

Optional Dental Coverage



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 8/1/2019

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:



1717 W. Broadway | P.O. Box 8190
Madison, WI 53708-8190
wpshealth.com