

Member Connection

Connecting with Delta Dental of Illinois is easy!

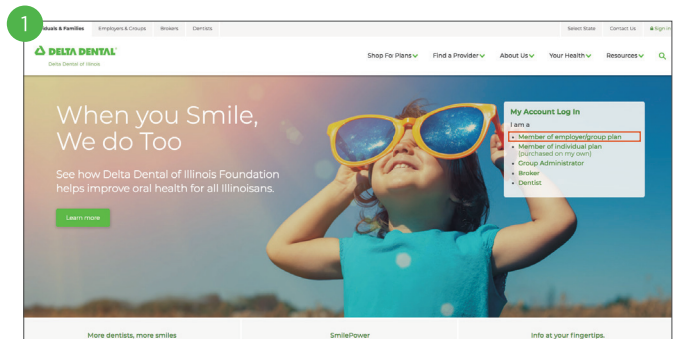
Get real-time benefit and claim information 24 hours a day, seven days a week through the Member Connection at deltadentalil.com or through our automated phone system at 800-323-1743 (press 5).

With the Member Connection, you can find everything you need to know about your and your covered dependents' benefits, including:

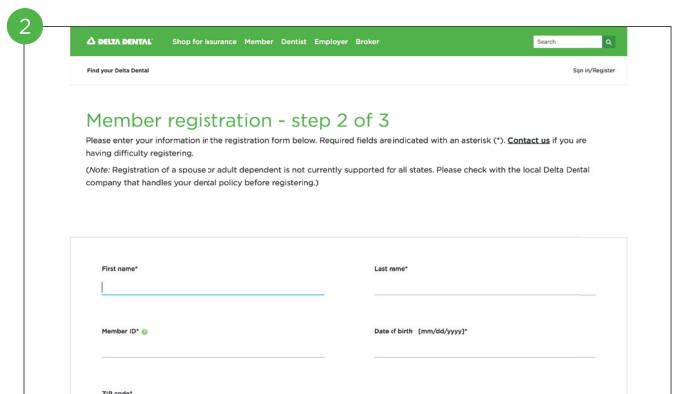
- Claim status
- Eligibility information
- Maximum and deductibles used to date
- Benefit levels
- Frequency and age limits
- Waiting periods
- Preventive history
- Explanation of Benefits (EOBs)

How to Register:

1 Go to deltadentalil.com, select “Member of employer/group plan” in the “My Account Log In” box located on the right side of the homepage. On the next page, click “New to Delta Dental? Enroll Here.”



2 Complete the online registration. Enter the primary enrollee's first and last name (the name must appear exactly as what your employer entered during enrollment; e.g., “Bob” may be “Robert”), the assigned member ID or Social Security number and date of birth (enter two-digit month, two-digit day and four-digit year with dividers, e.g., 03/15/1984).

A screenshot of the Delta Dental member registration form, step 2 of 3. The page title is 'Member registration - step 2 of 3'. Below the title, there is a note: 'Please enter your information in the registration form below. Required fields are indicated with an asterisk (*). Contact us if you are having difficulty registering. (Note: Registration of a spouse or adult dependent is not currently supported for all states. Please check with the local Delta Dental company that handles your dental policy before registering.)'. The form contains several input fields: 'First name*', 'Last name*', 'Member ID*', and 'Date of birth [mm/dd/yyyy]*'. There is also a 'ZIP code*' field at the bottom. A 'Sign In/Register' button is located in the top right corner of the form area.

- 3 Once registered, you can easily access your and your covered dependents' benefits and claims information, print a temporary ID card, sign up to receive electronic EOBs (Go Green E-Statements), conduct a procedure code search and access EOB history.

Automated Phone System. Faster service for you.

You can also call 800-323-1743 (press 5) to access our automated phone system 24 hours a day, seven days a week.

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DELTA DENTAL My Benefits Provider Search Enhanced Benefits Resources

My Benefits

Benefits & Claims ID Card Go Green E-Statements Procedure Code Search EOB Summary

Delta Dental Home >> Member >> My Benefits >> Benefits & Claims

Benefits: JANE DOE Special Cond.

Below is a complete listing of dental benefits for everyone enrolled on your dental plan. Information on eligibility, frequency, age limits, maximums and deductibles, benefit levels, waiting periods, and plan-based exclusions is included below.

Please examine this information carefully. If you believe any of this information is in error, please [contact us](#).

Benefits & Eligibility as of:

This is not a guarantee of benefits and does not cover all plan details. If there are any differences between the information stated here and the group contract, the group contract will govern. All benefits are subject to deductibles, covered maximums and eligibility in the state of service. The eligibility and benefit information is only valid for the following subscriber on the date shown above.

ESRNO ALL CATEGORIES

ELIGIBILITY FREQUENCY/AGE LIMITS MAXIMUMS & DEDUCTIBLES BENEFIT LEVELS

EXTRA BENEFITS LEVELS PREVENTIVE HISTORY CLAIMS

Eligibility Drag Section to Reorder

Name	Amount Used				
	Regular Deductible	Regular Maximum	Ortho Maximum	Ortho Life Maximum	Custom Maximum
JANE DOE					
Birthdate					
2/2/81					
FAMILY DEDUCTIBLES & MAXIMUMS	\$0.00	\$275.40	\$0.00	\$0.00	\$0.00

Frequency & Age Limits Drag Section to Reorder

Standard Coordination of Benefits

Child Coverage Age: 26	Student Coverage Age: 19	Adult Orthodontic: No	Dependent Orthodontic: Age: 19
Services:	Frequency Limit:	Age Limitations:	
Initial/Periodic Exam:	Allowed 2 in a benefit year	None	
Full Mouth or Panoramic X-rays:	Allowed at 3 year intervals	None	

BENEFITS

SUBSCRIBER NAME: JANE DOE

COVERAGE TYPE: Self + 2 Or More Dependents

MEMBER NUMBER: 000000000

GROUP NUMBER: 91212-000-00000-00000

GROUP NAME: Company ABC

QUICKLINKS

Vision Plans, Top...>

Dial Health Information at Your Request...>

Individual Dental Plans...>

Health Care Reform?

How oral health is affected.

READ MORE

Customer Service We're here to help, 24/7.

CONTACT US