DELTA DENTAL

Delta Dental of Illinois
Dental Benefit Highlight Sheet
Mid-America Carpenters Regional Council Benefit Fund
Group # 20203

Delta Dental of Illinois is pleased to be your dental benefits carrier. Your group plan offers you thedental 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.

With Delta Dental PPO Plus Premier:

- You can go to any licensed general orspecialty dentist.
- You will maximize your benefits by receivingcare 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** atthe 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.

Example of Your Copayment with Delta DentalNetwork 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:

- **ToGo℠**, a feature that allows you to carryover qualified unused portions of yourannual maximum to the next year.
- **Enhanced Benefit Program** offers additionalcoverage 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, andoffers dentist listings and claim information.

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

Learn More

You can learn more about your Delta Dental ofIllinois 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 theexpenses 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.

DELTA DENTAL

Dental Benefit Highlight Sheet

Mid-America Carpenters Regional Council Benefit Fund
Group #20203

Eligible Dependents	**Spouse/and dependent children to age 26**
Annual Deductible (applies to Basic and Major Services Only)	**$50/person;$100/family**
Annual Maximum	**$2,500/person**
ToGo℠ Carryover Feature	**Your plan allows you and your covered dependents to carry over qualified unused portions of your annual maximum from one year to the next.**
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	**$5,000/dependents and adults (when using a Delta Dental PPO or Premier dentist)** **$2,000/dependent and adults (when using an out of network dentist)**

All frequency limitations are to the day	**Delta Dental PPO Network Dentist**	**Delta Dental Premier® Network Dentist**	**Non-Network Dentist**
PREVENTIVE/DIAGNOSTIC SERVICES • Routine exams (two in 12 month period) • Cleanings (two in 12 month period) • X-rays (bitewings – two in 12 months; full mouth or panoramic -every three years; cephalometric one in 24 months) • Fluoride treatments (once in 12 months to age 19) • Sealants (1st & 2nd molars only for children under 15) • Emergency exams & palliative (pain relief) treatment	**100%***	**100% ****	**100%*****
BASIC SERVICES • Fillings & Posterior composites • Periodontics • Endodontics • Oral Surgery • Removal of cysts & tumors • General anesthesia (in conjunction with oral surgery) • Space maintainers • Consultations	**80%***	**80%****	**80%*****
MAJOR RESTORATIVE SERVICES • Implants & related services (5 year frequency) • Crowns (5 year frequency) • Partial/full dentures (5 year frequency) • Fixed/removable bridges (5 year frequency) • Denture (repair, reline, rebase and adjustments)	**80%***	**80%****	**80%*****
ORTHODONTICS (dependents to age 26 and adults) Treatment necessary for proper alignment of teeth **(benefit for dependents thru 18 is shown below)**	**80%***	**80%**	**80%**

SPECIAL RULE FOR PEDIATRIC ORAL CARE FOR DEPENDENTS THRU AGE 18

Expenses for Diagnostic and Preventive pediatric oral care services determined to be essential health benefits are not subject to the $1,500 annual maximum, but frequency limitations still apply. The $1,500 annual maximum will apply for other dental care benefits.

For dependents thru age 18, Orthodontics will be reimbursed at 50% up to $4,000 and then 25% reimbursement thereafter to comply with the pediatric care/essential benefit requirement.

***Delta Dental PPO dentists accept payment based on the lesser of the submitted fee (their usual fee) or Delta Dental's allowed PPO fee. PPO network dentists cannot charge you for costs exceeding the PPO fee.**
****Delta Dental Premier dentists accept payment based on the lesser of the submitted fee (their usual fee) or Delta Dental's maximum plan allowance. Premier dentists may not charge you for costs exceeding the maximum plan allowance.**
*****Non-network dentists (non-Delta Dental PPO/non-Delta Dental Premier) do not agree to accept Delta Dental's allowed fees as payment in full; payment is based on the lesser of the submitted fee (their usual fee) or Delta Dental's maximum plan allowance. These dentists can charge you for costs exceeding the maximum plan allowance.**