

## 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 two (2) fluoride treatments 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**

### New DeltaVision® Plans

Keep your vision and budget healthy with access to quality eye care and eyewear at low out-of-pocket costs. Choose from two plans for yourself and your family.

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

DeltaVision is provided by ProTec Insurance Company, a wholly-owned subsidiary of Delta Dental of Illinois, in association with EyeMed Vision Care networks. Delta Dental and DeltaVision are registered marks of Delta Dental Plans Association.



## Coverage you can count on.

Dental and vision health play an important role in your overall health and well-being. During routine dental and vision exams, dentists and optometrists can help detect chronic health conditions early such as diabetes, heart disease and more.

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

And all dental 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.

Choosing Delta Dental of Illinois for affordable dental and vision plans, reliable customer service and a host of resources is the clear choice for your health.

**Learn more. Get a quote.**

Visit us at  
**DeltaDentalCoversMe.com**  
 or call **844-94-SMILE**  
**(844-947-6453)** today!

# TRUST — THE — TOOTH

for dental and vision benefits.



See your way to savings with  
 a choice of quality plans

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](http://DeltaDentalCoversMe.com) | 844-94-SMILE (844-947-6453)

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		
Cleanings	0% (3 per person in a benefit year)	0%	0% (3 per person in a benefit year)	0%	0% (2 per person in a benefit year)	0% (2 per person in a benefit year)
Exams	0% (3 per person in a benefit year)	0%	0% (3 per person in a benefit year)	0%	0% (2 per person in a benefit year)	0% (2 per person in a benefit year)
Bitewing X-rays	0% (1 per person in a benefit year)	0%	0% (1 per person in a benefit year)	0%	0% (1 per person in a benefit year)	0% (1 per person in a benefit year)
Fluoride Treatments	0% (2 per person in a benefit year)	0%	0% (2 per person in a benefit year)	0%	0% (2 per person in a benefit year, under age 18)	50% (1 per person in a benefit year, under age 18)
Fillings	20%	50%	40%	30%	50%	50%
Crowns	40% (6-month waiting period may apply*)	50%	50%	50%	50% (12-month waiting period may apply*)	N/A
Implants	40% (6-month waiting period may apply*)	50%	50%	50%	50% (12-month waiting period may apply*)	N/A
Root Canal Therapy	40% (6-month waiting period may apply*)	50%	50%	50%	50% (12-month waiting period may apply*)	N/A
Surgical Extractions	40% (6-month waiting period may apply*)	50%	50%	50%	50% (12-month waiting period may apply*)	N/A
Teeth Whitening	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)
Enhanced Benefits Plan (additional exams, cleanings and fluoride for certain health conditions)	Included	Included			Included	Included
Dollar Maximum (per person per benefit year)	\$2,500	\$1,500	\$1,750	\$2,000	\$1,500	\$1,000
Deductible (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](http://DeltaDentalCoversMe.com) or call 844-94-SMILE (844-947-6453) 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.

## DeltaVision® Plans

More reasons to smile.  
More ways to save.



Plan Benefit In-network providers only	Brilliance Plan The amount you pay	Essential Plan The amount you pay
Eye Exam	\$0 copay	\$10 copay
Standard Contact Lens Fit & Follow-Up (fitting & evaluation)	\$0 copay	Up to \$40 copay
Premium Contact Lens Fit & Follow-Up (fitting & evaluation)	\$0 copay 10% off retail price \$55 allowance	10% off retail price
Frame + 20% savings on amounts over allowance	\$200 allowance	\$150 allowance
Lenses Single vision, lined bifocal or trifocal or lenticular	\$0 copay	\$10 copay
Lens Enhancements <sup>1</sup> • Standard anti-reflective coating • Standard scratch-resistant coating • Solid & gradient tints • Standard progressive lenses (multifocal)	Copays: \$0 \$0 \$0 \$0	Copays: \$45 \$15 \$15 \$75
Contact Lenses (instead of glasses)	\$200 allowance	\$150 allowance

### Additional Savings

Members also receive a 40% discount on complete pair eyeglass purchases and a 15% discount on conventional contact lenses, once the funded benefit has been used

### Retinal imaging

No more than a \$39 copay on routine retinal imaging as an enhancement to an Eye Exam

### Laser vision correction<sup>2</sup>

15% off regular price

5% off promotional price