

Uniform Dental Benefit Plan Summary

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.

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	100%	100%	0%
X-rays			
Space maintainers			
Sealants			
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	19	
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.

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.