

Supplemental Dental Plans Summary

The summary below does not cover all plan details. Further information can be found in the Summary of Benefits 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.

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 and 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

If you have questions, please call Delta Dental at **844-337-8383** and a Benefit Advisor will be happy to assist you. Or visit www.deltadentalwi.com/state-of-wi.