



We care for Wisconsin.

UNDERWRITTEN BY WPS HEALTH PLAN, INC.

Optional Dental Coverage

Plan Options - Individual/Family

Optional dental coverage that includes a variety of routine, basic, and major dental services.

- Annual Maximum Benefit: \$500 per individual, with opportunity to be as much as \$1,500 (Includes Maximum Benefit Bonus – Unused annual \$500 maximum will be rolled for use in future years up to \$1,500.)
- Annual Deductible: \$50 per individual
- Out-of-pocket savings for all services provided by Delta Dental PPO dentists
- Higher out-of-pocket costs for services provided by non-Delta Dental PPO dentists
- To find a Delta Dental PPO dentist, visit www.deltadentalwi.com
- Dependent children: Up to age 26

Rates (Effective 1/1/12)

Age	Adult Rate	# of Children	Child Rate
<30	\$17.16	1	\$17.28
30 - 34	\$20.05	2	\$34.56
35 - 39	\$21.22	3+	\$59.49
40 - 44	\$22.89		
45 - 49	\$25.22		
50 - 54	\$26.94		
55 - 59	\$28.60		
60 - 64	\$28.60		
65+	Not Eligible		

Summary of Services	Coinsurance*	Frequency
Diagnostic & Preventive Care		
Regular Cleanings	80%	2 per year
Routine Exams	80%	2 per year
Bitewing X-rays	80%	1 set per year
Full mouth X-rays	80%	1 every 5 years
Sealants - per Tooth	80%	1 per lifetime to age 19
Emergency Exam	80%	
Restorative Services[‡]		
Fillings	50%	6-month waiting period
Simple Extractions	50%	6-month waiting period
Oral Surgery	50%	12-month waiting period
Endodontic Services	50%	12-month waiting period
Periodontic Services**	50%	12-month waiting period
Crowns	50%	24-month waiting period [†]
Prosthodontics Fixed	50%	24-month waiting period [†]
Prosthodontics Removable	50%	24-month waiting period [†]
Waiting period waived with proof of continuous insurance coverage from Delta Dental of Wisconsin for at least two years		
* Percent we pay after \$50 deductible is met.		
** Provides additional Evidence-Based Integrated Care Plan benefits for people with specific medical conditions.		
‡ Predetermination of benefits is strongly encouraged before restorative services are scheduled.		
† Replacement of a defective existing appliance 10 years after its original placement date.		

Important – This plan summary provides only a general description of benefits and limitations. A detailed description of coverage is in the applicable policy. Coverage is subject to all the terms and conditions of the policy and any endorsements. The policy is your contract of insurance. If there's ever a discrepancy between the policy and this plan summary, the policy has final authority.

Plan underwritten by:

