

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

- Annual maximum benefit: \$500 per individual, with opportunity to be as much as \$1,500 (*Includes Maximum Benefit Bonus—unused annual \$500 maximum will be rolled for use in future years up to \$1,500*)
- Annual deductible: \$50 per individual
- Out-of-pocket savings for all covered services provided by Delta Dental PPO dentists. You are only responsible for your deductible and coinsurance.
- Higher out-of-pocket costs for services provided by non-Delta Dental PPO dentists. In addition to the deductible, you are responsible for paying any amounts that exceed the allowable amount.
- Dependent children: Up to age 26
- To find a **Delta Dental PPO dentist**, visit deltadentalwi.com

| Summary of Services | Coinsurance* | Frequency |
|---------------------------------------|--------------|-----------------------------|
| DIAGNOSTIC AND PREVENTIVE CARE | | |
| ▪ Regular Cleanings | 80% | 2 per year |
| ▪ Routine Exams | 80% | 2 per year |
| ▪ Bitewing X-rays | 80% | 1 set per year |
| ▪ Full mouth X-rays | 80% | 1 every 5 years |
| ▪ Sealants (per tooth) | 80% | 1 per lifetime up to age 19 |
| ▪ Emergency Exam | 80% | |

| Summary of Services | Coinsurance* | Waiting Period |
|------------------------------|--------------|--------------------------------------|
| RESTORATIVE SERVICES‡ | | |
| ▪ 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 we 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.

See back of insert for rates

Dental Rates

Effective 8/1/2018

| Age | Adult Rate | # of Children | Child Rate |
|-------|--------------|---------------|------------|
| <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+ | Not eligible | | |

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:



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