



YOUR DENTAL BENEFITS

Prepared for the employees of Monona Grove School District

The summary below does not cover all plan details. Further information can be found in the Summary Plan Description or dental benefit handbook. That document provides a thorough explanation of your dental plan, including any limitations or exclusions that might apply. If there are any discrepancies between information found here and the group contract, the group contract shall govern.

Exclusive Provider Option (EPO) Plan Must see a PPO provider for benefits	EPO Plan		Passive PPO Plan	
	Delta Dental PPO™ Network	Delta Dental Premier® Network or Out-of-Network *	Delta Dental PPO™ Network	Delta Dental Premier® Network or Out-of-Network *
Individual Annual Maximum	\$2,000	No coverage	\$2,000	\$2,000
Deductible	\$0	No coverage	\$0	\$0
Diagnostic & Preventive Exams, cleanings, fluoride treatments^, X-rays, space maintainers, sealants^, emergency treatment to relieve pain	100%	No coverage	100%	100%
Basic & Major Services Fillings, root canals, extractions, oral surgery, crowns, implants	100%	No coverage	100%	100%
Treatment of gum disease	100%	No coverage	80%	80%
Bridges, dentures	50%	No coverage	50%	50%
Repairs and adjustments to bridges and dentures	50%	No coverage	50%	50%
Orthodontic Services Coverage copayment Individual lifetime maximum Dependents eligible to Adult orthodontics	50% \$2,000 Age 26 No	No coverage	50% \$2,000 Age 26 No	50% \$2,000 Age 26 No
Dependent Eligibility	Dependents are covered to the end of the month they turn 26	No coverage	Dependents are covered to the end of the month they turn 26	

^ Age limitations may apply

* If you visit an out-of-network provider, you will be responsible for the difference between the provider's charges and the amount your Delta Dental plan pays.

Regardless of the provider you see, you will be responsible for your plan's deductible, coinsurance, and fees for services that are not covered benefits under your plan.