DELTA DENTAL

Your Dental Benefits

Specially Prepared for the Employees of *Verona Area 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.

Benefit Plan Design		Delta Dental PPO© When you see a Delta Dental PPO provider	Delta Dental Premier When you see a Delta Dental Premier or any other provider*
Individual Annual Maximum		$1,250	$1,250
Deductible	**Individual**	$50	$50
	Family	$150	$150
Dependent Eligibility			
Dependents are eligible through the end of the month in which they attain age 26			
Diagnostic & Preventive Services			
Exams		100%	100%
Cleanings		100%	100%
Fluoride treatments^		100%	100%
X-rays		100%	100%
Sealants^		100%	100%
Space maintainers		100%	100%
Deductible applies		No	No
Basic & Major Services			
Emergency treatment to relieve pain		85%	85%
Fillings		85%	85%
Endodontics – nonsurgical		85%	85%
Endodontics – surgical		85%	85%
Periodontics – nonsurgical		85%	85%
Periodontics – surgical		85%	85%
Extractions – nonsurgical		85%	85%
Extractions – surgical and other oral surgery		85%	85%
Crowns, inlays, onlays		80%	80%
Bridges and dentures		50%	50%
Repairs and adjustments to bridges and dentures		85%	85%
Implants		50%	50%
Deductible applies		Yes	Yes
Orthodontic Services			
Coverage copayment		50%	50%
Individual lifetime maximum		$2,000	$2,000
Dependents eligible to age		26	26
Adult ortho		Yes	Yes
Deductible applies		No	No
Special Plan Provisions **(see following pages for more information)**			
Evidence-Based Integrated Care Plan		Yes	Yes
CheckUp Plus		Yes	Yes
Special Health Care Needs Benefit		Yes	Yes

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.

*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.

^Age limitations may apply.

Special Plan Provisions

Your group dental plan from Delta Dental of Wisconsin includes one or more special features designed to encourage good oral health and promote overall health. Details of these provision(s) are addressed in the policy amendments provided with your dental plan handbook. Below is a brief summary.

Evidence-Based Integrated Care Plan: Expanded benefits for persons with medical conditions that have oral health implications

- Delta Dental of Wisconsin's Evidence-Based Integrated Care Plan (EBICP) option is included in your plan. It provides additional benefits for persons with medical conditions that have oral-health implications. Conditions include:
    - Diabetes
    - Pregnancy
    - High risk cardiac conditions
    - Kidney disease
    - Weakened immune system
    - Cancer therapy
    - Periodontal disease
- EBICP's unique enrollment mechanism requires no medical claims be filed.
- EBICP requires self-enrollment by the patient or his/her provider at www.deltadentalwi.com, or by calling 800-236-3712.

CheckUp Plus™

- CheckUp Plus™ lets you obtain diagnostic and preventive services - including examinations, X-rays, regular cleanings and other related treatments - without the costs of those services applying to your individual annual maximum.
- The full value of your annual maximum is applied to the benefits you receive for basic and major restorative services.
- CheckUp Plus™ promotes regular visits to the provider for exams and cleanings, which can improve your oral health and overall health.

Special Health Care Needs Benefit is included on this plan.

- Members with a diagnosed special health care need that impacts their ability to get routine care may be eligible for additional services. Services include extra office visits, consultations, and dental cleanings as well as treatment modifications including limited anesthesia and nitrous oxide when necessary.
    - View more info at: deltadentalwi.com/SHCNB
    - Provider must verify member meets condition criteria

Confirming Your Coverage

If you are not sure of the effective date of your coverage, please call Delta Dental at 800-236-3712 before you have any dental work done.

Also, before scheduling appointments for extensive dental care, you may ask your provider to send the treatment plan to Delta Dental. The plan will be reviewed by Delta Dental and you and your provider will receive a **Predetermination of Benefits** form. You and your provider may then discuss the treatment and your out-of-pocket costs. Delta Dental encourages you to be informed about your dental care.

Delta Dental's Website

www.deltadentalwi.com has a lot to offer. You can use it to obtain coverage information under your plan, check the status of a claim, find a network provider, evaluate your oral health and learn ways to improve and protect it.

Visit **www.deltadentalwi.com** for eligibility, claims or provider information.

We are also available every weekday from 7:30 a.m. to 5 p.m. (Central Time) to answer your questions. Call us at 800-236-3712. We look forward to talking with you!