



DENTAL INSURANCE PLAN for  
GRADUATE STUDENTS of the  
**UNIVERSITY OF ILLINOIS**  
AT URBANA-CHAMPAIGN  
2011-2012  
**GROUP #5436**

This document provides an overview of the most important features of your dental insurance program.

## **Introduction**

The University of Illinois at Urbana-Champaign provides a dental plan that registered graduate students with no waiver-generating appointments may purchase. In order to be eligible to purchase the plan, the student must be registered. Students may also elect to purchase coverage for their spouses or domestic partners and/or dependent children. Students purchasing the dental plan for themselves or dependents are fully responsible for submitting the enrollment forms and paying the premium. Questions about the coverage should be directed to the provider.

**Please see the *Frequently Asked Questions* section of this document for further details about eligibility.**

## **How the Dental Plan Works**

Delta Dental of Illinois underwrites the plan. Under the UI graduate student dental plan, you may choose any licensed dentist. However, it is to your advantage to choose a dentist that participates in one of two Delta Dental networks, either the Delta Dental PPO network or Delta Dental Premier network. More than 3,700 dental offices in Illinois participate in the Delta Dental PPO network and more than 7,600 dental offices in Illinois participate in the Delta Dental Premier network.

You will likely save money when you use a Delta Dental PPO network dentist or Delta Dental Premier network dentist. Not only will your co-payment percentages be lower, but also Delta Dental PPO dentists agree to accept reduced fees as payment in full, and Delta Dental Premier dentists agree to accept the Maximum Plan Allowances (MPA) as payment in full. Out-of-network dentists can charge you for any difference between the MPA and their submitted fee. Payment for Delta Dental Premier dentists and out-of-network dentists is based on Delta Dental's MPA. The MPA is calculated as a percentile of billed fees.

- If you go to a Delta Dental PPO dentist, you are responsible only for any scheduled co-payment, and your out-of-pocket expenses are likely to be lower because those dentists agree to accept reduced fees as payment in full, with no balance billing to you.
- If you go to a Delta Dental Premier dentist, you are responsible only for any scheduled co-payment. You are not responsible for charges exceeding the MPA.
- Delta Dental pays Delta Dental PPO and Delta Dental Premier dentists directly. You do not have to pay the whole bill and wait for reimbursement (you may have to pay any copayments or deductibles at the time of service).
- Delta Dental PPO and Delta Dental Premier dentists will complete and submit claim forms directly to Delta Dental at no charge to you.

## **Finding a Delta Dental PPO or Delta Dental Premier Dentist**

To find a network dentist, you can call Delta Dental of Illinois' Customer Service department (available 7 a.m. to 7 p.m. Central Time) or their Interactive Voice Response (IVR) system (available 24 hours a day, seven days a week) at 800-323-1743. You can also access a dentist directory on Delta Dental of Illinois' Web site at [www.deltadentalil.com](http://www.deltadentalil.com) by clicking Dentist Search in the Subscriber section.

To receive treatment, just call the dental office and make an appointment. At your first appointment, give the dentist:

- your group number: 5436;
- the plan member's (student's) University Identification Number (UIN). (It is not necessary to provide a SSN.)

You can:

- change dentists at any time without pre-approval;
- select a different dentist for each member of your family;
- receive dental care anywhere in the United States.

If you go to a dentist who is not part of the Delta Dental network, you will still be covered, but you may have to pay more. If the fee exceeds Delta Dental's MPA, you must pay the difference in addition to your co-payment. You may have to pay the entire bill at the time of treatment and wait for reimbursement. You may also have to file your own claim or pay a service charge to the dentist to do so. Claim forms are available on Delta Dental of Illinois' Web site at [www.deltadentalil.com](http://www.deltadentalil.com) under the Subscriber section. You can also call Delta Dental of Illinois' Customer Service department at 800-323-1743 to obtain a form. Payment for services rendered by an out-of-network dentist will be paid directly to you.

## Services Covered

This dental insurance plan covers office exams, X-rays, cleanings, fillings, crowns, inlays/onlays, and root canals. The maximum benefit per plan year is \$1,000 per person. You may contact Delta Dental at (800) 323-1743 if you have questions about any of the services.

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## Principal Benefits and Covered Services

Plan Year:

**Fall: September 1, 2011 – August 31, 2012**

**Spring: February 1, 2012 – August 31, 2012**

### Maximum Benefit

**Per Plan Year:** \$1,000 per person. The maximum benefit payable for the entire period – either fall or spring is \$1,000 per person.

**Deductible:** \$45 Single/\$135 Family (Applies to all basic and major services)

**Co-payment:** Varies based on whether you go to (a) a Delta Dental PPO network dentist or Delta Dental Premier network dentist, or (b) to an out-of-network dentist.

You will likely save money when you use a Delta Dental PPO dentist or Delta Dental Premier dentist.

Not only will your co-payment percentages be lower, but also Delta Dental PPO dentists agree to accept reduced fees as payment in full, and Delta Dental Premier dentists agree to accept the Maximum Plan Allowances (MPA) as payment in full. Out-of-network dentists can charge you for any difference between the MPA and their submitted fee.

### Preventive Services:

Oral exam – Twice per year, but no more frequently than every 6 months.

X-rays - as needed, but not more than two bitewings a year and full-mouth x-rays once in a 36-month interval.

Prophylaxis (cleaning) – Twice per year, but no more frequently than every 6 months.

Delta Dental PPO dentist: Delta Dental pays 100% of reduced fee\*

Delta Dental Premier dentist: Delta Dental pays 100% of MPA\*

Out-of-network dentist: Delta Dental pays 90% of MPA\*

**Basic Services: (Deductible applies to all Basic Services)**

Restorations (fillings, including posterior composites (tooth-colored fillings on back teeth)  
Simple extractions\*\*

Delta Dental PPO dentist: Delta Dental pays 80% of reduced fee\*  
Delta Dental Premier dentist: Delta Dental pays 80% of MPA\*  
Out-of-network dentist: Delta Dental pays 70% of MPA\*

**Major Restorative Services: (Deductible applies to all Major Services)**

Crowns  
Inlays/Onlays  
Root Canals and related procedures  
Implant Therapy

Delta Dental PPO dentist: Delta Dental pays 50% of Table of Allowance  
Delta Premier dentist: Delta Dental pays 50% of Table of Allowance  
Out-of-network dentist: Delta Dental pays 50% of Table of Allowance

*\* You are not responsible for charges exceeding the reduced fee or MPA if you go to a Delta Dental PPO or Delta Dental Premier dentist, respectively. You are responsible for charges exceeding the MPA if you go to an out-of-network dentist.*

*\*\* Extraction of a completely bony or partially bony wisdom tooth typically is covered under health insurance plans such as the UI Student Insurance Plan.*

**Enhanced Benefits Program** Delta Dental of Illinois' Enhanced Benefits Program integrates medical and dental care – where oral health meets overall health. **This program enhances coverage for individuals who have specific health conditions that can be positively affected by additional oral health care.** These enhancements are based on scientific evidence that shows treating and preventing oral disease in these situations can improve overall health.

**Our Enhanced Benefits Program includes additional cleanings and/or applications of topical fluoride.** The program addresses the unique health challenges faced by people with conditions that put them at risk for oral health disease, and can also play an important role in the management of an individual's medical condition. The costs of the additional cleanings and fluoride treatments will be applied to enrollees' annual maximum.

**Those eligible for Delta Dental of Illinois' Enhanced Benefits Program include:**

- **People with periodontal (gum) disease.** Enrollees with periodontal disease are eligible for **two additional teeth cleanings**, either prophylaxis (general cleaning) or periodontal maintenance, in a benefit year. Additionally, the enrollee is eligible for **fluoride applications**.
- **People with diabetes.** Enrollees with diabetes are eligible for **two additional teeth cleanings**, either prophylaxis (general cleaning) or periodontal maintenance, in a benefit year.
- **Pregnant women.** Pregnant enrollees are eligible for **one additional teeth cleaning**, either prophylaxis (general cleaning) or periodontal maintenance visit during the time of the pregnancy.
- **People with high-risk cardiac conditions.** People with high-risk cardiac conditions are eligible for **two additional teeth cleanings**, either prophylaxis (general cleaning) or periodontal maintenance, in a benefit year. *Conditions include: a history of infective endocarditis; certain congenital heart defects such as having one ventricle instead of the normal two; individuals with artificial heart valves; heart valve defects caused by acquired conditions like rheumatic heart disease; hypertrophic cardiomyopathy, which causes abnormal thickening of the heart muscle; individuals with pulmonary shunts or conduits; mitral valve prolapse with regurgitation (blood leakage).*

- **People with kidney failure or who are undergoing dialysis.** People with kidney failure or who are undergoing dialysis are eligible for **two additional teeth cleanings**, either prophylaxis (general cleaning) or periodontal maintenance, in a benefit year.
- **People undergoing cancer-related chemotherapy and/or radiation.** Enrollees who are undergoing cancer-related chemotherapy and/or radiation are eligible for **two additional teeth cleanings**, either prophylaxis (general cleaning) or periodontal maintenance, in a benefit year. Additionally, the enrollee is eligible for **fluoride applications**.
- **People with suppressed immune systems due to HIV positive status, organ transplant, and/or stem cell (bone marrow) transplant.** Enrollees who have suppressed immune systems due to HIV positive status, organ transplant, and/or stem cell (bone marrow) transplant are eligible for **two additional teeth cleanings**, either prophylaxis (general cleaning) or periodontal maintenance, in a benefit year. Additionally, the enrollee is eligible for **fluoride applications**.
- **People at risk for oral cancer.** The OralCDx brush biopsy is a powerful tool in the **early detection of oral cancer/precancerous cells** – and represents a major breakthrough in the fight against oral cancer. The procedure is indicated to evaluate unexplained tiny white and red lesions – and the software used to analyze the samples can spot a precancerous/cancerous cell even if it is partially obscured by other cells.

To purchase the Enhanced Benefits: 1) go to the home page of Delta Dental of Illinois' Web site at [www.deltadentalil.com](http://www.deltadentalil.com), 2) click on the Subscriber section, and 3) click on the "Enhanced Benefits Program" link. (You must be a registered user of the Subscriber Connection to enroll for the Enhanced Benefits.)

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## Frequently Asked Questions About Your Delta Dental Plan

**Question:** *Who is eligible for coverage under this dental plan?*

**Answer:** Graduate students and dependents of these individuals are eligible for coverage. The plan provides coverage to graduate students, their spouses and dependents who voluntarily enroll using the online eligibility form and who pay an annual premium as shown below.

**Question:** *How do I enroll in the dental plan?*

**Answer:** Graduate students may enroll voluntarily in the plan by completing the necessary online enrollment form during an open enrollment period and paying the annual premium shown below. Graduate students may also enroll spouses, domestic partners and/or dependents by completing the online enrollment form during an open enrollment period. If a student intends to enroll self and others, the student should complete the enrollment for all individuals at one time. Students are prohibited from entering the system more than once.

**TO VOLUNTARILY ENROLL GO TO THE WEBSITE SHOWN BELOW.** The Enrollment/Change Periods are:

*For fall:* September 1 - September 30, 2011  
<http://groupaccess.deltadentalil.com/uofi/>  
*For spring:* February 1 - February 28, 2012  
<http://groupaccess.deltadentalil.com/uofi/>

<b>Annual Premium Rates</b>	
Graduate student only:	\$ 195.12
Graduate student plus spouse/dependents:	\$ 495.12

**\*\*If the premium payment is made by personal check, Delta Dental must receive the check no later than October 15, 2011 for the fall enrollment and March 15, 2012 for the spring enrollment or the enrollment will not be processed.**

A single graduate student who enrolls in the plan will pay \$195.12 per plan year. A married graduate student who wishes to cover his/her spouse or graduate student who wishes to add a domestic partner and/or dependents will pay \$195.12 for himself/herself, **PLUS** \$300.00 for the spouse/dependents.

**Question:** *I am a graduate assistant with a tuition waiver; do I need to enroll myself using the on-line eligibility form?*

**Answer:** No - Graduate assistants and fellows whose appointments generate tuition waivers are enrolled automatically in the plan. Only if they want to enroll their dependents will they need to complete the necessary enrollment form and pay the annual premium.

**Question:** *When is coverage effective?*

**Answer:** For individuals who enroll voluntarily, coverage is effective as soon as payment is received, but in no instance earlier than September 1 for fall, and February 1 for spring. You must enroll during the open enrollment period, which for fall is the month of September and for spring, the month of February.

**Coverage, in all instances, will end August 31, 2012.**

**Question:** *Under the voluntary plan, do I need to re-enroll and pay again in the spring, if I enrolled and paid in the fall?*

**Answer:** No, the coverage you purchased in the fall is for the period September 1, 2011-August 31, 2012.

**Question:** *May I use the dentist of my choice?*

**Answer:** Yes. However, if you use a dentist in either the Delta Dental PPO network or Delta Dental Premier network, your out-of-pocket expenses may be lower. If you go to a Delta Dental PPO network dentist, your out-of-pocket expenses are likely to be lower because those dentists agree to accept reduced fees as payment in full, with no balance billing to you. In the majority of cases, this will translate into reduced co-payments for you.

Should you go to a Delta Dental Premier network dentist, you may enjoy savings as well. Delta Dental Premier dentists are not allowed to bill the difference between the MPA and their submitted fee.

**Question:** *Where can I get claim forms?*

**Answer:** You may download claim forms from Delta Dental of Illinois' Web site at [www.deltadentalil.com](http://www.deltadentalil.com). (Select *Subscriber*, then *Download Forms*.) Delta Dental also accepts ADA approved claim forms available from the dentist.

Delta Dental PPO and Delta Dental Premier Dentists will complete and submit claim forms for you at no charge. Out-of-network dentists may require that you complete the form. Completed forms should be mailed to:

Delta Dental of Illinois  
P.O. Box 5402  
Lisle, Illinois 60532

**A claim submitted for a spouse, domestic partner or other dependent must include the plan member's (student's) University Identification Number (UIN).**

**Question:** *Does Delta Dental require preauthorization before services are rendered?*

**Answer:** Preauthorization is not mandatory, but it is recommended for treatment that is expected to cost more than \$200. The dentist may submit an unofficial claim to Delta, who will then provide an official benefit assessment. This official benefit assessment reflects the amount that would be covered and the amount you would be responsible to pay. Just ask your dentist to complete a unofficial claim form for work not yet performed.

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.

**Question:** *What is the Enhanced Benefits Program?*

**Answer:** This program offers additional benefits to people who have specific health conditions – diabetes, pregnancy, periodontal disease, high-risk cardiac conditions, kidney failure/undergoing dialysis, suppressed immune systems, and cancer-related chemotherapy and/or radiation. These individuals are eligible for additional cleanings and/or topical fluoride treatments. To receive these benefits, an individual MUST enroll in the Enhanced Benefits Program. To enroll: 1) go to the home page of Delta Dental of Illinois' Web site at [www.deltadentalil.com](http://www.deltadentalil.com), 2) click on the Subscriber section, and 3) click on the “Enhanced Benefits Program” link. (You must be a registered user of the Subscriber Connection to enroll for the Enhanced Benefits.)

**Question:** *Is there any coverage for implants and posterior composites?*

**Answer:** Yes. Posterior composites are tooth-colored fillings on back teeth and are a popular alternative to silver-colored fillings (amalgams). For posterior composites, Delta will pay 80% of Maximum Plan Allowances if service is provided by an in-network dentist. A dental implant is a small device used to replace a missing tooth. Implants are surgically placed in the upper or lower jaw and a crown is attached to a post that extends from the implant. For dental implants, Delta will pay 50% of Maximum Plan Allowances.

**Question:** *I am a Graduate Student who voluntarily enrolled at the Delta Dental website. What should I do to obtain proof of enrollment?*

**Answer:** When you are on the last page of the Delta enrollment website, **PRINT OFF THE LAST PAGE** and maintain it for your files. This will serve as documentation of your voluntary enrollment.

**Question:** *What if I have a question that is not clearly addressed in this brochure?*

**Answer:** Delta Dental of Illinois' Customer Service Department is (800) 323-1743. When making inquiries, graduate students should reference your group number (5436) and University Identification Number.