Delta Dental of Wisconsin City of Madison

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.

| Individual annual maximum | Summary of Benefits | | Delta PPODelta PremierWhen you see aWhen you see aDelta DentalDelta DentalPPO dentistPremier dentist | | W | Noncontracted When you see a noncontracted dentist | |
|--|---|-----------------|--|-------------------|-------------------|--|-----------------------|
| Dependent Eligibility | Individual annual maximum | | \$1,000 | | \$1,000 | \$1,000 | |
| Dependents are eligible to the end of the month in which they attain age 26 regardless of full-time student status: except as noted for orthodontics | Deductible In | ndividual | \$25 | | \$50 | | \$50 |
| Exams | | th in which the | ey attain age 26 regardles | ss of full-time s | student status: e | except as no | oted for orthodontics |
| Exams | Diagnostic & preventive services | | | | | | |
| Cleanings | | | 100% | | 90% | | 90% |
| Fluoride treatments | | | | | | | |
| X-rays | | | | | | | |
| Space maintainers | | | | | | | : |
| Deductible applies? No Yes Yes | | | | | | | |
| Basic & major services Sealants Sealan | | | | | | | <u>:</u> |
| Sealants | Deductible applies? | | No | | Yes | | Yes |
| Sealants | Basic & major services | | | | | | |
| Emergency treatment to relieve pain 90% 80% 80% Fillings 90% 80% 80% Extractions – nonsurgical 90% 80% 80% Extractions – surgical and other oral surgery 90% 80% 80% Repairs and adjustments to bridges and dentures 90% 50% 50% Endodontics – nonsurgical 60% 50% 50% Endodontics – surgical 60% 50% 50% Periodontics – surgical 60% 50% 50% Periodontics – surgical 60% 50% 50% Crowns, inlays, onlays 60% 50% 50% Bridges and dentures 60% 50% 50% Bridges and entures | | | 90% | | 80% | | 80% |
| Fillings 90% 80% 80% Extractions – nonsurgical 90% 80% 80% Extractions – surgical and other oral surgery 90% 80% 80% Repairs and adjustments to bridges and dentures 90% 50% 50% Repairs and adjustments to bridges and dentures 90% 50% 50% Endodontics – nonsurgical 60% 50% 50% Periodontics – surgical 60% 50% 50% Periodontics – surgical 60% 50% 50% Crowns, inlays, onlays 60% 50% 50% Bridges and dentures 60% 50% 50% Bridges and dentures 60% 50% 50% Implantology 60% 50% 50% Implantology 60% 50% 50% Deductible applies? Yes Yes Orthodontic services Coverage copayment 50% 50% Individual lifetime maximum \$1,000 \$1,000 Dependents eligibl | | | | | | | |
| Extractions - nonsurgical 90% 80% | | | | | | | : |
| Extractions - surgical and other oral surgery 90% 80% 80% 80% | | | | | | | |
| Repairs and adjustments to bridges and dentures 90% 50% 50% | | urgory | | | | | • |
| Endodontics - nonsurgical 60% 50% 50% 50% Endodontics - surgical 60% 50% | Extractions – surgical and other oral s | urgery | 90% | | 00% | | 0076 |
| Endodontics – surgical 60% 50% 50% Periodontics – nonsurgical 60% 50% 50% Periodontics – surgical 60% 50% 50% Crowns, inlays, onlays 60% 50% 50% Bridges and dentures 60% 50% 50% Implantology 60% 50% 50% Deductible applies? Yes Yes Yes **Orthodontic services **Coverage copayment** Individual lifetime maximum \$1,000 Dependents eligible to age \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 Adult orthodontics \$1 19 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 | Repairs and adjustments to bridges ar | nd dentures | 90% | | 50% | | 50% |
| Periodontics - nonsurgical 60% 50% 50% 50% Feriodontics - surgical 60% 50% | Endodontics – nonsurgical | | 60% | | 50% | | 50% |
| Periodontics – surgical 60% 50% 50% Crowns, inlays, onlays 60% 50% 50% Bridges and dentures 60% 50% 50% Implantology 60% 50% 50% Deductible applies? Yes Yes Yes Orthodontic services Coverage copayment Individual lifetime maximum Individual lifetime students eligible to age Individual lifetime maximum Indivi | Endodontics – surgical | | 60% | | 50% | | 50% |
| Periodontics – surgical 60% 50% 50% Crowns, inlays, onlays 60% 50% 50% Bridges and dentures 60% 50% 50% Implantology 60% 50% 50% Deductible applies? Yes Yes Yes Orthodontic services Coverage copayment Individual lifetime maximum Individual lifetime students eligible to age Individual lifetime maximum Indivi | Periodontics – nonsurgical | | 60% | | 50% | | 50% |
| Crowns, inlays, onlays 60% 50% 50% Bridges and dentures 60% 50% 50% Implantology 60% 50% 50% Deductible applies? Yes Yes Yes Orthodontic services Coverage copayment 50% 50% 50% Individual lifetime maximum \$1,000 \$1,000 \$1,000 Dependents eligible to age 19 19 19 Full-time students eligible to age 19 19 19 Adult orthodontics No No No | | | 60% | | 50% | | 50% |
| Bridges and dentures 60% 50% 50% Implantology 60% 50% 50% Deductible applies? Yes Yes Yes Orthodontic services Coverage copayment 50% 50% 50% Individual lifetime maximum \$1,000 \$1,000 \$1,000 Dependents eligible to age 19 19 19 Full-time students eligible to age 19 19 19 Adult orthodontics No No No | · · · · · · · · · · · · · · · · · · · | | | | | | |
| Implantology 60% 50% 50% Deductible applies? Yes Yes Yes Orthodontic services Coverage copayment 50% 50% 50% Individual lifetime maximum \$1,000 \$1,000 \$1,000 Dependents eligible to age 19 19 19 Full-time students eligible to age 19 19 19 Adult orthodontics No No No | | | | | | | |
| Deductible applies? Yes Yes Yes Orthodontic services 50% 50% 50% Coverage copayment Individual lifetime maximum Individual lifetime Individual lifetime Individual lifetime Individual lifetime maximum Individual lifetime Individua | • | | | | | | |
| Orthodontic services Coverage copayment 50% 50% 50% Individual lifetime maximum \$1,000 \$1,000 \$1,000 Dependents eligible to age 19 19 19 Full-time students eligible to age 19 19 19 Adult orthodontics No No No | | | | | | | |
| Coverage copayment 50% 50% 50% Individual lifetime maximum \$1,000 \$1,000 \$1,000 Dependents eligible to age 19 19 19 Full-time students eligible to age 19 19 19 Adult orthodontics No No No | | | | | | | 100 |
| Individual lifetime maximum \$1,000 \$1,000 \$1,000 Dependents eligible to age 19 19 19 Full-time students eligible to age 19 19 19 Adult orthodontics No No No | | | | | | | |
| Dependents eligible to age 19 19 19 19 Full-time students eligible to age 19 19 19 19 Adult orthodontics No No No No | | | | | | | |
| Full-time students eligible to age 19 19 19 Adult orthodontics No No No | Individual lifetime maximum | | \$1,000 | | \$1,000 | | \$1,000 |
| Full-time students eligible to age 19 19 19 Adult orthodontics No No No | Dependents eligible to age | | 19 | | 19 | | 19 |
| Adult orthodontics No No No | | | 19 | | 19 | | 19 |
| | | | | | No | | • |
| | Deductible applies? | | | | | | |

Special Plan Provisions (see following pages for more information)

Evidence-Based Integrated Care Plan

Check-up Plus X-ray Frequency

Monthly Premiums

| Single | \$35.94 |
|------------------------------------|----------|
| Employee + Spouse/Domestic Partner | \$82.21 |
| Employee + Child(ren) | \$82.89 |
| Family | \$124.79 |

Rates are effective 1/1/2018 and guaranteed for 12 months.

Specially prepared for the employees of City of Madison

A Better PPO from Delta Dental

Delta Dental is the largest and oldest dental benefits specialist in the country. It was built on the guiding principle that dental benefits should be easy to use and hassle-free. Delta Dental of Wisconsin was founded in 1962 with the same goal. Combined, member companies of the Delta Dental Plans Association serve more than 54 million people in nearly 93,600 groups across the nation.

With some PPO plans, you don't get much choice of providers. And if you go out of network, you face a stiff penalty

from balance-billing by the provider. But your Delta Dental PPO plan is different. Our PPO network, which includes more than 141,000 dentist locations nationwide, is backed by our Premier network, which includes more than 220,000 dentist locations nationwide – more than 75% of the nation's dentists. Your lowest out-of-pocket



costs will come from seeing a Delta Dental PPO dentist, but you'll also enjoy cost advantages if you see a Premier dentist. That means savings on out-of-pocket costs **and** better choice. Here's an example:

| PPO Savings, With A "Safety Net" | Delta Dental PPO Dentist | Delta Dental Premier Dentist | Out-of- Network Dentist |
|---|-----------------------------|---------------------------------|-------------------------------|
| Dentist's Normal Fee | \$720 | \$720 | \$720 |
| Allowed Amount | \$590 | \$680 | \$680 |
| Dentist Fee Adjustment Due to Delta Agreement | \$130 | \$40 | None |
| 50% Benefit Paid by Plan | \$295 | \$340 | \$340 |
| Patient Responsibility | \$295 | \$340 | \$380 |

| | | Noncon | tracted De | ntists |
|--|-------------------|--------------------|------------|--------|
| Advantages of Delta Dental Network Dentists Delta Premier Network | | | | |
| | Delta PPO Network | O Network Dentists | | |
| Agreed-to fee ceilings (no balance-billing): Dentist agrees to fee ceilings. If his/her normal charge is higher than the fee ceiling, he/she can't pass the balance on to you. | | | V | |
| Additional fee schedule savings: Dentist agrees to a reduced fee schedule. Saves out-of-pocket expenses for you. | | | | |
| Convenient claims processing: Dentist is required to file claims on your behalf, saving you the hassle of doing so yourself. Claims payments go directly to the dentist. | | | V | |
| Treatment guarantees: Examples Repair or replace dental restorations should they fail within 24 months. | | | 1 | |

Confirming Your Coverage

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

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

Delta's Website

Delta's website has a lot to offer. You can use it to obtain information about coverage under your plan, check the status of your claims, find a network dentist, and learn ways to improve and protect your oral health.

For eligibility, claims or dentist information, visit our website at: www.deltadentalwi.com

Also, our Benefit Advisors are available every weekday from 7:30 a.m. to 5:00 p.m. (Central Time) to answer your questions. Call us at 800-236-3712. We look forward to talking with you!



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 as well. 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
 - Specific heart conditions that pose a risk of certain types of infection
 - Kidney failure or dialysis
 - o Suppressed immune system
 - Cancer therapy
 - o Periodontal disease
- EBICP's unique enrollment mechanism requires no medical claims be filed.
- EBICP requires self-enrollment by the patient or his/her dentist at Delta Dental's website, or by calling 800-236-3712.
- Learn more at http://www.deltadentalwi.com/your-health/medical-conditions.

Check-up Plus: Promoting wellness

- With Check-up Plus, you can obtain diagnostic and preventive services without the costs of those services applying to your individual annual maximum. (Diagnostic and preventive services include examinations, x-rays, regular cleanings and other related treatments).
- The full value of your annual maximum is applied to the benefits you receive for basic and major restorative services.
- Check-up Plus promotes regular visits to the dentist for exams and cleanings, which can improve your oral health and overall health.

X-ray frequency

- Experts at the Department of Health and Human Services, the Food and Drug Administration and the American Dental Association recommended that patients at a low risk of chronic diseases such as cavities and periodontal disease receive less frequent exposure to dental x-rays.
- In line with these recommendations our dental plan will allow bitewing x-rays one time per 12-month period, and full-mouth x-rays once each 5 years for all patients