

Optional Dental Coverage

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

- Annual Maximum Benefit: \$1,200 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
- Covers dependent children up to age 26



Summary of Services

| Diagnostic and 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% | 12-month waiting period+ |
| Prosthodontics fixed | 50% | 12-month waiting period+ |
| Prosthodontics removable | 50% | 12-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, 2021)

| Age | Adult Rate ¹ | # of Children | Child Rate ¹ |
|-------|-------------------------|---------------|-------------------------|
| <30 | \$21.82 | 1 | \$21.96 |
| 30-34 | \$25.49 | 2 | \$43.92 |
| 35-39 | \$26.98 | 3+ | \$75.63 |
| 40-44 | \$29.10 | | |
| 45-49 | \$32.06 | | |
| 50-54 | \$34.26 | | |
| 55-59 | \$36.35 | | |
| 60-64 | \$36.35 | | |
| 65+ | \$41.58 | | |

¹Monthly 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's 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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