

IS YOUR SMILE COVERED?

Your 2019 Dental Benefit Information



 **DELTA DENTAL**[®]

Maximize your dental coverage



Your 2019 Dental Benefits

Uniform Dental Benefit

Delta Dental of Wisconsin will be providing your Uniform Dental Benefit Plan (UDB) again in 2019.

The UDB helps cover the cost of preventive care like exams and cleanings, as well as minor restorations like fillings. It also covers child orthodontia up to \$1,500.



Supplemental Dental Plans

Supplemental dental plans help cover costs of more expensive procedures like crowns and root canals.

Delta Dental is proud to be offering all supplemental dental plan options this year. The following pages will provide more information on plan offerings and how to enroll.

Delta Dental complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This information is available in different formats. Please contact Delta Dental via phone or email if you would like to request information in an alternate format.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 844-337-8383. LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 844-337-8383.

Delta Dental is a Registered Mark of Delta Dental Plans Association.

Uniform Dental Benefit

The following summaries do not cover all plan details
(please refer to the Summary Plan Description)

UDB Plan Design	Delta Dental PPO SM Dentist	Delta Dental Premier TM Dentist	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			
Exams Cleanings Fluoride treatments X-rays Space maintainers Sealants	100%	100%	0%
Emergency treatment to relieve pain	80%	80%	0%
Basic & Major Services			
Amalgam (silver) fillings*	100%	100%	0%
Periodontics - nonsurgical**	80%	80%	0%
new Extractions (non-surgical)	90%	90%	0%
Orthodontic Services			
Coverage copayment	50%	50%	0%
Individual lifetime maximum	\$1,500	\$1,500	\$0
Dependents eligible to age 19	No	No	
Adult ortho	No	No	
Evidence-Based Integrated Care Plan (EBICP)***	Yes	Yes	No

*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.

*** Extra preventive benefits for those with certain medical conditions. Learn more at www.deltadentalwi.com/state-of-wi.

Supplemental Dental Plan Options



Delta Dental will exclusively be providing supplemental dental plans in 2019. **YOU WILL NEED TO ENROLL IN A PLAN TO RECEIVE BENEFITS.**

Supplemental Benefits	Delta Dental PPO SM – Select Plan	Delta Dental PPO Plus Premier TM – Select Plus Plan
Network	Delta Dental PPO only	Delta Dental PPO or Delta Dental Premier
Individual Annual Maximum	\$1,000	\$2,500
Deductible	\$100	\$25
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 of Benefits for more information.		
Major & Restorative Services		
Implants, crowns, bridges, dentures, partials	50%	60%
Oral surgery, extractions (surgical), endodontics, periodontics	50%	80%
Orthodontic Services		
Coverage copayment	0%	50%
Individual lifetime maximum	\$0	\$1,500* (in addition to UDB)
Dependents eligible to age	N/A	26
Adult ortho	No	Yes

*\$3,000 total when combined with UDB.

Monthly Premium	Delta Dental PPO SM – Select Plan		Delta Dental PPO Plus Premier TM – Select Plus Plan	
	Active Employee	Retiree	Active Employee	Retiree
Self	\$8.55	\$14.25	\$16.19	\$25.83
Self + Spouse	\$17.10	\$28.50	\$32.38	\$51.66
Self + Child(ren)	\$11.54	\$19.24	\$29.95	\$47.79
Family	\$20.52	\$34.20	\$49.38	\$78.78

How the UDB & Supplemental Plans Work Together

See how a supplemental plan works together with the UDB to help cover the cost of more extensive (and expensive) treatment.

	Full Crown	Root Canal (molar)	Braces (child)
Cost without Insurance*	\$1,381	\$1,285	\$6,496
Cost when seeing a network** dentist	\$859	\$1,158	\$5,623

Uniform Dental Benefit (UDB) Pays

UDB	None	None	\$1,500
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Supplemental Plan Pays

See the difference!

Delta Dental PPO SM - Select Plan	50%	50%	None
Procedure cost after insurance	\$429.50 ^{1,2}	\$579 ^{1,2}	\$4,123 (Includes UDB Benefit)
Delta Dental PPO Plus Premier TM - Select Plus Plan	60%	80%	Additional \$1,500 ^{***}
Procedure cost after insurance	\$343.60 ^{1,2}	\$231.60 ^{1,2}	\$2,623 ¹ (Includes UDB Benefit)

*Costs represent average dental fees charged within zip code 53703. To estimate costs for additional zip codes, visit www.deltadental.com/us/en/cost-estimator.html. Fees can vary by location, dentist, and date of service.

**Delta Dental PPO or Delta Dental Premier average cost.

***\$3,000 total when combined with UDB.

¹Assumes annual deductible has been met

²Subject to annual maximum

Questions?

Already enrolled in the Uniform Dental Benefit (UDB)?

If you are enrolled in the UDB now, you will automatically be re-enrolled for 2019. You will NOT receive a new ID card for the UDB plan. You can view/print your ID card from the Member Log In at www.deltadentalwi.com/state-of-wi.

Want to sign up for supplemental?

Supplemental benefits WILL REQUIRE ENROLLMENT

(even if you were enrolled the previous year). There are two plans to choose from: **Delta Dental PPOSM – Select Plan** and **Delta Dental PPO Plus PremierTM – Select Plus Plan.**

You will receive a new card if you choose to enroll in either supplemental plan.

Visit www.deltadentalwi.com/state-of-wi/2019-enrollment to learn how to enroll in a supplemental plan.

Contact us

If you have questions during It's Your Choice open enrollment, or any time, feel free to call Delta Dental at **844-337-8383** or visit www.deltadentalwi.com/state-of-wi to chat with a Benefit Advisor.