

# Benefit Summary

## Dental Plan – Option A

### Summary of Benefits

		<b>Delta PPO</b> <i>When you see a Delta Dental PPO dentist</i>	<b>Delta Premier</b> <i>When you see a Delta Dental Premier or any other dentist</i>
<b>PPO Fee Schedule Savings</b> <i>(see enclosed information for details)</i>		<b>Yes</b>	<b>No</b>
<b>Individual Annual Maximum</b>		<b>\$1,000</b>	<b>\$1,000</b>
<b>Deductible</b>	<b>Individual Family</b>	<b>\$50 \$150</b>	<b>\$50 \$150</b>
<b>Diagnostic &amp; Preventive Services</b>			
Exams		100%	100%
Cleanings		100%	100%
Fluoride treatments		100%	100%
X-rays		100%	100%
Space maintainers		100%	100%
Deductible applies?		No	No
<b>Basic &amp; Major Services</b>			
Sealants		80%	80%
Emergency treatment to relieve pain		80%	80%
Fillings		80%	80%
Endodontics – nonsurgical		80%	80%
Endodontics – surgical		80%	80%
Periodontics – nonsurgical		80%	80%
Periodontics – surgical		80%	80%
Extractions – nonsurgical		80%	80%
Extractions – surgical and other oral surgery		80%	80%
Crowns, inlays, onlays		50%	50%
Bridges and dentures		50%	50%
Repairs and adjustments to bridges and dentures		50%	50%
Deductible applies?		Yes	Yes
<b>Orthodontic Services</b>			
Coverage copayment		50%	50%
Individual lifetime maximum		\$1,000	\$1,000
Dependents eligible to age		19	19
Full-time students eligible to age		19	19
Adult orthodontics		No	No
Deductible applies?		Yes	Yes
<b>Dependent Eligibility</b>			
Dependents eligible to 19			
Full-time students to 25			

### Monthly Rates (rates guaranteed through December 31, 2009)

#### Group size 2-4

Employee ..... \$46.33  
 Employee & One ..... \$90.00  
 Employee w/Family .. \$137.12

#### Group size 5-9

Employee ..... \$39.25  
 Employee & One ..... \$76.08  
 Employee w/Family .... \$120.57

#### Group size 10-24

Employee ..... \$30.46  
 Employee & One ..... \$59.05  
 Employee w/Family ..... \$97.28

# Benefit Summary

## Dental Plan – Option B

### Summary of Benefits

		<b>Delta PPO</b> <i>When you see a Delta Dental PPO dentist</i>	<b>Delta Premier</b> <i>When you see a Delta Dental Premier or any other dentist</i>
<b>PPO Fee Schedule Savings</b> <i>(see enclosed information for details)</i>		<b>Yes</b>	<b>No</b>
<b>Individual Annual Maximum</b>		<b>\$1,000</b>	<b>\$1,000</b>
<b>Deductible</b>	<b>Individual Family</b>	<b>\$50 \$150</b>	<b>\$50 \$150</b>
<b>Diagnostic &amp; Preventive Services</b>			
Exams		100%	100%
Cleanings		100%	100%
Fluoride treatments		100%	100%
X-rays		100%	100%
Space maintainers		100%	100%
Deductible applies?		No	No
<b>Basic &amp; Major Services</b>			
Sealants		80%	80%
Emergency treatment to relieve pain		80%	80%
Fillings		80%	80%
Extractions – nonsurgical		80%	80%
Endodontics – nonsurgical		50%	50%
Endodontics – surgical		50%	50%
Periodontics – nonsurgical		50%	50%
Periodontics – surgical		50%	50%
Extractions – surgical and other oral surgery		50%	50%
Crowns, inlays, onlays		50%	50%
Bridges and dentures		50%	50%
Repairs and adjustments to bridges and dentures		50%	50%
Deductible applies?		Yes	Yes
<b>Orthodontic Services</b>			
Coverage copayment		50%	50%
Individual lifetime maximum		\$1,000	\$1,000
Dependents eligible to age		19	19
Full-time students eligible to age		19	19
Adult orthodontics		No	No
Deductible applies?		Yes	Yes
<b>Dependent Eligibility</b>			
Dependents eligible to 19			
Full-time students to 25			

### Monthly Rates (rates guaranteed through December 31, 2009)

#### Group size 2-4

Employee ..... \$42.39  
 Employee & One ..... \$82.35  
 Employee w/Family .. \$125.46

#### Group size 5-9

Employee.....\$35.92  
 Employee & One.....\$69.62  
 Employee w/Family....\$110.33

#### Group size 10-24

Employee ..... \$27.87  
 Employee & One ..... \$54.03  
 Employee w/Family ..... \$89.01

# Benefit Summary

## Individual Dental Plan

### Summary of Benefits

**Delta PPO**  
When you see a  
Delta Dental  
PPO dentist

**Delta Premier**  
When you see a  
Delta Dental Premier  
or any other dentist

### PPO Fee Schedule Savings *(see enclosed information for details)*

**Yes**

**No**

### Individual Annual Maximum

**\$1,000**

**\$1,000**

### Deductible

**Individual  
Family**

**\$50  
\$150**

**\$50  
\$150**

### Diagnostic & Preventive Services

Exams	100%	100%
Cleanings	100%	100%
Fluoride treatments	100%	100%
X-rays	100%	100%
Space maintainers	100%	100%
Deductible applies?	Yes	Yes

### Basic & Major Services

Sealants	80%	80%
Emergency treatment to relieve pain	80%	80%
Fillings	80%	80%
Endodontics – nonsurgical	80%	80%
Endodontics – surgical	80%	80%
Periodontics – nonsurgical	80%	80%
Periodontics – surgical	80%	80%
Extractions – nonsurgical	80%	80%
Extractions – surgical and other oral surgery	80%	80%
Crowns, inlays, onlays	50%	50%
Bridges and dentures	50%	50%
Repairs and adjustments to bridges and dentures	50%	50%
Deductible applies?	Yes	Yes

### Orthodontic Services

Coverage copayment	50%	50%
Individual lifetime maximum	\$1,000	\$1,000
Lifetime deductible	\$1,000	\$1,000
Dependents eligible to age	19	19
Full-time students eligible to age	19	19
Adult orthodontics	No	No
Deductible applies?	Yes	Yes

### Dependent Eligibility

Dependents eligible to 19  
Full-time students to 25

### Monthly Rates *(rates guaranteed through December 31, 2009)*

Individual Only .....	\$42.69
Individual & Spouse .....	\$85.37
Individual & Child(ren) .....	\$91.27
Individual w/Family .....	\$143.97

**Benefit Design** Your dental benefit plan provides a comprehensive program to ensure your dental health. Coverage is included for important preventive care, and also for treatment needed as a result of dental disease or accidental injury.

The benefit summaries do not cover all plan details. Further information can be found in the summary plan descriptions or dental benefit handbook. Those documents provide 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.

## 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 45 million people in nearly 76,000 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 460 dentists statewide, is backed by our Premier network, which includes more than 2,400 Wisconsin dentists, over 80% of the state'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:

Your Delta Dental PPO		
PPO Network	DeltaPremier "Safety Net"	Non-network
Traditional PPOs		
PPO Network	Non-network: No protection from balance-billing	

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
<b>Dentist Fee Adjustment Due to Delta Agreement</b>	<b>\$130</b>	<b>\$40</b>	<b>None</b>
<b>50% Benefit Paid by Plan</b>	<b>\$295</b>	<b>\$340</b>	<b>\$340</b>
<b>Patient Responsibility</b>	<b>\$295</b>	<b>\$340</b>	<b>\$380</b>

Advantages of Delta Dental Network Dentists	Noncontracted Dentists	
	Delta Premier Network Dentists	Noncontracted Dentists
	Delta PPO Network Dentists	Noncontracted Dentists
<b>Agreed-to fee ceilings (no balance-billing):</b> <i>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.</i>	✓	✓
<b>Additional fee schedule savings:</b> <i>Dentist agrees to a reduced fee schedule. Saves out-of-pocket expenses for you.</i>	✓	
<b>Convenient claims processing:</b> <i>Dentist is required to file claims on your behalf, saving you the hassle of doing so yourself. Claims payments go directly to the dentist.</i>	✓	✓
<b>Treatment guarantees:</b> <i>Examples -- Repair or replace dental restorations should they fail within 24 months.</i>	✓	✓

## How To Enroll

Please contact the Wisconsin Medical Society Insurance & Financial Services, Inc. at 866.442.3810 to speak with an agent. In order to process an enrollment request, our office will need a completed and signed application along with a check made payable to Delta Dental for one month's premium amount.

For eligibility, claims or dentist information, visit Delta Dental's website at: [www.deltadentalwi.com](http://www.deltadentalwi.com)

