

Your Dental Benefits

Specially Prepared for the Members Participating in the State of Wisconsin Uniform Dental Benefit

The summary below does not cover all plan details. Further information can be found in the summary plan description or dental benefit handbook. These documents provide a thorough explanation of your dental plan, including any limitations or exclusions that might apply. If there are any discrepancies between information found here and the group contract, the group contract shall govern.

Benefit Plan Design

	Delta PPO When you see a Delta Dental PPO dentist	Delta Premier When you see a Delta Dental Premier dentist	Non-contracted When you see a non-contracted dentist
Individual Annual Maximum	\$1,000	\$1,000	\$0
Deductible	\$0	\$0	\$0

Dependent Eligibility

Dependents are eligible through the end of the month in which they attain age 26. Age and frequency limitations may apply to certain benefits. Please refer to your Summary Plan Description for more information.

Diagnostic & Preventive Services

	Delta PPO	Delta Premier	Non-contracted
Exams	100%	100%	0%
Cleanings	100%	100%	0%
Fluoride treatments	100%	100%	0%
X-rays	100%	100%	0%
Space maintainers	100%	100%	0%
Sealants	100%	100%	0%
Emergency treatment to relieve pain	80%	80%	0%

Basic & Major Services

	Delta PPO	Delta Premier	Non-contracted
Amalgam (silver) fillings*	100%	100%	0%
Endodontics	0%	0%	0%
Periodontics – nonsurgical**	80%	80%	0%
Periodontics – surgical	0%	0%	0%
Extractions***	0%	0%	0%
Crowns, inlays, onlays	0%	0%	0%
Bridges and dentures	0%	0%	0%
Repairs and adjustments to bridges and dentures	0%	0%	0%
Implants	0%	0%	0%

*Resin (white) fillings are covered at 100% on front teeth only. Plan will pay for resin (white) fillings on back teeth only up to the dollar amount covered for amalgam (silver) fillings.

**Limited to periodontal maintenance

***Coverage may be provided under your medical plan when related to accidental injury.

Orthodontic Services

	Delta PPO	Delta Premier	Non-contracted
Coverage copayment	50%	50%	0%
Individual lifetime maximum	\$1,500	\$1,500	\$0
Dependents eligible to age	19	19	
Adult orthodontia	No	No	

Special Plan Provisions (see following page for more information)

	Delta PPO	Delta Premier	Non-contracted
Evidence-Based Integrated Care Plan	Yes	Yes	No



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New for 2018: Special Plan Provisions

Your group dental plan from Delta Dental of Wisconsin includes one or more special features designed to encourage good oral health and promote overall health. Details of these provision(s) are addressed in the policy amendments provided with your dental plan handbook. Below is a brief summary.

Evidence-Based Integrated Care Plan: Expanded benefits for persons with medical conditions that have oral health implications

- Delta Dental of Wisconsin's Evidence-Based Integrated Care Plan (EBICP) option is included in your plan. It provides additional benefits for persons with medical conditions that have oral-health implications. Conditions include:
 - Diabetes
 - Pregnancy
 - Specific heart conditions that pose a risk of certain types of infection
 - Kidney failure or dialysis
 - Suppressed immune system
 - Cancer therapy
 - Periodontal disease
- EBICP's unique enrollment mechanism requires no medical claims be filed.
- EBICP requires self-enrollment by the patient or his/her dentist at www.deltadentalwi.com/state-of-wi, or by calling 844-337-8383.