

Your Dental Benefits

Specially Prepared for the Members Participating in the State of Wisconsin Uniform Dental Benefit

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.

Benefit Plan Design	Delta PPO When you see a Delta Dental PPO dentist	Delta Premier When you see a Delta Dental Premier dentist	Non-contracted When you see a non-contracted dentist
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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	100%	100%	0%
Cleanings	100%	100%	0%
Fluoride treatments	100%	100%	0%
X-rays	100%	100%	0%
Space maintainers	100%	100%	0%
Sealants	100%	100%	0%
Emergency treatment to relieve pain	80%	80%	0%

Basic & Major Services

Amalgam (silver) fillings*	100%	100%	0%
Endodontics	0%	0%	0%
Periodontics – nonsurgical**	80%	80%	0%
Periodontics – surgical	0%	0%	0%
Extractions***	0%	0%	0%
Crowns, inlays, onlays	0%	0%	0%
Bridges and dentures	0%	0%	0%
Repairs and adjustments to bridges and dentures	0%	0%	0%
Implants	0%	0%	0%

*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

***Coverage may be provided under your medical plan when related to accidental injury.

Orthodontic Services

Coverage copayment	50%	50%	0%
Individual lifetime maximum	\$1,500	\$1,500	\$0
Dependents eligible to age	19	19	
Adult orthodontia	No	No	