

# YOUR DENTAL BENEFITS

Prepared for the employees of City of Wisconsin Rapids

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.

	Delta Dental PPO™	Delta Dental Premier® or Out-of-Network**
<b>Individual Annual Maximum</b>	\$1,000	\$1,000
<b>Deductible - Individual/Family</b>	\$0/\$0	\$0/\$0
<b>Diagnostic &amp; Preventive</b> Exams, cleanings, fluoride treatments, X-rays, space maintainers, sealants, emergency treatment to relieve pain	100%	100%
<b>Basic &amp; Major Services</b> Fillings, root canals, treatment of gum disease, extractions, oral surgery	80%	80%
Crowns, bridges, dentures, repairs and adjustments to bridges and dentures	80%	80%
<b>Orthodontic Services</b> Coverage Coinsurance	0%	0%
<b>CheckUp™ Plus</b>	Yes	Yes
<b>Dependent Eligibility</b>	Dependents are covered to end of year in which they turn age 26	

\*Deductible applies

\*\*When seeing an out-of-network provider, balance billing may occur resulting in an out-of-pocket expense.

CheckUp™ Plus allows enrollees to get diagnostic and preventive dental services without those costs getting applied to the individual annual maximum - leaving more flexibility for restorative care that might be needed later.

Need assistance? Contact Customer Service at 800-236-3712 or [claims@deltadentalwi.com](mailto:claims@deltadentalwi.com). Learn more at [www.deltadentalwi.com](http://www.deltadentalwi.com).