



YOUR DENTAL BENEFITS

Prepared for the employees of 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.

	Delta Dental PPO™	Delta Dental Premier*	Out-of-Network *
Individual Annual Maximum	\$1,000	\$1,000	\$1,000
Deductible	\$25	\$50	\$50
Diagnostic & Preventive			
Exams, cleanings, fluoride treatments^, X-rays, space maintainers	100%	90%**	90%**
Basic & Major Services			
Sealants^, emergency treatment to relieve pain, fillings, extractions, oral surgery	90%**	80%**	80%**
Repairs and adjustments to bridges and dentures	90%**	50%**	50%**
Root canals, treatment of gum disease, crowns, bridges, dentures, implants	60%**	50%**	50%**
Orthodontic Services			
Coverage copayment	50%	50%**	50%**
Individual lifetime maximum	\$1,000	\$1,000	\$1,000
Dependents eligible to Adult orthodontics	Age 19 No	Age 19 No	Age 19 No
CheckUp™ Plus	Yes	Yes	Yes
EBICP	Yes	Yes	Yes
Dependent Eligibility	Dependents are covered to age 26		

**Deductible applies ^Age limitations may apply

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.

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.

Evidence-Based Integrated Care Plan (EBICP) provides additional cleaning(s) and/or fluoride treatments to individuals with specific medical conditions that have oral implications.

Monthly Premiums

Rates are guaranteed from 1/1/2023 to 12/31/2024

Employee	\$36.60
Employee + spouse	\$83.73
Employee + child(ren)	\$84.42
Family	\$127.10

Need assistance? Contact Customer Service at 800-236-3712 or claims@deltadentalwi.com. Learn more at www.deltadentalwi.com.