DRL
Doyle Rowe LTD

PLEASE READ BEFORE COMPLETING YOUR DELTA DENTAL FORM

Dear PDRMA Retiree:

Thank you for your interest in the PDRMA endorsed Delta Dental plan. The following will assist you when completing the enrollment materials.

ENROLLMENT/CHANGE OF STATUS/WAIVER FORM:
ALL GROUPS MUST COMPLETE THIS SECTION: This section is for office use only. Please leave this section blank.

EMPLOYEE/DEPENDENT/ADDITIONS/TERMINATIONS/CHANGES: Check the box "Yes, I want to enroll in the dental plan offered by Delta Dental of Illinois." Next, check the box labeled "Delta Dental PPO/Delta Dental Premier", and continue to the social security number line. Please supply social security number, employee's name, mailing address, marital status, date of birth and gender.

REASON FOR SUBMITTING THIS FORM: Please check the box, "Initial or Open Enrollment".

COVERAGE DESIRED: Please select the appropriate coverage type. Note: for the purpose of this form only, retirees are considered the employee.

PLEASE LIST ALL ELIGIBLE DEPENDENTS TO BE COVERED: Please complete if applicable.

YOUR SIGNATURE IS REQUIRED AT THE BOTTOM OF THE APPLICATION.

HEALTH CARE PROGRAM PREMIUM DEDUCTION AUTHORIZATION:
Please complete the information at the top of the form and check the Delta Dental of Illinois for yourself and if applicable, your spouse or family. You and your spouse (if applicable) must sign this form.

PLEASE NOTE: The Delta Dental plan requires a one year commitment.

2025 Monthly Premium: **Single: $ 57.92**
Single + 1: $115.84
Family: $180.73

Coverage will begin on the 1st of the month following receipt of your application (if received before the 15th of the month). These rates are guaranteed through December 31, 2025.

Please complete the Delta Dental Enrollment Form and the Health Care Program Premium Deduction Authorization Form and return to;

Doyle Rowe LTD, 1301 W. 22nd St. Suite 101, Oak Brook, IL 60523.

Please contact our office at 1-877-845-1793 with any questions.

Sincerely,

Doyle Rowe LTD

PDRMA Health

A Partner You Can Depend On

Dear PDRMA Member Retiree:

The Park District Risk Management Agency (PDRMA) is pleased to announce that as a retiree and/or spouse of a retiree (age 65 and over) of a PDRMA Health member agency you are eligible to enroll in a quality, affordable group dental plan underwritten by Delta Dental.

Highlights of the plan include:

Individual Annual Maximum	**$1,800.00 per member**
Deductible	**$25.00 per person/$75.00 per family** **Does not apply to Diagnostic/Preventive Services**
Diagnostic/Preventive Services Includes: Oral Exams (two per benefit year) Dental Prophylaxis (two per benefit year) X-rays	**100%**
Basic Restorative Includes: Amalgam fillings Posterior composite fillings Simple extractions Complex oral surgery including general Anesthesia	**80%**
Endodontics	**80%**
Periodontics	
Non-Surgical	**80%**
Surgical	**50%**
Major Restorative Includes: Crowns, inlays, onlays, Post and core, bridges and dentures, Implants	**50%**

Monthly Premiums (One year enrollment is required)

Single	**$57.92**
Single + One	**$115.84**
Family	**$180.73**

Monthly premiums may be deducted from your Illinois Municipal Retirement Fund (IMRF) benefit check.

Doyle Rowe LTD's qualified staff is also available to assist PDRMA member retirees with Medicare supplement, Medicare Advantage and Part D prescription drug plans. To learn more about the plans and to enroll contact the Doyle Rowe LTD PDRMA Retiree Group Information line at 1-877-845-1793.

Sincerely,

The PDRMA Health Program

2033 Burlington Avenue, Lisle, IL 60532 • Office: 630.769.0332 • Fax: 630.769.0449
pdrma.org

DELTA DENTAL

PDRMA HEALTH PROGRAM

Delta Dental PPO Plan Highlights — Group #10979

Introduction
The Delta Dental PPO program allows you to go to any in- or out-of-network general or specialty dentist at the time of treatment. PDRMA Health Program dental enrollees have access to two networks, Delta Dental PPO and Delta Dental Premier managed fee-for-service. When you call your dentist's office to make an appointment, ask if your dentist participates in either Delta Dental PPO or Premier. Your out-of-pocket costs will vary depending on whether he/she participates in Delta Dental PPO, Premier or neither (i.e., "out-of-network"). **You will maximize your benefits by receiving care from a Delta Dental PPO network dentist**. There are 141,000 Delta Dental PPO and 221,000 Delta Dental Premier dentist locations nationwide.

Choosing Your Dentist
Under your Dental Plan, you may go to any in- or out-of-network general or specialty dentist. However, it is to your advantage to choose a Delta Dental PPO or Premier network dentist for the following reasons:

1) Payment to Delta Dental PPO dentists is based on reduced fees; payment to Premier dentists is based on Delta Dental's maximum plan allowance (MPA). In both networks, you only have to pay your deductible and coinsurance – *you will not be "balance billed" for charges that exceed the reduced PPO fee if you receive treatment from a Delta Dental PPO dentist or the MPA if you receive treatment from a Premier dentist.**

For example, if you need a crown, assume the Delta Dental PPO fee allowance is $500 and the MPA is $600. If your plan covers crowns at 50% and your dentist normally charges $700, your out-of-pocket cost (excluding deductible) would be:

Delta Dental PPO Dentist – $250
(50% of the $500 PPO fee allowance)

Delta Dental Premier Dentist – $300
(50% of the $600 MPA)

Out-of-Network Dentist – $400
(50% of the $600 MPA plus $100 difference between the MPA and the dentist's billed charge)

2) Because we reimburse Delta Dental PPO and Premier dentists directly, they agree to charge you no more than your deductible and coinsurance; in other words, *you do not have to pay the whole bill up-front and wait for reimbursement.*

3) Out-of-network dentists do not accept Delta Dental's MPA as payment-in-full. If an out-of-network dentist's charge exceeds the MPA, you must pay the difference plus your deductible and coinsurance. At the dentist's discretion, *you may also have to pay the entire bill in advance.*

4) Claim forms will be completed and submitted at no charge. Out-of-network dentists may require you to complete forms yourself or to pay a service charge.

**If your Delta Dental PPO or Premier dentist inadvertently charges you for amounts payable by Delta Dental, please call our customer service department at 1-800-323-1743.*

Non-Covered Services
There are some limitations on the expenses for which the PDRMA Health Program Dental Plan pays. For further information, refer to your certificate of coverage or call our customer service department.

Finding a Network Dentist
To verify your dentist's participation status, simply ask him/her if he/she is a Delta Dental PPO or Delta Dental Premier network dentist, call our interactive voice response (IVR) phone system, contact our customer service department or visit our Web site.

Visit Delta Dental of Illinois' Web site at
www.deltadentalil.com

The PDRMA Health Program Dental Plan utilizes the Delta Dental PPO and Delta Dental Premier networks. To locate a network dentist, click on Dentist Search in the Subscriber section.

You can search by:
1) City, state and ZIP code
2) Specialty
3) Dentist name (optional)

Summary of Benefits and Covered Services

Annual Maximum	$1,800/person ***TO GO*** **Enrollees may carryover unused portions of their annual maximums to the new year's annual maximum. Maximum amounts eligible for carryover are subject to limitations.**		
Annual Deductible (applies to Basic/Major only)	$25/person; $75/family		
	Delta Dental PPO	**Delta Dental Premier**	**Out-of-Network**
Preventive/Diagnostic ♦ oral evaluations (two per benefit year) ♦ X-rays (bitewings – two per benefit year; full mouth - once every three years) ♦ prophylaxis (cleaning; two per benefit year) ♦ fluoride treatment (once per benefit year for children under age 19) ♦ space maintainers ♦ emergency exam and palliative treatment	100% of reduced fee*	100% of MPA**	100% of MPA***
Basic ♦ fillings ♦ posterior composites ♦ oral surgery ♦ non-surgical periodontics ♦ endodontics ♦ general anesthesia (in conjunction with oral surgery) ♦ sealants	80% of reduced fee*	80% of MPA**	80% of MPA***
Major ♦ crowns, jackets, cast restorations ♦ fixed/removable bridges ♦ partial/full dentures ♦ surgical periodontics ♦ implants	50% of reduced fee*	50% of MPA**	50% of MPA***
	*You will not be "balance" billed" for charges exceeding Delta Dental's allowed PPO fee	**You will not be "balance billed" for charges exceeding Delta Dental's maximum plan allowance (MPA)	***You are responsible for charges exceeding Delta Dental's maximum plan allowance (MPA)

The preceding information is a brief summary of the PDRMA Health Program Dental Plan and the services it covers. If you have specific questions regarding benefit coverage, limitations or exclusions, contact Delta Dental at 1-800-323-1743.

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.

ENROLLMENT/CHANGE OF STATUS/WAIVER FORM

DELTA DENTAL

PLEASE KEEP A COPY FOR YOUR FILES. ***Please note that completing this form does not guarantee coverage.***

ALL GROUPS MUST COMPLETE THIS SECTION Note: Incomplete forms will be returned.

Delta Dental Group Number 10979 Sublocation Number _____ ☐ Salaried ☐ Hourly

Effective Date _____ Date of Hire _____ OR Date of Rehire _____ ☐ Non-Union ☐ Union

Name of Employer _____ Location/Department _____ ☐ Other _____

Group Contact _____

Group Contact Phone _____ Group Contact Email _____

EMPLOYEE / DEPENDENT / ADDITIONS / TERMINATIONS / CHANGES

Please check one of the options below:

☐ **Yes**, I want to enroll in the dental plan offered by Delta Dental of Illinois. (Please select a network below.)

☐ Delta Dental PPO/Delta Dental Premier If applicable: ☐ High Option ☐ Low Option

☐ DeltaCare DHMO (please complete the section below)

Dentist Name _____ Address _____ Facility Code _____

☐ DeltaCare DHMO Dentist Change (please complete the section below)

Dentist Name _____ Address _____ Facility Code _____

☐ **No**, I do not want to enroll in the dental plan offered by Delta Dental of Illinois. *(If you are declining, please write your name below and sign at the bottom of this form.)*

Social Security Number _____ Employee's Name _____
(First Name MI Last Name)

Alternate ID # _____ # Hours Worked _____ Job Title _____

Mailing Address _____
(Street City State Zip)

Email Address _____ Phone Number _____

Marital Status: ☐ S ☐ M ☐ Other Date of Birth ____/____/____ ☐ Male ☐ Female

REASON FOR SUBMITTING THIS FORM

☐ Initial or Open Enrollment ☐ COBRA COBRA End Date ____/____/____ ☐ Retiree

☐ Reinstatement due to: ○ Rehire ○ Loss of Other Coverage ○ Other _____

☐ Add Dependent (list below) due to:

○ Birth ○ Adoption ○ Marriage ○ Loss of Other Coverage ○ Legal Guardianship ○ Disabled Dependent

○ Military Dependent ○ Other _____ Date of Qualifying Event ____/____/____

☐ Drop Dependent (list below) due to:

○ Age ○ Death ○ Divorce ○ Other Coverage Elsewhere Date of Qualifying Event ____/____/____

☐ Termination of Employment Date ____/____/____ ☐ Covered Under Spouse Date ____/____/____

☐ Name Change (Former Name _____) ☐ Address Change

COVERAGE DESIRED

☐ Employee Only ☐ Employee & Spouse ☐ Employee & One Child ☐ Employee & Children ☐ Entire Family

Is spouse covered under another dental plan? ☐ Yes ☐ No Other Carrier Name _____

Are dependents covered by spouse's plan? ☐ Yes ☐ No Spouse's Carrier _____

Spouse's Employer _____

PLEASE LIST ALL ELIGIBLE DEPENDENTS TO BE COVERED

ADD	DELETE	FIRST NAME	LAST NAME (if different)	BIRTH DATE (mm/mm/yyyy)	SEX (M or F)
☐	☐	1. Spouse:			
☐	☐	2. Child:			
☐	☐	3.			
☐	☐	4.			
☐	☐	5.			

I agree to continue membership in this program until the next open enrollment period and authorize payroll deduction where applicable.

Signature of Applicant _____

Mail to: Eligibility Department • P.O. Box 3384 • Lisle, IL 60532 • Fax (630) 369-0384 • Email eligibility@deltadentalil.com

Health Care Program Premium Deduction Authorization for IMRF-endorsed Plans

IMRF Form 7.10E (Rev. 08/2013)

- Please indicate which program you are **NEWLY** applying for by checking the appropriate box(es) below.
- Fill out the front page of this form only; the back page will be filled out by the plan administrator.
- **Please note**: All programs except for Sav-Rx **require additional applications.**
- **Return completed form to**: Doyle Rowe Ltd.,1301 W. 22nd Street, Suite 101, Oak Brook, IL 60523.
- **If you have any questions contact Doyle Rowe at 1-800-564-7227 or www.doylerowe.com.**

PLEASE PRINT OR TYPE

MEMBER'S LAST NAME	FIRST NAME	MIDDLE INITIAL	(JR., SR., II, ETC.)

DATE OF BIRTH (MM/DD/YYYY)	IMRF MEMBER ID OR LAST 4 DIGITS OF SSN

(If applicable) SPOUSE'S LAST NAME	FIRST NAME	MIDDLE INITIAL	(JR., SR., II, ETC.)

DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER
	_____ - _____ - _____

HOME STREET (MAILING) ADDRESS

CITY, STATE, AND ZIP	DAYTIME TELEPHONE NUMBER (with Area Code)
	( )

To be completed by applicant. Please note that all programs except Sav-Rx require a separate application form. CHECK ONLY THE PLAN YOU ARE NEWLY ENROLLING IN.

Seniors Choice	☐ Individual	☐ Spouse	**Humana Local PPO**	☐ Individual	☐ Spouse
United Health Care Medicare Complete	☐ Individual	☐ Spouse	**Humana Regional PPO**	☐ Individual	☐ Spouse
Health Care Alliance HMO	☐ Individual	☐ Spouse	**Humana Group PDP Plan**	☐ Individual	☐ Spouse
Health Care Alliance PPO	☐ Individual	☐ Spouse	**Sav-Rx Advantage Card**	☐ Individual	☐ Spouse
Blue Cross Blue Shield of Illinois	☐ Individual	☐ Spouse	**Delta Dental of Illinois**	☐ Individual ☐ Spouse	☐ Family
Blue Cross Blue Shield of Texas	☐ Individual	☐ Spouse	**United Health Care Vision Plan**	☐ Individual ☐ Spouse	☐ Family

Member Authorization

I authorize and request the Illinois Municipal Retirement Fund (IMRF) to deduct premiums for the selected program(s) from my IMRF benefit payment and to remit the amount deducted to the health care program. I authorize IMRF to release information to the health care program in order to ensure proper handling of premiums. I understand IMRF will adjust deductions in response to changes in the premiums. I further understand that IMRF will cease making any deduction if the premiums exceed my IMRF benefit amount. This authorization is not an assignment of my right to receive payment. This authorization will remain in effect with IMRF until cancelled by written notice from me or until IMRF is notified that a premium deduction is no longer required.

MEMBER SIGNATURE* DATE (MM/DD/YYYY) SPOUSE'S SIGNATURE DATE (MM/DD/YYYY)

***Member signs if member is receiving benefit payment; Spouse signs if spouse is receiving surviving spouse benefit or if spouse is enrolling in the Sav-Rx Advantage Card program.**

FOR IMRF USE ONLY	Date Entered	Date Effective

THIS PAGE TO BE COMPLETED BY PLAN ADMINISTRATOR

Plan Name	Plan Code	Member	Plan Code	Spouse	Coverage Effective
Seniors Choice					
Blue Cross Blue Shield of Illinois					
Blue Cross Blue Shield of Texas					
Health Care Alliance HMO					
Health Care Alliance PPO					
Humana Local PPO					
Humana Regional PPO					
Humana Group PDP Plan					
Sav-Rx Advantage Card					

Delta Dental of Illinois

PLAN CODE_____ Member_____ Coverage Effective Date _____

PLAN CODE_____ Spouse_____ Coverage Effective Date _____

PLAN CODE_____ Family_____ Coverage Effective Date _____

Delta Dental of Illinois (P)

PLAN CODE_____ Member_____ Coverage Effective Date _____

PLAN CODE_____ Spouse_____ Coverage Effective Date _____

PLAN CODE_____ Family_____ Coverage Effective Date _____

United Health Care Vision Plan

PLAN CODE_____ Member_____ Coverage Effective Date _____

PLAN CODE_____ Spouse_____ Coverage Effective Date _____

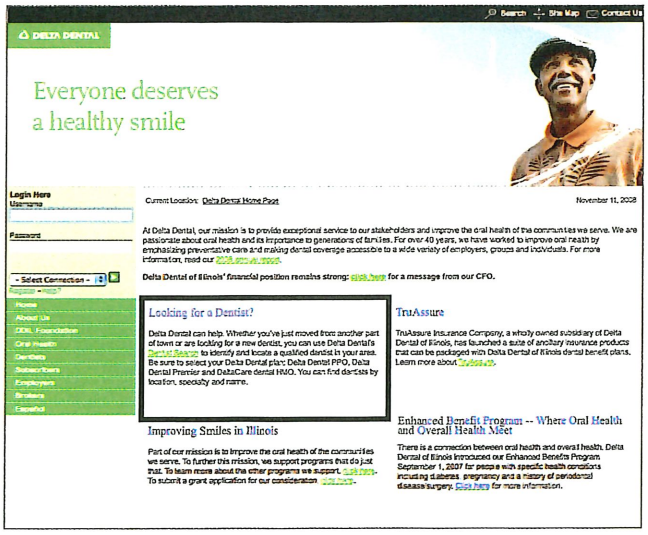
PLAN CODE_____ Family_____ Coverage Effective Date _____

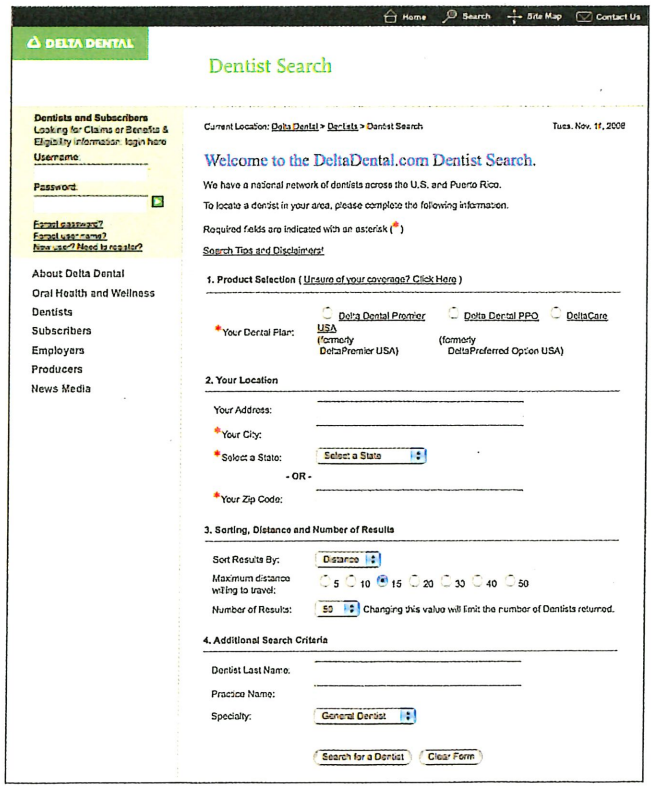
Illinois Municipal Retirement Fund
2211 York Road Suite 500 Oak Brook, IL 60523-2337
Member Services Representatives 1-800-ASK IMRF (1-800-275-4673) Fax: (630) 706-4289
www.imrf.org

DELTA DENTAL®

Finding a Network Dentist

Finding a Delta Dental network dentist is easy. You can find a network dentist today by using the Dentist Search on our website or calling our automated phone system.





www.deltadentalil.com

You can find a dentist online quickly and easily.

Go to www.deltadentalil.com and click the dentist search link (on the home page under "Looking for a Dentist?").

1. **Product Selection.** Select the network you want – Delta Dental Premier®, Delta Dental PPO™ or DeltaCare® DHMO.
2. **Your Location.** Enter your work or home address, city and state or ZIP code.
3. **Sorting and Distance.** Select the maximum distance you are willing to travel and the number of results you'd like.
4. **Additional Search Criteria.** You can also search by the dentist's last name, practice name or specialty.

**Any field marked with a red asterisk is a required field.*

Your search will list dentists in the area you specify. Results can be sorted by dentist name, city, ZIP code or driving distance. The list can be printed, emailed or viewed and saved in a PDF file.

800-323-1743 (Delta Dental PPO/Delta Dental Premier)

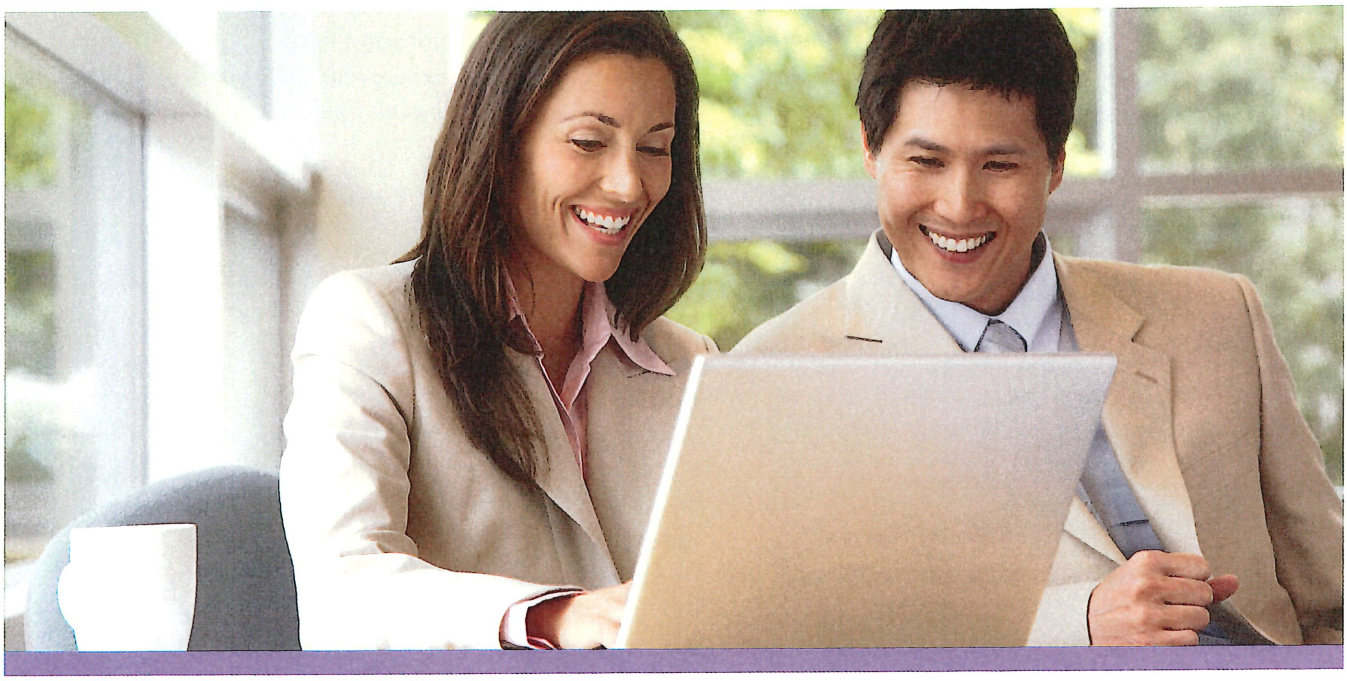
You can find a dentist quickly and easily through our automated phone system. Call 800-323-1743 (for Delta Dental PPO/Delta Dental Premier) and say "Dentist Directory" and then follow the automated instructions to receive the name, address and phone number of dentists near a specified address or ZIP code.

Customer service representatives are available from 7 a.m. to 7 p.m. Central time and can also help you locate dentists. **DeltaCare members should call 800-942-3772 during normal business hours for help finding a dentist.**

DELTA DENTAL®

Subscriber Connection

Connecting with Delta Dental of Illinois is easy!



Get real time benefit and claim information 24 hours a day, seven days a week online through the Subscriber Connection at www.deltadentalil.com or through our automated phone system at 800-323-1743.

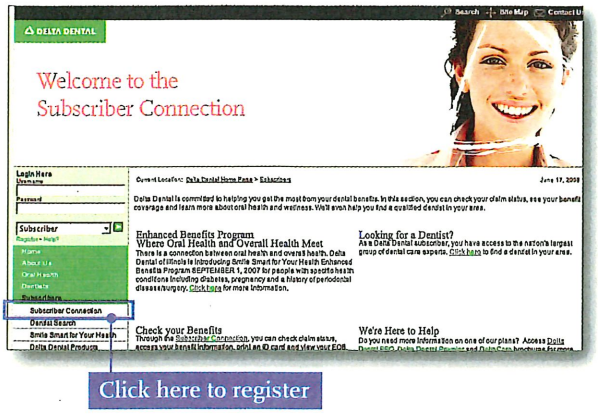
Subscriber Connection
www.deltadentalil.com

Automated Phone System
800-323-1743
(for Delta Dental PPO℠ and Delta Dental Premier®)

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

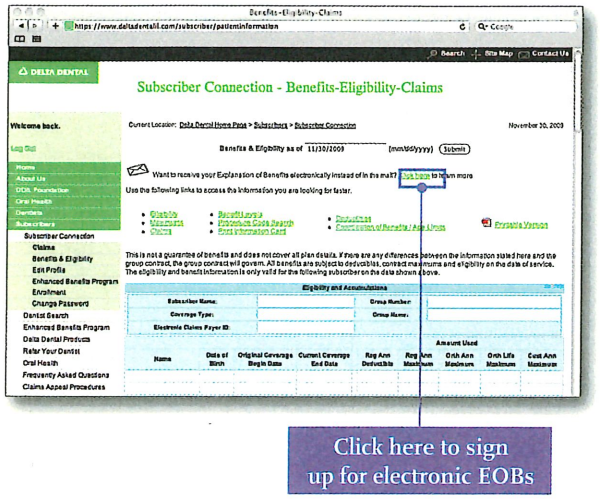
- Claim status
- Eligibility and accumulator information
- Maximum and deductibles used to date
- Benefit levels
- Frequency and age limits
- Waiting periods
- Preventive history
- Explanation of Benefits (EOBs)

Using the Subscriber Connection is easy – all you need is a computer and an Internet connection! To keep your benefit information safe and secure, registration is required (see how on reverse).



To register, you need to:

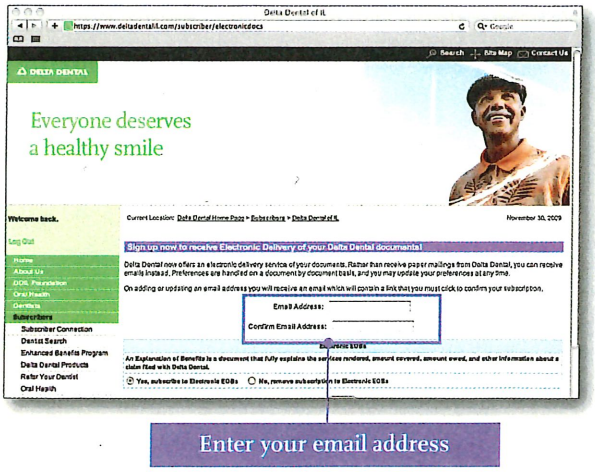
- **Step 1:** Enter the primary enrollee's first and last name (the name must appear exactly as your employer/group entered it during enrollment; e.g., "Bob" may be "Robert"), Subscriber ID or Social Security number (enter number with no dashes), and date of birth (enter two-digit month, two-digit date and four-digit year with dividers, e.g., 03/15/1984).
- **Step 2:** Enter a username, password (must be six characters including two numeric characters) and your email address. Then select a challenge question and answer.
- Now you can log in and access your and your covered dependents' eligibility, benefit and claim information anytime, anywhere.



You can also sign up to receive electronic EOBs and enroll in our Enhanced Benefits Program (if applicable to your group), which offers additional benefits to at-risk individuals, linking oral health to overall health.

On www.deltadentalil.com, you can also:

- Find a network dentist.
- Refer your dentist to a Delta Dental network.
- Print claim forms (although network dentists will file a claim form automatically on your behalf).
- Obtain information on the claim appeal process.
- Take an oral health risk assessment and access oral health tips and information.
- Retrieve information on understanding your dental benefits, your rights and Delta Dental of Illinois' privacy policy.
- Get answers to your frequently asked questions.



Automated Phone System. Faster service for you.

You can also call **800-323-1743 for Delta Dental PPO and Delta Dental Premier 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 (7:00 a.m. to 7:00 p.m. Central Time).**

Our voice recognition phone system makes it convenient for you to reach customer service by welcoming you to Delta Dental, then immediately providing a voice menu where you can easily and quickly obtain information.

You can access a directory of dentists, check claim status, or get contact information immediately by saying any of those options. At any time during normal business hours, you can connect immediately with a customer service representative simply by saying "customer service."

Not yet registered?
Get started. Log in today!
www.deltadentalil.com

You can also call 800-323-1743 for Delta Dental PPO and Delta Dental Premier to access our automated phone system or speak to a customer service representative.