



# Small Business Solutions

Help your customers keep their smiles healthy with Delta Dental of Wisconsin, the State's No. 1 Dental Plan.



# Give Employees a Reason to Smile

Delta Dental of Wisconsin makes dental benefits easy through exceptional service, quick and accurate claims payments, the most in-network providers, and affordable coverage for customers and their employees.

We believe what makes us different is what makes us better.



## Networks

More places to save money on dental procedures courtesy of the largest dental networks in the state and nation.



## Customer Service

Representatives in Wisconsin answering phones and getting members the information they need quickly and easily – typically on the first call.



## Wellness

Providing wellness resources that help tailor dental benefits plans to the unique needs of customers and their employees.



## Philanthropy

Supporting community oral health programs across Wisconsin in addition to funding research that can drastically reduce oral disease and decay.

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# Plan Features & Add-ons



## CheckUp Plus™

Enrollees save more with preventive care options. Diagnostic and wellness benefits don't accumulate toward the individual annual maximum.



## Evidence-Based Integrated Care Plan (EBICP)

This category-leading plan features integrated oral healthcare with the medical management of selected diseases and conditions helping improve the health of teeth and gums – and the whole body!



## Orthodontic Services

If the company has five or more enrolled employees, it may choose to include orthodontic coverage. Coverage may apply for dependent children to age 19 only, or also adults and dependent children to age 26. Available for Choice, UltraSavings, Passive and Enhanced Plans.



## Endodontic & Non-Surgical Periodontics Buy Up

Treatment for endodontic and non-surgical periodontic services may be covered at plan's basic restorative services level. This option is available for UltraSavings, Passive, and Enhanced Plans.



## Maximum Allowable Charge (MAC)

With a MAC feature, reimbursement for services is based on the PPO fee schedule for all providers. Members pay a lower premium, but out-of-pocket expenses may be more if they see a provider other than a Delta Dental PPO provider. This option is available for Choice, UltraSavings, Passive, and Enhanced Plans.



## Posterior Composite Fillings

White or tooth-colored filling material may be covered for back teeth at the plan's basic restorative level (in place of amalgam or silver-colored filling material). This option is available for Choice, UltraSavings, Passive, and Enhanced Plans.

# Added Value

## Oral Health Risk Assessment

Help your customer stay at the forefront of wellness by integrating oral health into their overall plan. Delta Dental uses the [PreViser™ oral-health risk-assessment tool](#) to help members determine their level of oral health, and work with their dentist to apply dental benefits that meet their oral-health needs.

## LifeSmile

An oral wellness toolkit that helps employers communicate with their employees. Tools, tips, and touchpoints focus on oral health and well-being to improve and maintain good dental health habits.

## Amplifon

Amplifon partners with leading national brands including Miracle Ear, Phonak, ReSound, Stankey, Signia, and more to bring you and your family the best in-class solutions for hearing health. Receive free access, committed service, and total satisfaction. Visit [amplifonusa.com/deltadentalwi](https://amplifonusa.com/deltadentalwi) for complete program details.

## Vision Care Discount Program

Through Delta Dental's partnership with EyeMed Vision Care®, members save on eyewear, contacts, exams, and laser vision correction.

## Network Advantage

When it comes to pearly whites, everyone wants to save a little green. And Delta Dental makes it easy with our two networks: Delta Dental PPO and Delta Dental Premier. Dentists who belong to the Delta Dental PPO network offer the lowest agreed-upon fees. And the Delta Dental PPO network has more locations for members to access care than any other PPO network.

Dentists who belong to the Delta Dental Premier network also agree to discounts – just not as deep. But the network is broader; more than 90 percent of Wisconsin dentists are members making it the largest dentist network in the State. The Delta Dental PPO network is more exclusive and offers greater cost savings.



Delta Dental PPO plus Premier™  
**PreventivePlus Plan (5-49 enrollees)**




See a Delta Dental  
PPO<sup>SM</sup> Provider






See a Delta Dental  
Premier® or Any  
Other Provider

<b>Individual Annual Deductible</b> <i>(per person)</i>	\$50	\$50
<b>Individual Annual Maximum</b>	\$500	\$500
<b>CheckUp Plus™</b> CheckUp Plus™ lets enrollees obtain dental services such as evaluations, X-rays, cleanings, fluoride, and sealants without those costs reducing their plan-year individual annual maximum (see contract for details)	Included	Included
<b>Wellness and Preventive Services</b> Cleanings, fluoride treatments once every six months to age 19. One-time application of sealants to age 19	100%	50%
<b>Diagnostic Services</b> Evaluations once every six months, bitewing X-rays once every 12 months, six periapical X-rays per calendar year	100%	50%
<b>Basic Restorative Services</b> Emergency treatment to relieve pain, fillings	80%*	50%*
<b>Dependent Age Limitation</b>	To age 26	To age 26

This plan also includes:

\*Deductible applies

Delta Dental PPO plus Premier™ Choice Plan (5-49 enrollees)	 See a Delta Dental PPO Provider	See a Delta Dental Premier or Any Other Provider
<b>Individual Annual Deductible</b> <i>(per person)</i>	\$25	\$50
<b>Individual Annual Maximum</b>	\$1,000 \$1,500 \$2,000	\$1,000 \$1,000 \$1,000
<b>CheckUp Plus™</b> CheckUp Plus™ lets enrollees obtain dental services such as evaluations, X-rays, cleanings, fluoride, sealants, and space maintainers without those costs reducing their plan-year individual annual maximum <i>(see contract for details)</i>	Included	Included
<b>Wellness and Preventive Services</b> Cleanings, fluoride treatments once every six months to age 19. One-time application of sealants to age 19. Space maintainers as needed	100%	100%
<b>Diagnostic Services</b> Evaluations once every six months, bitewing X-rays once every 12 months, full-mouth X-rays every five years	100%	80%*
<b>Basic Restorative Services</b> Emergency treatment to relieve pain, fillings, and simple extractions	80%*	80%*
<b>Endodontics and Non-Surgical Periodontic Services</b> Root canal treatment and therapy and non-surgical gum disease treatment	80%*	50%*
<b>Major Services</b> Surgical periodontics, oral surgery, crowns, complete and partial dentures, implants, fixed bridges, repairs and adjustments	50%*	50%*
<b>Orthodontic Services</b> <i>(optional)</i> If the customer has five or more enrolled employees, it may choose to include orthodontic coverage. Coverage applies for dependent children to age 19, or to age 26 when adult orthodontic coverage is chosen	70%	50%
<b>Lifetime Orthodontic Maximum Options</b>	\$1,000 \$1,500 \$2,000	\$1,000 \$1,000 \$1,000
<b>Dependent Age Limitation</b>	To age 26, except as noted for orthodontics	To age 26, except as noted for orthodontics

This plan is eligible for:  This plan also includes:    

\*Deductible applies



Delta Dental PPO plus Premier™  
**UltraSavings Plan (5-49 enrollees)**



See a Delta Dental  
PPO Provider

See a Delta Dental  
Premier or Any  
Other Provider

<b>Annual Deductible Options - Individual/Family</b>	\$25 / \$75 \$50 / \$150 \$75 / \$225	\$50 / \$150 \$75 / \$225 \$100 / \$300
<b>Individual Annual Maximum</b>	\$1,000 \$1,500 \$2,000	\$750 \$1,000 \$1,250
<b>CheckUp Plus™</b> CheckUp Plus™ lets enrollees obtain dental services such as evaluations, X-rays, cleanings, fluoride, sealants, and space maintainers without those costs reducing their plan-year individual annual maximum. <i>(see contract for details)</i>	Included	Included
<b>Wellness and Preventive Services</b> Cleanings, fluoride treatments once every six months to age 19. One-time application of sealants to age 19. Space maintainers as needed	100%	80%*
<b>Diagnostic Services</b> Evaluations once every six months, bitewing X-rays once every 12 months, full-mouth X-rays every five years	100%	80%*
<b>Basic Restorative Services</b> Emergency treatment to relieve pain, fillings, and simple extractions	80%*	50%*
<b>Endodontics and Non-Surgical Periodontic Services</b> Root canal treatment and therapy and non-surgical gum disease treatment	50%*	40%*
<b>Major Restorative Services</b> Surgical gum disease treatment, oral surgery, crowns, complete and partial dentures, implants, fixed bridges, repairs and adjustments	50%*	40%*
<b>Orthodontic Services (optional)</b> If the customer has five or more enrolled employees, it may choose to include orthodontic coverage. Coverage applies for dependent children to age 19, or to age 26 when adult orthodontic coverage is chosen	70%	50%
<b>Lifetime Orthodontic Maximum Options</b>	\$1,000 \$1,500 \$2,000	\$750 \$1,000 \$1,250
<b>Dependent Age Limitation</b>	To age 26, except as noted for orthodontics	To age 26, except as noted for orthodontics

This plan is eligible for:



This plan also includes:



Optional buy-up available for endodontic and non-surgical periodontic services to the Basic Services level.

\*Deductible applies

Delta Dental PPO plus Premier™  
**Passive Plan (5-49 enrollees)**



See a Delta Dental  
PPO Provider

See a Delta Dental  
Premier or Any  
Other Provider

<b>Annual Deductible Options - Individual/Family</b>	\$25 / \$75 \$50 / \$150 \$75 / \$225	\$25 / \$75 \$50 / \$150 \$75 / \$225
<b>Individual Annual Maximum</b>	\$1,000 \$1,500 \$2,000	\$1,000 \$1,500 \$2,000
<b>CheckUp Plus™</b> CheckUp Plus™ lets enrollees obtain dental services such as evaluations, X-rays, cleanings, fluoride, sealants, and space maintainers without those costs reducing their plan-year individual annual maximum. <i>(see contract for details)</i>	Included	Included
<b>Wellness and Preventive Services</b> Cleanings, fluoride treatments once every six months to age 19. One-time application of sealants to age 19. Space maintainers as needed	100%	100%
<b>Diagnostic Services</b> Evaluations once every six months, bitewing X-rays once every 12 months, full-mouth X-rays every five years	100%	100%
<b>Basic Restorative Services</b> Emergency treatment to relieve pain, fillings, and simple extractions	80%*	80%*
<b>Endodontics and Non-Surgical Periodontic Services</b> Root canal treatment and therapy and non-surgical gum disease treatment	50%*	50%*
<b>Major Restorative Services</b> Surgical gum disease treatment, oral surgery, crowns, complete and partial dentures, implants, fixed bridges, repairs and adjustments	50%*	50%*
<b>Orthodontic Services (optional)</b> If the customer has five or more enrolled employees, it may choose to include orthodontic coverage. Coverage applies for dependent children to age 19, or to age 26 when adult orthodontic coverage is chosen	70%	50%
<b>Lifetime Orthodontic Maximum Options</b>	\$1,000 \$1,500 \$2,000	\$1,000 \$1,500 \$2,000
<b>Dependent Age Limitation</b>	To age 26, except as noted for orthodontics	To age 26, except as noted for orthodontics

This plan is eligible for:










This plan also includes:



Optional buy-up available for endodontic and non-surgical periodontic services to the Basic Services level.



\*Deductible applies



Delta Dental PPO plus Premier™ Enhanced Plan (5-49 enrollees)	 See a Delta Dental PPO Provider	See a Delta Dental Premier or Any Other Provider
<b>Annual Deductible Options - Individual/Family</b>	\$25 / \$75 \$50 / \$150 \$75 / \$225	\$50 / \$150 \$75 / \$225 \$100 / \$300
<b>Individual Annual Maximum</b>	\$1,000 \$1,500 \$2,000	\$1,000 \$1,250 \$1,500
<b>CheckUp Plus™</b> CheckUp Plus™ lets enrollees obtain dental services such as evaluations, X-rays, cleanings, fluoride, sealants, and space maintainers without those costs reducing their plan-year individual annual maximum. <i>(see contract for details)</i>	Included	Included
<b>Wellness and Preventive Services</b> Cleanings, fluoride treatments once every six months to age 19. One-time application of sealants to age 19. Space maintainers as needed	100%	100%
<b>Diagnostic Services</b> Evaluations once every six months, bitewing X-rays once every 12 months, full-mouth X-rays every five years	100%	100%
<b>Basic Restorative Services</b> Emergency treatment to relieve pain, fillings, and simple extractions	90%*	80%*
<b>Endodontics and Non-Surgical Periodontic Services</b> Root canal treatment and therapy and non-surgical gum disease treatment	60%*	50%*
<b>Major Restorative Services</b> Surgical gum disease treatment, oral surgery, crowns, complete and partial dentures, implants, fixed bridges, repairs and adjustments	60%*	50%*
<b>Orthodontic Services (optional)</b> If the customer has five or more enrolled employees, it may choose to include orthodontic coverage. Coverage applies for dependent children to age 19, or to age 26 when adult orthodontic coverage is chosen	70%	50%
<b>Lifetime Orthodontic Maximum Options</b>	\$1,000 \$1,500 \$2,000	\$1,000 \$1,250 \$1,500
<b>Dependent Age Limitation</b>	To age 26, except as noted for orthodontics	To age 26, except as noted for orthodontics

This plan is eligible for:  This plan also includes:     

Optional buy-up available for endodontic and non-surgical periodontic services to the Basic Services level.

\*Deductible applies

	Passive Plan		Advantage Plan	
Delta Dental PPO plus Premier™ 2-4 Plans	 See a Delta Dental PPO Provider	See a Delta Dental Premier or Any Other Provider	 See a Delta Dental PPO Provider	See a Delta Dental Premier or Any Other Provider
<b>Annual Deductible Options - Individual/Family</b>	\$50 / \$150	\$50 / \$150	\$25 / \$75	\$50 / \$150
<b>Individual Annual Maximum</b>	\$1,000	\$1,000	\$1,000	\$1,000
<b>CheckUp Plus™</b> CheckUp Plus™ lets enrollees obtain dental services such as evaluations, X-rays, cleanings, fluoride, sealants, and space maintainers without those costs reducing their plan-year individual annual maximum (see contract for details)	Included	Included	Included	Included
<b>Wellness and Preventive Services</b> Cleanings, fluoride treatments once every six months to age 19. One-time application of sealants to age 19. Space maintainers as needed	100%*	100%*	100%	80%*
<b>Diagnostic Services</b> Evaluations once every six months, bitewing X-rays once every 12 months, full-mouth X-rays every five years	100%*	100%*	100%	80%*
<b>Basic Restorative Services</b> Emergency treatment to relieve pain, fillings	80%*	80%*	80%*	70%*
<b>Major Restorative Services</b> Root canal and gum disease treatment, extractions and oral surgery, crowns, complete and partial dentures, implants, fixed bridges, repairs and adjustments	50%*	50%*	50%*	40%*
<b>Dependent Age Limitation</b>	To age 26	To age 26	To age 26	To age 26

This plan also includes:  

\*Deductible applies

# Underwriting Guidelines - Traditional Plans

**Acceptance is not guaranteed. Approval of coverage is contingent upon underwriting acceptance.**

## Exclusions

1. Dental procedures, services, treatment or supplies provided or commenced prior to the effective date of the subscriber's or covered dependent's coverage under this contract or after the termination date of coverage, unless otherwise indicated.
2. Dental procedures, services, treatment or supplies to treat injuries or conditions compensable under worker's compensation or employer's liability laws.
3. Charges for completion of forms.
4. Charges for consultation.
5. Dental procedures, services, treatment or supplies not specifically covered under this contract or excluded by Delta Dental rules and regulations, including Delta Dental processing policies, which may change periodically and are printed on the Explanation of Benefits and Explanation of Payment forms.
6. Prescription drugs, premedications or relative analgesia.
7. Preventive control programs.
8. Charges for failure to keep a scheduled appointment.
9. Charges by any hospital or other surgical or treatment facility, or any additional fees charged by a provider for treatment in any such facility.
10. Charges for treatment of, or services related to, temporomandibular joint dysfunction.
11. Dental procedures, services, treatment and supplies that are determined to be partially or wholly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances.
12. Crowns placed on covered dependents under age 12, other than prefabricated crowns;
13. Prosthetics placed on covered dependents under age 16.
14. Appliances, restorations, or procedures for: (a) increasing vertical dimension; (b) restoring occlusion; (c) correcting harmful habits; (d) replacing tooth structure lost by attrition, erosion, abrasion, or abfraction; (e) correcting congenital or developmental malformations except in newly born children; (f) replacement, provisional and temporary services; (g) splints, unless necessary as a result of accidental injury.
15. Dental procedures, services, treatment or supplies provided by an individual other than a provider;
16. Dental procedures, services, treatment or supplies to treat injuries or diseases caused by riots or any form of civil disobedience.
17. Dental procedures, services, treatment or supplies to treat injuries sustained while committing a felony or engaging in an illegal occupation.
18. Dental procedures, services, treatment or supplies to treat injuries intentionally inflicted;
19. Replacement of lost or stolen dentures or charges for duplicate dentures.
20. Dental procedures, services, treatment or supplies in cases for which, in the professional judgment of the attending provider, a satisfactory result cannot be obtained.
21. Local anesthetic is covered as a part of a dental procedure, service or treatment. General anesthetic or intravenous sedation is a benefit only when billed with covered oral surgery (cutting procedures).
22. If orthodontic procedures are included as benefits under this contract, the repair and replacement of orthodontic appliances is not covered.

## Limitations

Coverage for some services under the plan is subject to frequency and age limitations. These limitations and restrictions are described in the handbook and customer contract. Copies of these materials are available by calling Delta Dental of Wisconsin at 800-236-3713.

## Requirements and Considerations

### For all Delta Dental small business plans

- The plan must be sponsored by the employer. The employer will collect premiums via payroll deduction.
- A clear employer-employee relationship must exist.
- Employment must be full-time, year-round and not experience seasonal layoffs.
- The business has not been cancelled by another dental carrier within the past 36 months.
- Benefit accumulation period is calendar year.
- Subscribers may use the national Delta Dental Premier and Delta Dental PPO provider networks.
- Retirees are not eligible unless all active employees are eligible for the plan.
- In order to enroll dependents, the employee must be enrolled.
- Only customer-billing format is available; no individual billings can be accommodated. Individual COBRA billings are not available.
- The covered person's coinsurance is based on the maximum plan allowance.
- All contracted services are available to the covered person upon the date of eligibility.

- For customers offering open enrollment, an employee who waived coverage or dropped coverage may enroll only during the open enrollment period.
- Participation is based on enrollment of all eligible employees except those who submit waiver cards indicating that they have coverage under their spouse's plan. Waiver forms are required for all employer-contributory plans.
- Delta Dental small business plans include coverage for teeth lost prior to the effective date, and pre-existing conditions.
- A Delta Dental small business plan must be the only dental plan offered.
- Rates are guaranteed for 12 or 24 months from the effective date of coverage, depending on the plan chosen.

### For 2-4-enrolled plans only

The total number of eligible employees and dependents participating must be equal to or greater than the percentage of the employer contribution. Example: With an employer contribution of 75 percent, a minimum of 75 percent of eligible employees must participate.

### Special requirements for PreventivePlus, Passive, Enhanced, Choice and UltraSavings plans

- Delta Dental small business plans are open to customers with 5-49 enrolled employees.
- Orthodontic coverage is available only to customers of 5 or more enrolled employees.
- If orthodontic coverage is purchased, all families must accept the orthodontic benefit with the same maximum.

### Special requirements for 2-4 plans



- The 2-4-enrolled plans are open to customers with 2-4 enrolled employees.
- A company wage and tax statement or Schedule K-1 (Form 1065) must accompany the customer application when two or more employees reside at the same address.

### Rate adjustments

Certain business and industry types are eligible for the program however may require a rate adjustment to standard rates. If you are uncertain about the industry type and whether a rate adjustment would apply, contact the sales department. See last page for complete contact information.

## Exchange-Certified Plans

Comprehensive plan options for customers with 1 to 50 enrolled employees looking to buy exchange-certified dental benefits on- or off- the Federal Healthcare Exchange. These plans are suited for children, adults, and entire families.



	Pediatric	Adult	
<b>Delta Dental PPO plus Premier™ Family Plan High Option (1-50 enrollees)</b>	 See Any Provider	 See a Delta Dental PPO Provider	See a Delta Dental Premier or Any Other Provider
<b>Annual Deductible - Individual/Family</b>	\$50 / \$150	\$50 / \$150	\$75 / \$225
<b>Out-of-Pocket Limit^</b>	\$350/\$700	N/A	N/A
<b>Individual Annual Maximum</b>	N/A	\$1,000	\$750
<b>CheckUp Plus™</b> CheckUp Plus™ lets enrollees obtain dental services such as evaluations, X-rays, cleanings, fluoride, sealants, and space maintainers without those costs reducing their plan-year individual annual maximum (see contract for details)	N/A	Included	Included
<b>Wellness and Preventive Services</b> Cleanings, fluoride treatments, sealants, space maintainers covered for pediatric	100%	100%	90%
<b>Diagnostic Services</b> Evaluations once every six months, bitewing X-rays once every 12 months, full-mouth X-rays every five years	100%	100%	90%
<b>Basic Restorative Services</b> Emergency treatment to relieve pain, fillings	80%*	80%*	70%*
<b>Major Restorative Services</b> Root canal and gum-disease treatment, extractions and oral surgery, crowns, complete and partial dentures, implants, fixed bridges, repairs and adjustments	50%*	50%*	40%*
<b>Medically Necessary Orthodontic Services</b> Treatment to help correct severe handicapping malocclusions caused by craniofacial orthopedic deformities involving the teeth	50%*	N/A	N/A
<b>Dependent Age Limitation</b>	19	26	26



This plan also includes:



\*Deductible applies

^Services provided by an out-of-network provider do not accumulate toward the out-of-pocket limit.



	Pediatric	Adult	
<b>Delta Dental PPO plus Premier™ Family Plan Low Option (1-50 enrollees)</b>	 See Any Provider	 See a Delta Dental PPO Provider	See a Delta Dental Premier or Any Other Provider
<b>Annual Deductible - Individual/Family</b>	\$90 / \$270	\$90 / \$270	\$100 / \$300
<b>Out-of-Pocket Limit^</b>	\$350/\$700	N/A	N/A
<b>Individual Annual Maximum</b>	N/A	\$1,000	\$750
<b>CheckUp Plus™</b> CheckUp Plus™ lets enrollees obtain dental services such as evaluations, X-rays, cleanings, fluoride, sealants, and space maintainers without those costs reducing their plan-year individual annual maximum (see contract for details)	N/A	Included	Included
<b>Wellness and Preventive Services</b> Cleanings, fluoride treatments, sealants, space maintainers covered for pediatric	100%*	100%*	80%*
<b>Diagnostic Services</b> Evaluations once every six months, bitewing X-rays once every 12 months, full-mouth X-rays every five years	100%*	100%*	80%*
<b>Basic Restorative Services</b> Emergency treatment to relieve pain, fillings	50%*	50%*	50%*
<b>Major Restorative Services</b> Root canal and gum-disease treatment, extractions and oral surgery, crowns, complete and partial dentures, implants, fixed bridges, repairs and adjustments	50%*	50%*	40%*
<b>Medically Necessary Orthodontic Services</b> Treatment to help correct severe handicapping malocclusions caused by craniofacial orthopedic deformities involving the teeth	50%*	N/A	N/A
<b>Dependent Age Limitation</b>	19	26	26

This plan also includes:  

\*Deductible applies

^Services provided by an out-of-network provider do not accumulate toward the out-of-pocket limit.



Delta Dental PPO plus Premier™ Family Plan High Option Orthodontics (10-50 enrollees)	Pediatric	Adult	
	 See Any Provider	 See a Delta Dental PPO Provider	See a Delta Dental Premier or Any Other Provider
Annual Deductible - Individual/Family	\$50 / \$150	\$50 / \$150	\$75 / \$225
Out-of-Pocket Limit <sup>^</sup>	\$350/\$700	N/A	N/A
Individual Annual Maximum	N/A	\$1,000	\$750
<b>CheckUp Plus™</b> CheckUp Plus™ lets enrollees obtain dental services such as evaluations, X-rays, cleanings, fluoride, sealants, and space maintainers without those costs reducing their plan-year individual annual maximum (see contract for details)	N/A	Included	Included
<b>Wellness and Preventive Services</b> Cleanings, fluoride treatments, sealants, space maintainers covered for pediatric	100%	100%	90%
<b>Diagnostic Services</b> Evaluations once every six months, bitewing X-rays once every 12 months, full-mouth X-rays every five years	100%	100%	90%
<b>Basic Restorative Services</b> Emergency treatment to relieve pain, fillings	80%*	80%*	70%*
<b>Major Restorative Services</b> Root canal and gum-disease treatment, extractions and oral surgery, crowns, complete and partial dentures, implants, fixed bridges, repairs and adjustments	50%*	50%*	40%*
<b>Medically Necessary Orthodontic Services</b> Treatment to help correct severe handicapping malocclusions caused by craniofacial orthopedic deformities involving the teeth	50%*	N/A	N/A
<b>Orthodontic Services**</b>	50%*	N/A	N/A
<b>Lifetime Orthodontic Maximum**</b>	\$1,000	N/A	N/A
<b>Dependent Age Limitation</b>	19	26	26

This plan also includes:



\*Deductible applies  
<sup>^</sup>Services provided by an out-of-network provider do not accumulate toward the out-of-pocket limit.  
<sup>\*\*</sup>Ten or more enrolled required for orthodontia. The orthodontic maximum does not apply to medically necessary orthodontia services.

# Underwriting Guidelines - Exchange Certified Plans

Acceptance is not guaranteed. Approval of coverage is contingent upon underwriting acceptance.

## Exclusions

1. Dental procedures, services, treatment, or supplies provided or commenced prior to the effective date of the covered person's coverage under the contract or after the termination date of coverage, unless otherwise indicated.
2. Charges for completion of forms.
3. Charges for consultation.
4. Dental procedures, services, treatment, or supplies excluded as provided in the contract.
5. Dental procedures, services, treatment, or supplies not specifically covered under this contract.
6. Prescription drugs, premedications, or relative analgesia.
7. Charges for anesthesia other than charges by a provider for administering general anesthesia in connection with covered oral surgery (cutting procedures).
8. Preventive control programs.
9. Charges by any hospital or other surgical or treatment facility, or any additional fees charged by a provider for treatment in any such facility.
10. Charges for treatment of, or services related to, temporomandibular joint dysfunction.
11. Dental procedures, services, treatment, and supplies that are determined to be partially or wholly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances.
12. Crowns placed on covered persons under age 12, other than prefabricated crowns.
13. Prosthetics placed on covered persons under age 16.
14. Dental procedures, services, treatment, or supplies which are experimental or investigational.
15. Dental procedures, services, treatment, or supplies which are for any illness or bodily injury which occurs in the course of employment if a benefit or compensation is available, in whole or in part, under the provision of any law or regulation or any government unit. This exclusion applies whether or not the covered person claims the benefits or compensation.
16. Dental procedures, services, treatment, or supplies received from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust, VA hospital, or similar person or entity.
17. Dental procedures, services, treatment, or supplies which are not dentally necessary or which do not meet generally accepted standards of dental practice.
18. Dental procedures, services, treatment, or supplies resulting from a covered person's failure to comply with professionally prescribed treatment.
19. Charges for failure to keep a scheduled appointment.
20. Office infection control charges.
21. Charges for copies of a covered person's records, charts or x-rays, or any costs associated with forwarding/mailing copies of a covered person's records, charts, or x-rays.
22. Charges submitted by a provider which are for the same services performed on the same date for the same covered person by another provider.
23. Dental procedures, services, treatment, or supplies provided free of charge by any governmental unit, except as pursuant to Title XIX of the Social Security Act or where this exclusion is prohibited by law.
24. Dental Procedures, services, treatment, or supplies for which the covered person would have no obligation to pay in the absence of this or any similar coverage.
25. Dental procedures, services, treatment, or supplies which are for specialized procedures and techniques for which there is not an associated Current Dental Terminology (CDT) Code approved by the American Dental Association.
26. Dental procedures, services, or treatment which are performed by a provider who is compensated by a facility for similar covered services performed for covered persons.
27. Plaque control programs, oral hygiene instruction, and dietary instructions.
28. Dental procedures, services, treatment, or supplies for injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is paid or payable under a plan or policy of motor vehicle insurance, including a certified self-insurance plan.
29. Dental procedures, services, treatment, or supplies for injuries resulting from war or act of war, whether declared or undeclared, or from police or military service for any country or organization.
30. Adjustment of a denture or bridgework which is made within 6 months after installation by the same provider who installed it.
31. Use of material or home health aids to prevent decay, such as toothpaste, fluoride gels, dental floss, and teeth whiteners.
32. Cone Beam Imaging, MRI, and ultrasound procedures.
33. Sealants for teeth other than permanent molars.
34. Sealants provided to a covered person who is over the age of 18.
35. Precision attachments, personalization, precious metal bases, and other specialized techniques.
36. Medically necessary orthodontic services provided to a covered person who is over the age of 18.
37. Medically necessary orthodontic services if a predetermination of benefits has not been approved by Delta Dental.
38. Unless the contract shows that the customer has chosen the optional orthodontic benefit, orthodontic services except for medically necessary orthodontic services.
39. Repair of damaged orthodontic appliances.
40. Replacement of lost or missing appliances.
41. Fabrication of athletic mouth guard.
42. Internal or external bleaching.
43. Nitrous oxide.
44. Topical medicament carrier.
45. Bone grafts when done in connection with extractions, apicoectomies, or noncovered/non-eligible implants.
46. When two or more services are itemized separately and the services are considered part of the same service, Delta Dental will benefit the most comprehensive service (the service that includes the other service or services) as determined by Delta Dental.
47. When two or more services are submitted on the same day and the services are considered mutually exclusive (when one service contradicts the need for the other service), Delta Dental will pay for the service that represents the final treatment as determined by Delta Dental.
48. Appliances, restorations, or procedures for:
  - a. increasing vertical dimension;
  - b. restoring occlusion;
  - c. correcting harmful habits;
  - d. replacing tooth structure lost by attrition, erosion, abrasion, or abfraction;
  - e. correcting congenital or developmental malformations except in newly born children or in conjunction with medically necessary orthodontic services;
  - f. replacement, provisional and temporary services, treatment, or supplies;
  - g. splints, unless necessary as a result of accidental injury.
49. Dental procedures, services, treatment, or supplies provided by an individual other than a provider.
50. Dental procedures, services, treatment, or supplies to treat injuries or diseases caused by riots or any form of civil disobedience.
51. Dental procedures, services, treatment, or supplies to treat injuries sustained while committing a felony or engaging in an illegal occupation.
52. Dental procedures, services, treatment, or supplies to treat injuries intentionally inflicted.

- 53. Replacement of lost or stolen dentures or charges for duplicate dentures.
  - 54. Dental procedures, services, treatment, or supplies in cases for which, in the professional judgment of the attending provider, a satisfactory result cannot be obtained.
  - 55. Local anesthetic is covered as part of a dental procedure, service or treatment. General anesthetic or intravenous sedation is a Benefit only when billed with covered oral surgery (cutting procedures).
  - 56. The repair and replacement of orthodontic appliances.
  - 57. Pre-diagnostic services, oral pathology laboratory procedures, and diagnostic tests and examinations other than pulp vitality tests.
  - 58. Surgical removal of impacted third molars if a predetermination of Benefits has not been approved by Delta Dental.
- For employers offering open enrollment, an employee who waived or dropped coverage may enroll only during the open-enrollment period. Waiting periods may apply.
  - Delta Dental small-business plans include coverage for teeth lost prior to the effective date, and pre-existing conditions.
  - A Delta Dental small-business plan must be the only dental plan offered.
  - Rates are guaranteed for 12 months from the effective date of coverage.
  - Optional orthodontic coverage is available only to customers of 10 or more enrolled employees.
  - If orthodontic coverage is purchased, all families must accept the orthodontic benefit with the same maximum.

## Limitations


Coverage for some services under the plan is subject to frequency and age limitations. These limitations and restrictions are described in the handbook and contract. Copies of these materials are available by calling Delta Dental of Wisconsin at 800-236-3713.



## Requirements and Considerations

- The plan must be sponsored by the employer. The employer will collect premiums via payroll deduction.
- A clear employer-employee relationship must exist.
- Employment must be full-time, year-round and not experience seasonal layoffs.
- The business has not been cancelled by another dental carrier within the past 36 months.
- Benefit-accumulation period and out-of-pocket costs, if applicable, are calendar-year.
- Subscribers may use the national Delta Dental Premier and Delta Dental PPO provider networks, except as noted in the plan description.
- Retirees are not eligible unless all active employees are eligible for the plan.
- Only customer-billing format is available; no individual billings can be accommodated. Individual COBRA billings are not available.
- The covered person's coinsurance is based on the maximum plan allowance.
- All contracted services are available to the covered person upon the date of eligibility. Note: Benefit waiting periods may apply.


## Adult-Only Companion Plans



The companion plans provide coverage for individuals age 19 and older, with the opportunity to add optional orthodontic coverage for dependent children to age 19. They are best utilized when pediatric dental is embedded in the enrollee's medical health plan.

Delta Dental PPO plus Premier™ <b>Adult High Plan Option (2-49 enrollees)</b>	 See a Delta Dental PPO Provider	See a Delta Dental Premier or Any Other Provider
<b>Annual Deductible Options - Individual/Family</b>	\$25 / \$75+ \$50 / \$150 \$75 / \$225+	\$25 / \$75+ \$50 / \$150 \$75 / \$225+
<b>Individual Annual Maximum</b>	\$1,000 \$1,500+ \$2,000+	\$1,000 \$1,500+ \$2,000+
<b>CheckUp Plus™</b> CheckUp Plus™ lets enrollees obtain dental services such as evaluations, X-rays, cleanings, fluoride, sealants, and space maintainers without those costs reducing their plan-year individual annual maximum ( <i>see contract for details</i> )	Included	Included
<b>Wellness Services</b> Cleanings	100%*	100%*
<b>Diagnostic Services</b> Evaluations once every six months, bitewing X-rays once every 12 months, full-mouth X-rays every five years	100%*	100%*
<b>Basic Restorative Services</b> Emergency treatment to relieve pain, fillings, and simple extractions	80%*	80%*
<b>Major Restorative Services</b> Root canal therapy, gum disease treatment, oral surgery, crowns, complete and partial dentures, implants, fixed bridges, repairs and adjustments	50%*	50%*
<b>Orthodontic Services (optional)</b> If the customer has 10 or more enrolled employees, it may choose to include orthodontic coverage. Coverage applies for dependent children to age 19	50%*	50%*
<b>Lifetime Orthodontic Maximum Options</b>	\$1,000 \$1,500 \$2,000	\$1,000 \$1,500 \$2,000
<b>Dependent Age Limitation</b>	19 (for orthodontia) 19-26 (for all other services)	19 (for orthodontia) 19-26 (for all other services)

This plan also includes:  

\*Deductible applies. In the case of Wellness and Diagnostic Services, the deductible applies only for customers of two to four enrolled.  
 \*Not available for customers of two to four enrolled.  
 Note: Customers of 5-49 may buy-up oral surgery, endodontics, and surgical and non-surgical periodontics coverage to the Basic Services level.

Delta Dental PPO plus Premier™ Adult Low Plan Option (5-49 enrollees)	 See a Delta Dental PPO Provider	See a Delta Dental Premier or Any Other Provider
Annual Deductible Options - Individual/Family	\$25 / \$75	\$50 / \$150
Individual Annual Maximum	\$1,000	\$750
<b>CheckUp Plus™</b> CheckUp Plus™ lets enrollees obtain dental services such as evaluations, X-rays, cleanings, fluoride, sealants, and space maintainers without those costs reducing their plan-year individual annual maximum ( <i>see contract for details</i> )	Included	Included
<b>Wellness Services</b> Cleanings	100%	80%*
<b>Diagnostic Services</b> Evaluations once every six months, bitewing X-rays once every 12 months, full-mouth X-rays every five years	100%	80%*
<b>Basic Restorative Services</b> Emergency treatment to relieve pain, fillings	80%*	50%*
<b>Major Restorative Services</b> Root canal therapy, gum disease treatment, oral surgery and simple extractions, crowns, complete and partial dentures, implants, fixed bridges, repairs and adjustments	50%*	40%*
<b>Orthodontic Services (optional)</b> If the customer has 10 or more enrolled employees, it may choose to include orthodontic coverage. Coverage applies for dependent children to age 19	50%*	50%*
Lifetime Orthodontic Maximum Options	\$1,000	\$750
Dependent Age Limitation	19 (for orthodontia) 19-26 (for all other services)	19 (for orthodontia) 19-26 (for all other services)

This plan also includes:  

\*Deductible applies

# Underwriting Guidelines - Adult-Only Plans

Acceptance is not guaranteed. Approval of coverage is contingent upon underwriting acceptance.

## Exclusions

1. Dental procedures, services, treatment or supplies provided or commenced prior to the effective date of the subscriber's or covered dependent's coverage under this contract or after the termination date of coverage, unless otherwise indicated.
2. Dental procedures, services, treatment or supplies to treat injuries or conditions compensable under worker's compensation or employer's liability laws.
3. Charges for completion of forms.
4. Charges for consultation.
5. Dental procedures, services, treatment or supplies not specifically covered under this contract or excluded by Delta Dental rules and regulations, including Delta Dental processing policies, which may change periodically and are printed on the Explanation of Benefits and Explanation of Payment forms.
6. Prescription drugs, premedications or relative analgesia.
7. Preventive control programs.
8. Charges for failure to keep a scheduled appointment.
9. Charges by any hospital or other surgical or treatment facility, or any additional fees charged by a provider for treatment in any such facility.
10. Charges for treatment of, or services related to, temporomandibular joint dysfunction.
11. Dental procedures, services, treatment and supplies that are determined to be partially or wholly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances.
12. Appliances, restorations, or procedures for: (a) increasing vertical dimension; (b) restoring occlusion; (c) correcting harmful habits; (d) replacing tooth structure lost by attrition, erosion, abrasion, or abfraction; (e) correcting congenital or developmental malformations except in newly born children; (f) replacement, provisional and temporary services; (g) splints, unless necessary as a result of accidental injury.
13. Dental procedures, services, treatment or supplies provided by an individual other than a provider;
14. Dental procedures, services, treatment or supplies to treat injuries or diseases caused by riots or any form of civil disobedience.
15. Dental procedures, services, treatment or supplies to treat injuries sustained while committing a felony or engaging in an illegal occupation.
16. Dental procedures, services, treatment or supplies to treat injuries intentionally inflicted;
17. Replacement of lost or stolen dentures or charges for duplicate dentures.
18. Dental procedures, services, treatment or supplies in cases for which, in the professional judgment of the attending provider, a satisfactory result cannot be obtained.
19. Local anesthetic is covered as a part of a dental procedure, service or treatment. General anesthetic or intravenous sedation is a benefit only when billed with covered oral surgery (cutting procedures).
20. If orthodontic procedures are included as benefits under this contract, the repair and replacement of orthodontic appliances is not covered.
21. Coverage for anyone under age 19 except for orthodontic coverage if covered by the contract.

## Limitations

Coverage for some services under the plan is subject to frequency and age limitations. These limitations and restrictions are described in the handbook and customer contract. Copies of these materials are available by calling Delta Dental of Wisconsin at 800-236-3713.

## Requirements and Considerations

- The plan must be sponsored by the employer. The employer will collect premiums via payroll deduction.
- A clear employer-employee relationship must exist.
- Employment must be full-time, year-round and not experience seasonal layoffs.
- The business has not been cancelled by another dental carrier within the past 36 months.
- Benefit-accumulation period and out-of-pocket costs, if applicable, are calendar-year.
- Subscribers may use the national Delta Dental Premier and Delta Dental PPO provider networks, except as noted in the plan description.
- Retirees are not eligible unless all active employees are eligible for the plan.
- Only customer-billing format is available; no individual billings can be accommodated. Individual COBRA billings are not available.
- The covered person's coinsurance is based on the maximum plan allowance.
- All contracted services are available to the covered person upon the date of eligibility. Note: Benefit waiting periods may apply.
- For employers offering open enrollment, an employee who waived or dropped coverage may enroll only during the open-enrollment period. Waiting periods may apply.
- Delta Dental small business plans include coverage for teeth lost prior to the effective date, and pre-existing conditions.

- A Delta Dental small business plan must be the only dental plan offered.
- Rates are guaranteed for 12 months from the effective date of coverage, depending on the plan chosen.
- Optional orthodontic coverage is available only to customers of 10 or more enrolled employees.
- If orthodontic coverage is purchased, all families must accept the orthodontic benefit with the same maximum.

## For 2 to 4-enrolled plans only

- Two-person customers may not consist of enrollees residing at the same address.
- A company wage and tax statement must accompany the small business application.
- The total number of eligible employees and dependents participating must be equal to or greater than the percentage of the employer contribution. Example: With an employer contribution of 75 percent, a minimum of 75 percent of eligible employees must participate.

## Rate adjustments

Certain business and industry types are eligible for the program however may require a rate adjustment on standard rates. If you are uncertain about the industry type and whether a rate adjustment would apply, contact the sales department. See last page for complete contact information.

**Corporate Office**

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