



TRUST THE TOOTH

for dental and vision benefits.



Coverage you can count on.

Delta Dental of Illinois Plans for Individuals and Families

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](https://www.DeltaDentalCoversMe.com) or call 844-947-6453 today!

Key Benefits of Individual and Family Plans

Plan Benefit	Premium 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)
Cleanings	0% (3 per person in a benefit year)	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% (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% (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% (1 per person in a benefit year, under age 18)	50% (1 per person in a benefit year, under age 18)
Fillings	20%	50%	50%
Crowns	40% (6-month waiting period may apply*)	50% (12-month waiting period may apply*)	N/A
Implants	40% (6-month waiting period may apply*)	50% (12-month waiting period may apply*)	N/A
Root Canal Therapy	40% (6-month waiting period may apply*)	50% (12-month waiting period may apply*)	N/A
Surgical Extractions	40% (6-month waiting period may apply*)	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% (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
Dollar Maximum (per person per benefit year)	\$2,500	\$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)

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 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.

Keep your vision and your budget healthy by bundling a DeltaVision plan with your dental coverage. Choose from two comprehensive plans for quality eye care and eyewear at low out-of-pocket costs.

Get 100% COVERAGE with just a \$0 or \$10 copay:

- **Annual eye exams** — including contact lens fitting and evaluation
- **Lenses** — single vision, lined bifocals, lined trifocals or lenticular
- **Lens enhancements** — tints and scratch-resistant coating
- **Discounts** on laser vision correction, sunglasses and more

Learn more. Get a quote.

Visit us at DeltaDentalCoversMe.com

or call 844-947-6453 today!



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.

See the value of vision benefits.



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 Enhancements¹ • 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 correction²

15% off regular price

5% off promotional price