

## Plan Highlights

Giving individuals and families access to quality dental coverage to help improve their oral health and overall well-being is our core mission. Choose from a variety of plans designed to work with your needs and budget. You're sure to find one to make you smile!

### Premium Plan

- Our most comprehensive plan with the richest coverage covering most dental procedures
- This plan has the highest annual maximum
- Cleanings, X-rays, and two (2) fluoride treatments per year are covered at 100%
- Coverage for mouthguards and implants, as well as cosmetic services like whitening and veneers
- Also includes additional cleanings for those with conditions like gum disease and diabetes

**Lifetime Deductible | Annual Maximum: \$2,500**

### Progressive Plan

- Our only plan with no waiting periods that offers extensive coverage with the percentage members pay for certain procedures decreasing each year until Year 3
- Cleanings, X-rays, and two (2) fluoride treatments per year are covered at 100%
- Also includes coverage for implants and teeth whitening, along with additional cleanings for those with conditions like gum disease and diabetes

**Annual Deductible | Annual Maximum: Increases to \$2,000 by Year 3**

### Elevated Plan

- This plan offers 100% coverage for cleanings and X-rays with one (1) fluoride treatment covered per year
- Coverage for teeth whitening, implants and mouthguards
- Also includes additional cleanings for those with conditions like gum disease and diabetes

**Annual Deductible | Annual Maximum: \$1,500**

### Base Plan

- Our most affordable option, this plan provides basic protection covering most preventive care, like cleanings and X-rays, at 100%
- Fluoride treatment once per year, emergency services, fillings and non-surgical extractions are also covered but at a higher member co-percentage than our more comprehensive plans
- Teeth whitening is covered, but a one-year waiting period applies
- Also includes additional cleanings for those with conditions like gum disease and diabetes

**Annual Deductible | Annual Maximum: \$1,000**

**See inside for a side-by-side comparison of plan benefits!**



## Coverage you can count on.

Good oral health is vital to good overall health and well-being. In fact, dentists can help detect early signs of more than 120 diseases — including heart disease, diabetes and oral cancer.

Our individual and family dental plans give you a choice of coverage options that focus on prevention — making sure you get the oral health care you need at a cost you can afford.

And because oral health care is so important to overall health, all of plan options include additional coverage for individuals who have specific health conditions that can be positively affected by additional care — like pregnancy, diabetes, high-risk cardiac conditions, special needs and suppressed immune systems.

As Illinois' largest and most experienced dental benefits carrier, Delta Dental of Illinois has earned the trust of our members by offering affordable comprehensive dental plans, reliable customer service and a host of resources to empower healthy smiles.

**Learn more. Get a quote.**

Visit us at  
**DeltaDentalCoversMe.com**  
 or call **888-899-3736** today!

Trust the Tooth  
to Cover Your Smile!



Quality dental plans from Illinois' preferred dental benefits carrier.

**Delta Dental of Illinois**  
 Plans for Individuals and Families



## Comparison of Key Benefits Under Delta Dental of Illinois Individual and Family Plans

When you're ready to enroll, simply follow the step-by-step instructions online or call us with questions. You, your spouse/partner and/or dependent children are eligible for coverage if you're an Illinois resident and not enrolled in another dental plan. If you were covered under a dental plan within the last 63 days, your waiting period may be waived. Get started with a dental plan today!

[DeltaDentalCoversMe.com](https://www.DeltaDentalCoversMe.com)  
888-899-3736

Plan Benefit	Premium Plan % you pay after your deductible (where required)	Progressive Plan % you pay after your deductible (where required)			Elevated Plan % you pay after your deductible (where required)	Base Plan % you pay after your deductible (where required)
		Year 1	Year 2	Year 3		
<b>Cleanings</b>	0% (3 per person in a benefit year)	0%	0%	0%	0% (2 per person in a benefit year)	0% (2 per person in a benefit year)
<b>Exams</b>	0% (3 per person in a benefit year)	0%	0%	0%	0% (2 per person in a benefit year)	0% (2 per person in a benefit year)
<b>Bitewing X-rays</b>	0% (1 per person in a benefit year)	0%	0%	0%	0% (1 per person in a benefit year)	0% (1 per person in a benefit year)
<b>Fluoride Treatments</b>	0% (2 per person in a benefit year)	0%	0%	0%	0% (1 per person in a benefit year, under age 18)	50% (1 per person in a benefit year, under age 18)
<b>Fillings</b>	20%	50%	40%	30%	50%	50%
<b>Crowns</b>	40% (6-month waiting period may apply*)	50%	50%	50%	50% (12-month waiting period may apply*)	N/A
<b>Implants</b>	40% (6-month waiting period may apply*)	50%	50%	50%	50% (12-month waiting period may apply*)	N/A
<b>Root Canal Therapy</b>	40% (6-month waiting period may apply*)	50%	50%	50%	50% (12-month waiting period may apply*)	N/A
<b>Surgical Extractions</b>	40% (6-month waiting period may apply*)	50%	50%	50%	50% (12-month waiting period may apply*)	N/A
<b>Teeth Whitening</b>	40% (6-month waiting period may apply*) (once per benefit year age 16 and older)	50% (once per benefit year age 16 and older)	50% (once per benefit year age 16 and older)	50% (once per benefit year age 16 and older)	50% (12-month waiting period may apply*) (once per benefit year age 16 and older)	50% (12-month waiting period may apply*) (once per benefit year age 16 and older)
<b>Enhanced Benefits Plan</b> (additional exams, cleanings and fluoride for certain health conditions)	Included	Included			Included	Included
<b>Dollar Maximum</b> (per person per benefit year)	\$2,500	\$1,500	\$1,750	\$2,000	\$1,500	\$1,000
<b>Deductible</b> (per person, does not apply to preventive services like cleanings, exams, x-rays and topical fluoride)	\$100 (lifetime)	\$50 (per benefit year)	\$50 (per benefit year)	\$50 (per benefit year)	\$50 (per benefit year)	\$50 (per benefit year)



Information in this brochure is a brief summary of Delta Dental of Illinois Individual and Family dental plans and the services covered. Please visit [DeltaDentalCoversMe.com](https://www.DeltaDentalCoversMe.com) or call 888-899-3736 for the latest plan information and rates. Once enrolled, refer to your dental plan booklet for specific coverage and benefit limitations.

Waiting periods may be waived when transferring over from another qualifying dental plan.

Your out-of-pocket costs are likely to be greater when covered services are provided by a dentist who is not in the Delta Dental network.

Delta Dental of Illinois does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.