



YOUR DENTAL BENEFITS

Prepared for the employees of WELS VEBA Group Health Care

The summary below does not cover all plan details. Further information can be found in the 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	
Individual Annual Maximum	\$1,000
Deductible - Individual / Family	\$50 / \$150
Diagnostic & Preventive Exams, cleanings, fluoride treatments^, x-rays, space maintainers and sealants ^	100%
Basic & Major Services Emergency treatment to relieve pain, fillings, root canals, treatment of gum disease, extractions and other oral surgery	80%*
Crowns, bridges, dentures, repairs and adjustments to bridges and dentures, implants	50%*
Orthodontic Services Coverage copayment Individual lifetime maximum Dependents eligible to Adult orthodontics	50% \$1,500 Age 19 No
CheckUp™ Plus	Yes
EBICP	Yes
Special Health Care Needs Benefit	Yes
Dependent Eligibility	Dependents are covered to the end of the month they turn 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. Find out more at deltadentalwi.com/EBICP.

Special Health Care Needs Benefit (SHCNB) allows extra services for individuals with certain physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting conditions. Learn more at deltadentalwi.com/SHCNB.

Dental Benefit Frequencies for WELS VEBA Group Health Care

PLAN BENEFIT	FREQUENCY/LIMITATIONS
Preventive	
Prophylaxis (cleanings)	Two per benefit year
Oral Examinations	Two per benefit year
Topical Fluoride Applications	Two fluoride treatments per calendar year to age 19
X-rays	<ul style="list-style-type: none"> Full mouth X-rays; one per three years Bitewing X-rays; two per benefit year
Space Maintainers	Space maintainers for dependent children to age 16
Sealants	Topical application of sealants for dependents up to age 19. Application is limited to the occlusal surface of bicuspids and molars that are free of decay and restorations. Benefits are limited to one application per tooth per lifetime
Basic Restorative	
Periodontics	<ul style="list-style-type: none"> Periodontal scaling and root planing once per quadrant, every 24 months Periodontal surgery once per quadrant, every 36 months Total number of periodontal maintenance treatments and prophylaxis cannot exceed four treatments in a calendar year with EBICP
Major Restorative	
Crowns, Implants, Bridges and Dentures	<ul style="list-style-type: none"> Replacement limit every five years for all major services Predetermination of benefits recommended for major services

The service categories and plan limitations shown above represent an overview of your plan benefits. This document presents the majority of services within each category but is not a complete description of the plan.