

# Optional Transitional Relief Dental Coverage

Optional dental coverage includes a variety of routine, basic, and major dental services.

- Annual Maximum Benefit: \$500 per individual
- Annual Deductible: \$50 per individual
- Out-of-pocket savings for all services provided by Delta Dental PPO dentists
- Higher out-of-pocket costs for services provided by non-Delta Dental PPO dentists
- To find a Delta Dental PPO dentist, visit [deltadentalwi.com](http://deltadentalwi.com)
- Covers dependent children: up to age 26



## SUMMARY OF SERVICES

Diagnostic & Preventive Care	You Pay*	Frequency
Regular cleanings	20%	2 per year
Routine exams	20%	2 per year
Bitewing X-rays	20%	1 set per year
Full-mouth X-rays	20%	1 every 5 years
Sealants—per tooth	20%	1 per lifetime to age 19
Emergency exam	20%	
Restorative Services‡	You Pay*	Frequency
Fillings	50%	6-month waiting period
Simple extractions	50%	6-month waiting period
Oral surgery	50%	12-month waiting period
Endodontic services	50%	12-month waiting period
Periodontic services**	50%	12-month waiting period
Crowns	50%	24-month waiting period+
Prosthodontics fixed	50%	24-month waiting period+
Prosthodontics removable	50%	24-month waiting period+

Waiting period waived with proof of continuous insurance coverage from Delta Dental of Wisconsin for at least two years.

- \* Percent you pay after \$50 deductible is met.
- \*\* Provides additional Evidence-Based Integrated Care Plan benefits for people with specific medical conditions.
- + Replacement of a defective existing appliance 10 years after its original placement date.
- ‡ Predetermination of benefits is strongly encouraged before restorative services are scheduled.

## DENTAL RATES (Effective Jan. 1, 2020)

Age	Adult Rate <sup>1</sup>	# of Children	Child Rate <sup>1</sup>
<30	\$19.46	1	\$19.59
30-34	\$22.73	2	\$39.18
35-39	\$24.07	3+	\$67.46
40-44	\$25.96		
45-49	\$28.60		
50-54	\$30.56		
55-59	\$32.43		
60-64	\$32.43		
65+	\$37.09		

<sup>1</sup>Monthly Rate

**IMPORTANT:** This plan summary provides only a general description of benefits and limitations. A detailed description of coverage is in the applicable policy.

Coverage is subject to all the terms and conditions of the policy and any endorsements. The policy is your contract of insurance. If there is ever a discrepancy between the policy and this plan summary, the policy has final authority.



Plan underwritten by  
Delta Dental of Wisconsin



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