

# IS YOUR SMILE COVERED?

Your 2019 Dental Benefit Information



 **DELTA DENTAL®**

# Your 2019 Dental Benefits

## Uniform Dental Benefit (UDB)

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.

## Already enrolled in the 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](http://www.deltadentalwi.com/state-of-wi).

## Questions?

If you have any 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](http://www.deltadentalwi.com/state-of-wi) to chat with a Benefit Advisor.

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 <sup>SM</sup> Dentist	Delta Dental Premier <sup>TM</sup> Dentist	Non-Contracted Dentist
<b>Individual Annual Maximum</b>	\$1,000	\$1,000	\$0
<b>Deductible</b>	\$0	\$0	\$0
<b>Dependent Eligibility</b>			
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.			
<b>Diagnostic &amp; Preventive Services</b>			
Exams Cleanings Fluoride treatments X-rays Space maintainers Sealants	100%	100%	0%
Emergency treatment to relieve pain	80%	80%	0%
<b>Basic &amp; Major Services</b>			
Amalgam (silver) fillings*	100%	100%	0%
Periodontics - nonsurgical**	80%	80%	0%
<b>new</b> Extractions (non-surgical)	90%	90%	0%
<b>Orthodontic Services</b>			
Coverage copayment	50%	50%	0%
Individual lifetime maximum	\$1,500	\$1,500	\$0
Dependents eligible to age	19	19	
Adult ortho	No	No	
<b>Evidence-Based Integrated Care Plan (EBICP)***</b>			
	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](http://www.deltadentalwi.com/state-of-wi).

 DELTA DENTAL®

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PO Box 828  
Stevens Point, WI 54481

First Name Last Name  
Street Address  
City, State, Zip Code



Important **dental plan**  
information enclosed

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