Exchange-Certified Dental Plans

For employers with 1 to 50 enrollees

The missing dental benefits piece to your Affordable Care Act puzzle.

Exchange-certified plan solutions from Wisconsin’s No. 1 Dental Plan.
Before you buy an exchange-certified dental plan

The Affordable Care Act was designed to improve the affordability of and access to healthcare. To ensure this access, insurance exchanges were set up to provide a regulated marketplace for health and pediatric dental benefits. Plans offered for purchase must meet federal requirements and certification standards to become “exchange-certified.”

Fortunately in Wisconsin, small-business owners still have a choice. They can keep buying the dental benefits that provide the most value for their employees from whomever they trust, on- or off-exchange. In most instances, a non-exchange-certified dental plan can be purchased. Conventional Delta Dental plans may provide more plan and premium options.

Before you make a decision:

- **Understand that in Wisconsin, there is no legislation or regulation requiring employers to change or eliminate their current dental plan.**
- **Compare costs.** Most conventional Delta Dental plans are more affordable than an exchange-certified plan.
- **Discuss your options** with a Delta Dental sales representative or independent insurance agent.

Delta Dental of Wisconsin has always offered easy-to-use, easy-to-implement, and easy-to-understand dental benefit plans that employers have come to trust.

However you proceed, Delta Dental has the plans, resources, and most importantly, the people to steer you through the changing marketplace and help you make the right choice.

Call us. We’re here to help.

Dave Peterson
Vice President, Sales and Marketing
What Are Our Exchange-Certified Plan Options?

The Delta Dental PPO Plus Premier Family High and Low options are federally defined plans that offer two levels of benefits. The high plan provides 100 percent coverage for diagnostic and wellness services, 80 percent coverage for basic services, and 50 percent coverage for services like dentures and some endodontic procedures. The low plan includes the same services with coverage benefits of 100/50/50. An exchange-certified high plan option with orthodontic services is also available off-Exchange for groups of ten or more enrollees.

With both plans, subscribers will experience the greatest savings when visiting a Delta Dental PPO network dentist.

Can An Entire Family Get This Plan?

Yes! All plan designs have the option of coverage for children, adults, and families. Delta Dental has paired the pediatric oral essential health benefit (EHB) along with coverage options for the entire family.

What Else is Included?

Evidence-Based Integrated Care Plan (EBICP):
The industry-leading benefit enhancement for whole-body health, EBICP covers additional cleanings for pregnant women, diabetics, and people with other health conditions. See www.deltadentalwi.com/your-health/medical-conditions for more information.

CheckUp Plus™:
Diagnostic and wellness services don’t accumulate toward a member’s annual maximum with CheckUp Plus.

Vision Discount Program:
Small-employer plans come with a money-saving Vision Care Discount Program at no additional cost. Through Delta Dental’s partnership with EyeMed Vision Care®, members save on eyewear, contacts, exams, and laser vision correction.
# Delta Dental PPO Plus Premier Family Plan High Option

<table>
<thead>
<tr>
<th></th>
<th>Children</th>
<th>Adult</th>
<th>See a Non-PPO Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>See Any Dentist</td>
<td>See a Delta Dental PPO Dentist</td>
<td></td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>$25/$75</td>
<td>$25/$75</td>
<td>$50/$150</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Limit</strong></td>
<td>$350/$700</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Individual Annual Maximum</strong></td>
<td>N/A</td>
<td>$1000</td>
<td>$750</td>
</tr>
<tr>
<td><strong>Diagnostic &amp; Wellness Services</strong></td>
<td>100%</td>
<td>100%</td>
<td>90%</td>
</tr>
<tr>
<td>Exams, teeth cleanings, fluoride treatments, sealants, X-rays, space maintainers.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td>80%*</td>
<td>80%*</td>
<td>70%*</td>
</tr>
<tr>
<td>Emergency treatment to relieve pain, fillings.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Major Services</strong></td>
<td>50%*</td>
<td>50%*</td>
<td>40%*</td>
</tr>
<tr>
<td>Endodontics and periodontics (root canals and gum-disease treatment), simple and surgical extractions and other oral surgery, crowns, complete and partial dentures, implants, fixed bridges, repairs and adjustments to dentures.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medically Necessary Orthodontic Services</strong></td>
<td>50%*</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Orthodontic services to help correct severe handicapping malocclusions caused by craniofacial orthopedic deformities involving the teeth. A 24-month waiting period applies.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Covered To Age</strong></td>
<td>19</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

^Services provided by an out-of-network provider do not accumulate toward the out-of-pocket limit.
*Deductible applies.

## This plan also includes:

**Evidence-Based Integrated Care Plan (EBICP):**
EBICP provides additional benefits for persons with diseases and medical conditions that have oral health implications.

**CheckUp Plus™:**
Diagnostic and wellness benefits don’t accumulate toward the individual annual maximum.

**Vision Care Discount Program**
Through Delta Dental's partnership with EyeMed Vision Care®, members save on eyewear, contacts, exams, and laser vision correction.
# Delta Dental PPO Plus Premier Family Plan Low Option

<table>
<thead>
<tr>
<th></th>
<th>Children</th>
<th>See a Delta Dental PPO Dentist</th>
<th>See a Non-PPO Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$75/$225</td>
<td>$75/$225</td>
<td>$100/$300</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Limit</strong></td>
<td>$350/$700</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Individual Annual Maximum</strong></td>
<td>N/A</td>
<td>$1000</td>
<td>$750</td>
</tr>
<tr>
<td><strong>Diagnostic &amp; Wellness Services</strong></td>
<td>100%*</td>
<td>100%*</td>
<td>80%*</td>
</tr>
<tr>
<td>Exams, teeth cleanings, fluoride treatments, sealants, X-rays, space maintainers.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td>50%*</td>
<td>50%*</td>
<td>50%*</td>
</tr>
<tr>
<td>Emergency treatment to relieve pain, fillings.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Major Services</strong></td>
<td>50%*</td>
<td>50%*</td>
<td>40%*</td>
</tr>
<tr>
<td>Endodontics and periodontics (root canals and gum-disease treatment), simple and surgical extractions and other oral surgery, crowns, complete and partial dentures, implants, fixed bridges, repairs and adjustments to dentures.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medically Necessary Orthodontic Services</strong></td>
<td>50%*</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Orthodontic services to help correct severe handicapping malocclusions caused by craniofacial orthopedic deformities involving the teeth. A 24-month waiting period applies.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Covered To Age</strong></td>
<td>19</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

^Services provided by an out-of-network provider do not accumulate toward the out-of-pocket limit.

*Deductible applies.

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**This plan also includes:**

- **Evidence-Based Integrated Care Plan (EBICP):** EBICP provides additional benefits for persons with diseases and medical conditions that have oral health implications.

- **CheckUp Plus™:** Diagnostic and wellness benefits don’t accumulate toward the individual annual maximum.

- **Vision Care Discount Program**

Through Delta Dental’s partnership with EyeMed Vision Care®, members save on eyewear, contacts, exams, and laser vision correction.
## Delta Dental PPO Plus Premier Family Plan High Option Orthodontics

<table>
<thead>
<tr>
<th></th>
<th>Children</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>$25/$75</td>
<td>$25/$75</td>
<td>$50/$150</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Limit</strong></td>
<td>$350/$700</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Individual Annual Maximum</strong></td>
<td>N/A</td>
<td>$1000</td>
<td>$750</td>
</tr>
<tr>
<td><strong>Diagnostic &amp; Wellness Services</strong></td>
<td>100%</td>
<td>100%</td>
<td>90%</td>
</tr>
<tr>
<td>Exams, teeth cleanings, fluoride treatments, sealants, X-rays, space maintainers.</td>
<td>100%</td>
<td>100%</td>
<td>90%</td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td>80%*</td>
<td>80%*</td>
<td>70%*</td>
</tr>
<tr>
<td>Emergency treatment to relieve pain, fillings.</td>
<td>80%*</td>
<td>80%*</td>
<td>70%*</td>
</tr>
<tr>
<td><strong>Major Services</strong></td>
<td>50%*</td>
<td>50%*</td>
<td>40%*</td>
</tr>
<tr>
<td>Endodontics and periodontics (root canals and gum-disease treatment), simple and surgical extractions and other oral surgery, crowns, complete and partial dentures, implants, fixed bridges, repairs and adjustments to dentures.</td>
<td>50%*</td>
<td>50%*</td>
<td>40%*</td>
</tr>
<tr>
<td><strong>Medically Necessary Orthodontic Services</strong></td>
<td>50%*</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Orthodontic services to help correct severe handicapping malocclusions caused by craniofacial orthopedic deformities involving the teeth. A 24-month waiting period applies.</td>
<td>50%*</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Orthodontic Services</strong></td>
<td>50%*</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Orthodontic Maximum</strong></td>
<td>$1000</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Covered To Age</strong></td>
<td>19</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

^Services provided by an out-of-network provider do not accumulate toward the out-of-pocket limit.
*Deductible applies.
**Ten or more enrolled required for orthodontia. The orthodontic maximum does not apply to medically necessary orthodontia services.

### This plan also includes:

- **Evidence-Based Integrated Care Plan (EBICP):** EBICP provides additional benefits for persons with diseases and medical conditions that have oral health implications.

- **CheckUp Plus™:** Diagnostic and wellness benefits don’t accumulate toward the individual annual maximum.

- **Vision Care Discount Program** Through Delta Dental’s partnership with EyeMed Vision Care®, members save on eyewear, contacts, exams, and laser vision correction.
Underwriting Guidelines
Delta Dental PPO Plus Premier Plans

Group acceptance is not guaranteed. Approval of coverage is contingent upon underwriting acceptance.

Exclusions

1. Dental Procedures, services, treatment, or supplies provided or commenced prior to the effective date of the Covered Person’s coverage under the Contract or after the termination date of coverage, unless otherwise indicated.
2. Charges for completion of forms.
3. Charges for consultation.
4. Dental Procedures, services, treatment, or supplies excluded as provided in the Declarations.
5. Dental Procedures, services, treatment, or supplies not specifically covered under this Contract.
6. Prescription drugs, premedications, or relative analgesia.
7. Charges for anesthesia other than charges by a Provider for administering general anesthesia in connection with covered oral surgery (cutting procedures).
8. Preventive control programs.
9. Charges by any hospital or other surgical or treatment facility, or any additional fees charged by a Provider for treatment in any such facility.
10. Charges for treatment of, or services related to, temporomandibular joint dysfunction.
11. Dental Procedures, services, treatment, and supplies that are determined to be partially or wholly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances.
12. Crowns placed on Covered Persons under age 12, other than prefabricated crowns.
13. Prosthetics placed on Covered Persons under age 16.
14. Dental Procedures, services, treatment, or supplies which are experimental or investigational.
15. Dental Procedures, services, treatment, or supplies which are for any illness or bodily injury which occurs in the course of employment if a benefit or compensation is available, in whole or in part, under the provision of any law or regulation or any government unit. This exclusion applies whether or not the Covered Person claims the benefits or compensation.
16. Dental Procedures, services, treatment, or supplies received from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust, VA hospital, or similar person or group.
17. Dental Procedures, services, treatment, or supplies which are not dentally necessary or which do not meet generally accepted standards of dental practice.
18. Dental Procedures, services, treatment, or supplies resulting from a Covered Person’s failure to comply with professionally prescribed treatment.
19. Any charges for failure to keep a scheduled appointment.
20. Office infection control charges.
21. Charges for copies of a Covered Person’s records, charts or x-rays, or any costs associated with forwarding/mailing copies of a Covered Person’s records, charts, or x-rays.
22. Charges submitted by a Provider which are for the same services performed on the same date for the same Covered Person by another Provider.
23. Dental Procedures, services, treatment, or supplies provided free of charge by any governmental unit, except as pursuant to Title XIX of the Social Security Act or where this exclusion is prohibited by law.
24. Dental Procedures, services, treatment, or supplies for which the Covered Person would have no obligation to pay in the absence of this or any similar coverage.
25. Dental Procedures, services, treatment, or supplies which are for specialized procedures and techniques for which there is not an associated Current Dental Terminology (CDT) Code approved by the American Dental Association.
26. Dental Procedures, services, or treatment which are performed by a Provider who is compensated by a facility for similar covered services performed for Covered Persons.
27. Plaque control programs, oral hygiene instruction, and dietary instructions.
28. Dental Procedures, services, treatment, or supplies for injuries resulting from the maintenance or use of a motor vehicle if such treatment or service is paid or payable under a plan or policy of motor vehicle insurance, including a certified self-insurance plan.
29. Dental Procedures, services, treatment, or supplies for injuries resulting from war or act of war, whether declared or undeclared, or from police or military service for any country or organization.
30. Adjustment of a denture or bridgework which is made within 6 months after installation by the same Provider who installed it.
31. Use of material or home health aids to prevent decay, such as toothpaste, fluoride gels, dental floss, and teeth whiteners.
32. Cone Beam Imaging, MRI, and ultrasound procedures.
33. Sealants for teeth other than permanent molars.
34. Sealants provided to a Covered Person who is over the age of 18.
35. Precision attachments, personalization, precious metal bases, and other specialized techniques.
36. Medically Necessary Orthodontic Services provided to a Covered Person who has not met the 24-month waiting period.
37. Medically Necessary Orthodontic Services provided to a Covered Person who is over the age of 18.
38. Medically Necessary Orthodontic Services if a predetermination of benefits has not been approved by Delta Dental.
39. Unless the Declarations show that the Group has chosen the Optional Orthodontic Benefit, Orthodontic Services except for Medically Necessary Orthodontic Services.
40. Repair of damaged orthodontic appliances.
41. Replacement of lost or missing appliances.
42. Fabrication of athletic mouth guard.
43. Internal or external bleaching.
44. Nitrous oxide.
45. Topical medicament carrier.
46. Bone grafts when done in connection with extractions, apicoectomies, or noncovered/non-eligible implants.
47. When two or more services are itemized separately and the services are considered part of the same service, Delta Dental will Benefit the most comprehensive service (the service that includes the other service or services) as determined by Delta Dental.
48. When two or more services are submitted on the same day and the services are considered mutually exclusive (when one service contradicts the need for the other service), Delta Dental will pay for the service that represents the final treatment as determined by Delta Dental.
49. Appliances, restorations, or procedures for:
   a. increasing vertical dimension;
   b. restoring occlusion;
   c. correcting harmful habits;
   d. replacing tooth structure lost by attrition, erosion, abrasion, or abfraction;
   e. correcting congenital or developmental malformations except in newly born children or in conjunction with Medically Necessary Orthodontic Services;
   f. replacement, provisional and temporary services, treatment, or supplies;
   g. splints, unless necessary as a result of accidental injury.
50. Dental Procedures, services, treatment, or supplies provided by an individual other than a Provider.
51. Dental Procedures, services, treatment, or supplies to treat injuries or diseases caused by riots or any form of civil disobedience.
52. Dental Procedures, services, treatment, or supplies to treat injuries sustained while committing a felony or engaging in an illegal occupation.
53. Dental Procedures, services, treatment, or supplies to treat injuries intentionally inflicted.
54. Replacement of lost or stolen dentures or charges for duplicate dentures.
55. Dental Procedures, services, treatment, or supplies in cases for which, in the professional judgment of the attending Provider, a satisfactory result cannot be obtained.
56. Local anesthetic is covered as part of a Dental Procedure, service or treatment. General anesthetic or intravenous sedation is a Benefit only when billed with covered oral surgery (cutting procedures).
57. The repair and replacement of orthodontic appliances.
58. Pre-diagnostic services, oral pathology laboratory procedures, and diagnostic tests and examinations other than pulp vitality tests.
59. Surgical removal of impacted third molars if a predetermination of Benefits has not been approved by Delta Dental.

Limitations

Coverage for some services under the plan is subject to frequency and age limitations. These limitations and restrictions are described in the handbook and contract. Copies of these materials are available by calling Delta Dental of Wisconsin at 800-236-3713.

Requirements and considerations

- The plan must be sponsored by the employer. The employer will collect premiums via payroll deduction.
- A clear employer-employee relationship must exist.
- Employment must be full-time, year-round and not experience seasonal layoffs.
- The business has not been cancelled by another dental carrier within the past 36 months.
- Benefit-accumulation period and out-of-pocket costs, if applicable, are calendar-year.
- Subscribers may use the national Delta Dental Premier and Delta Dental PPO dentist networks, except as noted in the plan description.
- Retirees are not eligible unless all active employees are eligible for the plan.
- Only group-billing format is available; no individual billings can be accommodated. Individual COBRA billings are not available.
- The covered person’s coinsurance is based on the maximum plan allowance.
- All contracted services are available to the Covered Person upon the date of eligibility. Note: Benefit waiting periods may apply.
- For employers offering open enrollment, an employee who waived or dropped coverage may enroll only during the open-enrollment period. Waiting periods may apply.
• Delta Dental small-employer plans include coverage for teeth lost prior to the effective date, and pre-existing conditions.
• A Delta Dental small-employer plan must be the only dental plan offered.
• Rates are guaranteed for 12 months from the effective date of coverage, depending on the plan chosen.
• Optional orthodontic coverage is available only to groups of 10 or more enrolled employees.
• If orthodontic coverage is purchased, all families must accept the orthodontic benefit with the same maximum.

Stevens Point Office
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Stevens Point, WI 54481
800-236-3713 (toll-free)
Fax 715-343-7623

Milwaukee Office
1233 North Mayfair Road
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Milwaukee, WI 53226
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Fax 414-607-6088

Madison Office
725 Heartland Trail
Suite 205
Madison, WI 53717
877-577-7449 (toll-free)
Fax 608-831-9384