

# Member Connection

Connecting with Delta Dental of Illinois is easy!

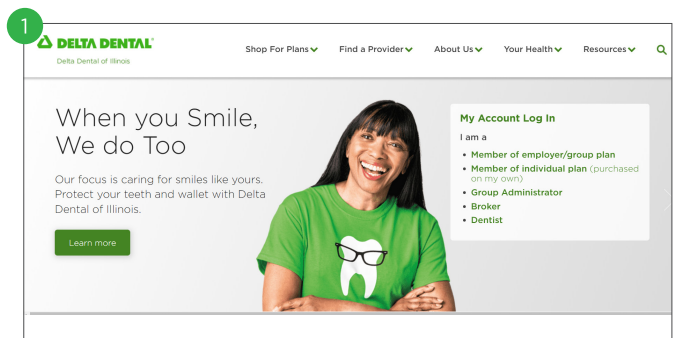
Get real-time benefit and claim information 24 hours a day, seven days a week through the Member Connection at [deltadentalil.com](http://deltadentalil.com) or through our automated phone system at 800-323-1743.

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

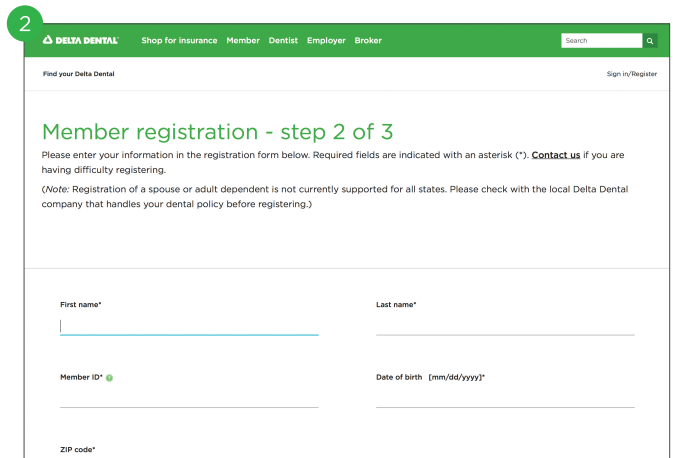
- Claim status
- Eligibility information
- Maximum and deductibles used to date
- Benefit levels
- Frequency and age limits
- Waiting periods
- Preventive history
- Explanation of Benefits (EOBs)

## How to Register:

1 Go to [deltadentalil.com](http://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 “Don’t have an account? Create an account.” Select “I am a member or adult dependent and have coverage with Delta Dental” on the next screen.



2 Enter the primary member’s first and last name (the name must appear exactly as what your employer entered during enrollment; for example, “Bob” may be “Robert”). Please note there is a 10-character limit for first name and a 15-character limit for last name. For example, if your first name is Christopher, you are limited to Christophe for first name. You will also need to enter the primary member’s assigned member ID (if your member ID is less than 9 digits, you need to enter zero’s in front of the number; for example, 001234567) or Social Security number and date of birth (enter two-digit month, two-digit day and four-digit year with dividers; for example, 03/15/1984).



- 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 to access our automated phone system 24 hours a day, seven days a week or to speak to a customer service representative during normal business hours (7 a.m. to 7 p.m. Monday through Thursday, 7 a.m. to 6 p.m. Friday, Central Time.).

**DELTA DENTAL** My Benefits Provider Search Enhanced Benefits Resources

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

**Member Benefits**

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 waiting periods on the date of service. The eligibility and benefit information is only valid for the following subscriber on the date shown above.

**ESPANO ALL CATEGORIES**

ELIGIBILITY  FREQUENCY/AGE LIMITS  MAXIMUMS & DEDUCTIBLES  BENEFIT LEVELS  
 EXTRA BENEFITS LEVELS  PREVENTIVE HISTORY  CLAIMS

**Eligibility** Drag Section to Reorder

Name	Annual Dollar				
	Regular Deductible	Regular Maximum	Ortho Maximum	Ortho Life Maximum	Custom Maximum
JANE DOE Birthdate: 2/21/84					
<b>FAMILY DEDUCTIBLES &amp; MAXIMUMS</b>	\$0.00	\$275.00	\$0.00	\$0.00	\$0.00

**Frequency & Age Limits** Drag Section to Reorder

**Standard Coordination of Benefits**

Child Coverage Age: 26 Student Coverage Age: 99 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

**QUICKLINKS**  
Vision Plans, Top...  
Dial Health Information at Your Request...  
Individual Dental Plans...

**Health Care Referrals?**  
How oral health is affected.  
**READ MORE**

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

**BENEFITS**  
SUBSCRIBER NAME: JANE DOE  
COVERAGE TYPE: Self + 2 Or More Dependents  
MEMBER NUMBER: 000000000  
GROUP NUMBER: 92122-000-00000-00000  
GROUP NAME: Company ABC