

YOUR DENTAL BENEFITS

Prepared for the employees of County of Dane

The summary below does not cover all plan details. Further information can be found in the Summary Plan Description or dental benefit handbook. That document provides 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.

	Delta Dental PPO™	Delta Dental Premier® or Out-of-Network *
Individual Annual Maximum	\$2,750	\$2,750
Deductible - Individual/Family	\$25/\$75	\$25/\$75
Diagnostic & Preventive Exams, routine cleanings, periodontal cleanings, fluoride treatments^, x-rays, space maintainers	100%	100%
Basic & Major Services Emergency treatment to relieve pain, sealants^, fillings, root canals, treatment of gum disease, extractions, oral surgery	80%**	80%**
Crowns, bridges, dentures, repairs and adjustments to bridges and dentures, implants	80%**	80%**
Orthodontic Services Coverage copayment Individual lifetime maximum Dependents eligible to Adult orthodontics	50%** \$2,000 Age 26 Yes	50%** \$2,000 Age 26 No
EBICP	Yes	Yes
Dependent Eligibility	Dependents are covered to age 26	

**Deductible applies ^Age limitations may apply

*If you visit an out-of-network provider, you will be responsible for the difference between the provider's charges and the amount your Delta Dental plan pays.

Regardless of the provider you see, you will be responsible for your plan's deductible, coinsurance, and fees for services that are not covered benefits under your plan.

Evidence-Based Integrated Care Plan (EBICP) provides additional cleaning(s) and/or fluoride treatments to individuals with specific medical conditions that have oral implications.

Need assistance? Contact Customer Service at 800-236-3712 or claims@deltadentalwi.com. Learn more at www.deltadentalwi.com.