillary denture (chairside)	\$222.00
D3310	[Root canal] - anterior (excluding final restoration)	\$102.00	D5740	Reline maxillary partial denture (chairside)	\$222.00
D3320	[Root canal] - bicuspid (excluding final restoration)	\$125.00	D5750	Reline complete maxillary denture (laboratory)	\$233.00
D3330	[Root canal] - molar (excluding final restoration)	\$289.00	D5760	Reline maxillary partial denture (laboratory)	\$233.00
D3346	Retreatment of previous root canal therapy - anterior	\$305.00	ORAL SURGERY		
D3347	Retreatment of previous root canal therapy - bicuspid	\$383.00	D7111	Extraction, coronal remnants - deciduous tooth	\$30.00
D3348	Retreatment of previous root canal therapy - molar	\$488.00	D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal); includes routine removal of tooth structure, minor smoothing of socket bone and closure, as necessary	\$30.00
D3410	Apicoectomy/periradicular surgery - anterior	\$273.00	D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth, minor smoothing of socket bone closure	\$68.00
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	\$273.00	D7220	Removal of impacted tooth - soft tissue	\$89.00
D3425	Apicoectomy/periradicular surgery - molar (first root)	\$273.00	D7230	Removal of impacted tooth - partially bony	\$126.00
D3426	Apicoectomy/periradicular surgery (ea. add'l. root)	\$92.00	D7240	Removal of impacted tooth - completely bony	\$152.00
D3430	Retrograde filling - per root	\$68.00	D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	\$152.00
PERIODONTICS			D7250	Surgical removal of residual tooth roots (cutting procedure)	\$68.00
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces per quad.	\$255.00	D7310	Alveoloplasty in conjunction with extractions - per quadrant	\$86.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth, per quadrant	\$255.00	D7320	Alveoloplasty not in conjunction with extractions - per quadrant	\$129.00
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or bounded teeth spaces per quadrant	\$387.00	D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	\$129.00
D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth, per quadrant	\$368.00	D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	\$179.00
D4341	Periodontal scaling/root planing - 4 or more per quad.	\$47.00	OTHER (ADJUNCTIVE) SERVICES		
D4342	Periodontal scaling/root planing - one to three teeth, per quadrant	\$45.00	D9110	Palliative (emergency) treatment of dental plan - minor procedure	\$25.00
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	\$31.00	D9215	Local anesthesia	\$0
PROSTHODONTICS-REMOVABLE*					
D5110	Complete denture - maxillary**	\$603.00			
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)**	\$603.00			
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)**	\$793.00			
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth)	\$793.00†			

If you are a DeltaCare member, you must select a general dentist in the DeltaCare network.

CODE	PROCEDURE	PATIENT PAYS	CODE	PROCEDURE	PATIENT PAYS
OTHER (ADJUNCTIVE) SERVICES (cont.)			ORTHODONTICS (cont.)		
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	\$25.00	D8090	Comprehensive orthodontic treatment of the adult dentition***	\$2,760.00
D9450	Case presentation, detailed and extensive treatment	\$0	D8660	Pre-orthodontic treatment visit [applied to treatment fee if patient proceeds with treatment]	\$30.00
ORTHODONTICS			D8680	Orthodontic retention (removal of appliances, construction and placement of retainer(s))*	\$265.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition***	\$2,235.00			

"Patient Pays" applies to those procedures provided by the member's primary care dentist or approved specialty dentist.

*All charges for crown and bridge are per unit. There will be an additional patient charge for the actual cost for gold/high noble metal including any upgrade in materials such as porcelain.

**Includes any adjustments for 6 months.

***Plan benefits are for active comprehensive orthodontic treatment. They include initial examination, diagnosis, consultation, initial banding, 24 months of active treatment, de-banding, and the retention phase. The retention phase includes the initial construction, placement and adjustments to retainers and office visits for a maximum of two years. For treatment plans extending beyond 24 months of active treatment, the patient will be subject to an office visit fee, not to exceed \$75 per month.

†These procedures are specialized and considered a limited benefit. For these procedures, the patient pays the listed copayment plus the difference between the dentist's usual fees for the applicable covered benefit and the dentist's usual fees for the specialized treatment. For example, for a maxillary partial denture with a flexible base (D5225), the patient would pay the copay plus the difference between the dentist's usual fee for this procedure and the usual fee for the covered benefit, a maxillary partial denture resin base (D5213).

This is a brief description of your DeltaCare dental plan. Please consult your Certificate of Coverage for the complete Schedule of Dental Benefits, as well as the terms and conditions of coverage and any limitations and exclusions. 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 Delta Dental is required to make.

Your DeltaCare dental HMO plan is designed to make dental care affordable and convenient for you and your family. Under this plan, you pay only the patient copayment amount listed in the Schedule of Dental Benefits. There are no deductibles, no annual benefit maximums and no claim forms to complete.

How DeltaCare Works

The panel dentist you select when you enroll in this DeltaCare plan will provide all routine dental care for you and your family. If specialty care is required, your panel dentist will refer you to a specialist who is also a member of the DeltaCare network. You will need a written referral in order to visit a specialist.

You may select a new panel dentist at any time, however you must notify the DeltaCare administrator. Change requests received prior to the 20th of the month become effective on the first day of the following month.

Emergency Treatment

If you require emergency treatment and you are more than 35 miles from your panel dentist's office or you are unable to schedule an appointment with your panel dentist within 24 hours, you may go to any licensed dentist. Upon submission of the dentist's statement and your proof of payment, Delta Dental will reimburse you up to \$50 (less any copayment amount) in any year for the cost of emergency treatment.

About the Procedures

The procedures listed below are performed as needed and deemed necessary by the DeltaCare network dentist and are subject to the limitations and exclusions of the program. Please refer to those sections for further clarification of benefits.

These procedures are specialized and considered a limited benefit. For these procedures, the patient pays the listed copayment plus the difference between the dentist's usual fees for the applicable covered benefit and the dentist's usual fees for the specialized treatment. For example, for a maxillary partial denture with a flexible base (D5225), the patient would pay the copay plus the difference between the dentist's usual fee for this procedure and the usual fee for the covered benefit, a maxillary partial denture resin base (D5213).

Missed appointments without 24 hr. notice are subject to a \$10.00 charge per 15 minutes of appointment time.

Any procedure not listed is available on a fee-for-service basis.

If you have questions

Contact Delta Dental of Illinois at 800-323-1743.