Affordable Care Act (ACA) Dental Products
For employers with 2 to 49 enrollees

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

ACA plan solutions from Wisconsin’s No. 1 Dental Plan.
The Affordable Care Act (ACA) was designed to improve the affordability of and access to healthcare. In the process of ensuring that access, changes were made to pediatric dental benefits. New plans were created and insurance exchanges were set up to provide a regulated marketplace for health and pediatric dental benefits.

The primary new dental product created and made available on the exchanges is one of the 10 Essential Health Benefits, a plan designed to cover individuals to age 19.

This plan – the Pediatric Oral Essential Health Benefit (POEHB) plan – features an out-of-pocket limit instead of an annual benefit maximum, and coverage for medically necessary orthodontia only, among other benefit differences from standard plans.

Delta Dental has POEHB plans available on a standalone basis or in tandem with one of two Delta Dental PPO Plus Premier plans. However, before buying one of these plans:

• **Realize that in most instances, a conventional Delta Dental plan can be purchased instead.** Conventional Delta Dental plans provide more plan options, more reimbursement options, and more payment options than POEHB and POEHB-related plans. In Wisconsin, there is no legislation or regulation requiring employers to give up their current dental plan.
• **Compare costs.** Most conventional Delta Dental plans are more affordable than a POEHB plan, whether that plan is offered by itself or in tandem with a Delta Dental PPO Plus Premier plan.
• **Discuss your options with a Delta Dental sales representative.** Our sales team is up-to-date on the ACA and dental benefits’ place in the puzzle. We have information and answers.

However you proceed, Delta Dental has the plans, the resources, and most importantly, the people to steer you through the new marketplaces and make the right choices.

Call us. We’re here to help.

Dave Peterson
Vice President, Sales and Marketing
Pediatric Oral Essential Health Benefit (POEHB)

A 100% ACA-compatible plan for individuals to age 19.

Employers looking to buy a standalone to-age-19 dental Essential Health Benefits plan on or off Wisconsin’s healthcare exchange can choose a plan from the state’s No. 1 dental carrier with Wisconsin’s largest PPO network.

What Is The POEHB?
The POEHB is a federally defined plan that offers a prescribed series of benefits to age 19. There are two levels of benefits: a high plan, with 100 percent coverage for diagnostic and wellness services (as defined in the plan design), 80 percent coverage for basic services, and 50 percent coverage for services like dentures and some endodontic procedures; and a low plan, with 100/60/50 coverage. Both plans include an annual $700 out-of-pocket limit.

Can An Entire Family Get This Plan?
The process for covering an entire family involves a full family plan including POEHB benefits, described on pages 5-6.

Exclusive Provider Option
The Pediatric Oral Essential Health Benefit plan is an Exclusive Provider Option (EPO) plan. With an EPO plan, benefits are paid only when members see a Delta Dental PPO dentist. There are no benefits when a member sees a dentist outside of the Delta Dental PPO network.

What Delta Dental Small-Group Plans Are Comparable?
No conventional Delta Dental small-group plan is precisely comparable to the POEHB plans. However, groups looking for a robust PPO benefit for adults and children should consider the Enhanced Plan. The Savings Plan and Passive Plan offer a traditional 100/80/50 benefit when members see a Delta Dental PPO dentist. Please refer to the Delta Dental Product Guide for traditional plan information.

How Does This Plan Work With The Affordable Care Act?
The to-age-19 coverage in this plan satisfies the POEHB provision of the ACA in Wisconsin.

*Measured by access points.
<table>
<thead>
<tr>
<th>Delta Dental PPO POEHB Plans</th>
<th>High Plan</th>
<th>Low Plan</th>
<th>Out-of-Network Benefit (All Plans)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$25</td>
<td>$75</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Individual Out-of-Pocket Limit</strong></td>
<td>$700</td>
<td>$700</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Diagnostic &amp; Wellness Services</strong></td>
<td>100%</td>
<td>100%*</td>
<td>0%</td>
</tr>
<tr>
<td>Examinations, 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>60%*</td>
<td>0%</td>
</tr>
<tr>
<td>Emergency treatment to relieve pain, fillings, simple extractions, surgical extractions, therapeutic pulpotomies, periodontal scaling and root planing, periodontal maintenance, stainless-steel crowns.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Major Services</strong></td>
<td>50%*</td>
<td>50%*</td>
<td>0%</td>
</tr>
<tr>
<td>Porcelain crowns (single restoration), pulp capping, pulpotomy, endodontic therapy on permanent teeth, gingivectomies, surgical periodontics, complete and partial dentures, anesthesia, implants, occlusial guard.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Orthodontic Services (Medically Necessary)</strong></td>
<td>50%*</td>
<td>50%*</td>
<td>0%</td>
</tr>
<tr>
<td>Orthodontic services to help correct severe handicapping malocclusions caused by craniofacial orthopedic deformities involving the teeth. See the Summary of Benefits for detail. 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>19</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*Deductible applies.*
Delta Dental has paired a Pediatric Oral Essential Health Benefit (POEHB) plan with an adult plan, so that employers looking for an Essential Health Benefits plan for individuals to age 19 can buy one, and immediately team it with a popular Delta Dental plan design.

**What Is The POEHB?**
The POEHB is a federally defined plan that offers a prescribed series of benefits to age 19. There are two levels of benefits: a high plan, with 100 percent coverage for diagnostic and wellness services (as defined in the plan design), 80 percent coverage for basic services, and 50 percent coverage for services like dentures and some endodontic procedures; and a low plan, with 100/60/50 coverage. Both plans include an annual $700 out-of-pocket limit.

**What Delta Dental Small-Group Plans Are Comparable?**
No conventional Delta Dental small-group plan is precisely comparable to the POEHB-plus-adult plans. However, groups looking for a robust PPO benefit for adults and children should consider the Enhanced Plan. The Savings Plan and Passive Plan offer a traditional 100/80/50 benefit when members see a Delta Dental PPO dentist. The adult plan paired with the POEHB low plan mimics the UltraSavings Plan, though the UltraSavings Plan is more affordable.

**How Does This Plan Work With The Affordable Care Act?**
The to-age-19 coverage in this plan satisfies the POEHB provision of the ACA in Wisconsin.

**What Is The Adult Portion Of This Plan?**
The adult portion of this plan has a high and low component. The high component mirrors the Passive Plan (see page 8); the low component mirrors the UltraSavings Plan (see page 9). The high component is paired with the POEHB high plan; the low component is paired with the POEHB low plan.

**Who Are The Plans With POEHB For?**
Employers buying coverage that aligns with health plans purchased on or off the healthcare exchange.

Employers looking for full-family coverage including POEHB for individuals to age 19.
### Passive Plan With POEHB High Plan (2-49 enrolled)

<table>
<thead>
<tr>
<th>Child(ren)</th>
<th>Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>See Any Dentist</td>
<td>See Any Dentist</td>
</tr>
</tbody>
</table>

#### Deductible Options
- $25
- $25/$75**
- $50/$150
- $75/$225**

#### Individual Out-of-Pocket Limit
- $700***
- N/A

#### Annual Maximum Options
- N/A
- $1,000
- $1,500**
- $2,000**

#### Diagnostic & Wellness Services
- Examinations, teeth cleanings, fluoride treatments, sealants, X-rays, space maintainers.
- 100%
- 100%*
- 100%*
- 100%
- 80%*

#### Basic Services***
- 80%*
- 80%*
- 60%*
- 80%*
- 50%*

#### Major Services
- Porcelain crowns (single restoration), pulp capping, pulpotomy, surgical extraction‡, endodontic therapy on permanent teeth‡, gingivectomy‡, surgical periodontics‡, complete and partial dentures, implants.
- 50%*
- 50%*
- 50%*
- 50%*
- 40%*

#### Orthodontic Services (Medically Necessary)
- Orthodontic services to help correct severe handicapping malocclusions caused by craniofacial orthopedic deformities involving the teeth. See the Summary of Benefits for more detail. A 24-month waiting period applies.
- 50%*
- N/A
- 50%*
- N/A

#### Orthodontic Services (Optional)†
- 50%*
- N/A
- 50%*
- N/A

#### Orthodontic Maximum (Optional)†
- $1,000
- $1,500
- $2,000
- N/A
- $1,000
- $750
- N/A
- N/A

#### Covered To Age
- 19
- N/A
- 19
- N/A

### UltraSavings Plan With POEHB Low Plan (5-49 enrolled)

<table>
<thead>
<tr>
<th>Child(ren)</th>
<th>Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>See a Delta Dental PPO Dentist</td>
<td>See Any Other Dentist</td>
</tr>
</tbody>
</table>

#### Deductible Options
- $75
- $25/$75
- $50/$150

#### Individual Out-of-Pocket Limit
- $700***
- $700***

#### Annual Maximum Options
- N/A
- $1,000
- $750

#### Diagnostic & Wellness Services
- Examinations, teeth cleanings, fluoride treatments, sealants, X-rays, space maintainers.
- 100%
- 100%*
- 100%*
- 80%*

#### Basic Services***
- 80%*
- 80%*
- 60%*
- 80%*
- 50%*

#### Major Services
- Porcelain crowns (single restoration), pulp capping, pulpotomy, surgical extraction‡, endodontic therapy on permanent teeth‡, gingivectomy‡, surgical periodontics‡, complete and partial dentures, implants.
- 50%*
- 50%*
- 50%*
- 50%*
- 40%*

#### Orthodontic Services (Medically Necessary)
- Orthodontic services to help correct severe handicapping malocclusions caused by craniofacial orthopedic deformities involving the teeth. See the Summary of Benefits for more detail. A 24-month waiting period applies.
- 50%*
- N/A
- 50%*
- N/A

#### Orthodontic Services (Optional)†
- 50%*
- N/A
- 50%*
- N/A

#### Orthodontic Maximum (Optional)†
- $1,000
- $1,500
- $2,000
- N/A
- $1,000
- $750
- N/A
- N/A

#### Covered To Age
- 19
- N/A
- 19
- N/A

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*Denotes applies. In the case of Diagnostic and Wellness Services on the Passive Plan, the deductible applies only for groups of two to four enrolled.
** Covered under Major Restorative Services for adult enrollees at employers of two to four enrolled.
*** Treatments for adults and children may be covered at different coinsurance levels.
† Ten or more enrolled required for orthodontia.
††Not available for employers of two to four enrolled.
†††Out-of-network benefits do not accumulate toward individual out-of-pocket limit.
†‡Groups of 5 to 49 enrolled in the Passive Plan can move these procedures into the basic-services category for adults for an additional premium charge.
Delta Dental has coverage for organizations looking to buy an adult plan that matches up with a children’s Pediatric Oral Essential Health Benefit (POEHB) plan provided through their health coverage. These plans feature Wisconsin’s largest dentist network*, with service provided by North America’s No. 1 call center.**

**What Do These Adult Plans Cover?**
The Adult Plan has a high and low option. The high option mirrors the Passive Plan (see page 8); the low option mirrors the UltraSavings Plan (see page 9).

**What Delta Dental Small-Group Plans Are Comparable?**
The Adult Plans mirror existing small-group plans, but only cover individuals age 19 and older.

**How Does This Plan Work With The Affordable Care Act?**
The Adult Plans are specifically designed for cases when POEHB are embedded in the group’s medical plan. The plans provide coverage for individuals age 19 and older, with the opportunity to add optional orthodontic coverage for dependent children to age 19.

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*Measured by access points. | **Awarded by Benchmark Portal at Purdue University to call centers with fewer than 100 agents.
## Delta Dental PPO Plus Premier High Option Passive Plan (2-49 enrolled)

### Deductible Options
- $25/$75†
- $50/$150
- $75/$225†
- $25/$75†
- $50/$150
- $75/$225†

### Individual Annual Maximum Options
The Passive Plan includes CheckUp Plus™. With CheckUp Plus, benefits paid for diagnostic and preventive services do not apply to the individual annual maximum.
- The Passive Plan includes CheckUp Plus™. With CheckUp Plus, benefits paid for diagnostic and preventive services do not apply to the individual annual maximum.
- $1,000
- $1,500†
- $2,000†
- $1,000
- $1,500†
- $2,000†

### Diagnostic & Wellness Services
Examinations, teeth cleanings, fluoride treatments once every six months. Bitewing X-rays once every 12 months and full-mouth X-rays once every five years. One-time application of sealants. Space maintainers as needed.
- 100%*
- 100%*

### Basic Restorative Services
Emergency treatment to relieve pain, fillings, simple extractions.
- 80%*
- 80%*

### Major Restorative Services
Endodontics and periodontics (root canals and gum-disease treatment), oral surgery, crowns, complete and partial dentures, implants, fixed bridges, repairs and adjustments.
- 50%*
- 50%*

### Orthodontic Services (Optional)
If the group has 10 or more enrolled employees, it may choose to include orthodontic coverage. Coverage applies for dependent children to age 19.
- 50%*
- 50%*

### Lifetime Orthodontic Maximum Options
- $1,000
- $1,500
- $2,000
- $1,000
- $1,500
- $2,000

### Covered To Age
- 19 (for orthodontia)
- 19 and up (for all other services)
- 19 (for orthodontia)
- 19 and up (for all other services)

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*Deductible applies. In the case of Diagnostic and Wellness Services, the deductible applies only for groups of two to four enrolled.
†Not available for employers of two to four enrolled.
## Delta Dental PPO Plus Premier Low Option UltraSavings Plan (5-49 enrolled)

<table>
<thead>
<tr>
<th>Deductible Options</th>
<th>$25/$75</th>
<th>$50/$150</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Annual Maximum</td>
<td>$1,000</td>
<td>$750</td>
</tr>
<tr>
<td><strong>Diagnostic &amp; Wellness Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examinations, teeth cleanings, fluoride treatments once every six months. Bitewing X-rays once every 12 months and full-mouth X-rays once every five years. One-time application of sealants. Space maintainers as needed.</td>
<td>100%</td>
<td>80%*</td>
</tr>
<tr>
<td><strong>Basic Restorative Services – Type 1</strong></td>
<td>80%*</td>
<td>50%*</td>
</tr>
<tr>
<td>Emergency treatment to relieve pain, fillings.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Basic Restorative Services – Type 2</strong></td>
<td>50%*</td>
<td>40%*</td>
</tr>
<tr>
<td>Simple extractions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Major Restorative Services</strong></td>
<td>50%*</td>
<td>40%*</td>
</tr>
<tr>
<td>Endodontics and periodontics (root canals and gum-disease treatment), oral surgery, crowns, complete and partial dentures, implants, fixed bridges, repairs and adjustments.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Orthodontic Services (Optional)</strong></td>
<td>50%*</td>
<td>50%*</td>
</tr>
<tr>
<td>If the group has 10 or more enrolled employees, it may choose to include orthodontic coverage. Coverage applies for dependent children to age 19.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lifetime Orthodontic Maximum (Optional)</strong></td>
<td>$1,000</td>
<td>$750</td>
</tr>
<tr>
<td><strong>Covered To Age</strong></td>
<td>19 (for orthodontia) 19 and up (for all other services)</td>
<td>19 (for orthodontia) 19 and up (for all other services)</td>
</tr>
</tbody>
</table>

*Deductible applies.
POEHB Plan exclusions

Delta Dental POEHB plans do not cover the following:

1. Any Dental Procedures, services, treatment or supplies provided to any person 19 years of age or older except as specified in this Contract.
2. Any 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.
3. Charges for completion of forms.
5. Any Dental Procedures, services, treatment and supplies excluded as provided in the Summary of Benefits.
6. Dental Procedures, services, treatment and supplies not specifically covered under this Contract.
7. Prescription drugs, premedications or relative analgesia.
8. Charges for anesthesia other than charges by a Provider for administering general anesthesia in connection with covered oral surgery (cutting procedures.)
9. Preventive control programs.
10. Charges by any hospital or other surgical or treatment facility, or any additional fees charged by a Provider for treatment in any such facility.
11. Charges for treatment of, or services related to, temporomandibular joint dysfunction.
12. 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.
13. Cast restorations placed on Covered Persons under age 12.
15. Dental Procedures, services, treatment and supplies which are experimental or investigational.
16. Dental Procedures, services, treatment and 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.
17. Dental Procedures, services, treatment and 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.
18. Dental Procedures, services, treatment and supplies which are not dentally necessary or which do not meet generally accepted standards of dental practice.
19. Dental Procedures, services, treatment and supplies resulting from a Covered Person’s failure to comply with professionally prescribed treatment.
20. Any charges for failure to keep a scheduled appointment.
21. Office infection control charges.
22. 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.
23. Charges submitted by a Provider which are for the same services performed on the same date for the same Covered Person by another Provider.
24. Dental Procedures, services, treatment and supplies which are for specialized procedures and techniques.
25. Dental Procedures, services, treatment and supplies which are performed by a Provider who is compensated by a facility for similar covered services performed for Covered Persons.
26. Dental Procedures, services, treatment and 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.
27. Dental Procedures, services, treatment and 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.
28. Adjustment of a denture or bridgework which is made within 6 months after installation by the same Provider who installed it.
29. Use of material or home health aids to prevent decay, such as toothpaste, fluoride gels, dental floss and teeth whiteners.
30. Cone Beam Imaging, MRI and ultrasound procedures.
31. Sealants for teeth other than permanent molars.

Underwriting Guidelines

Pediatric Oral Essential Health Benefit (POEHB) plans (standalone or POEHB coverage embedded in adult plans)

Group acceptance is not guaranteed. Approval of coverage is contingent upon underwriting acceptance.
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 if a predetermination of Benefits has not been approved by Delta Dental.
38. Unless the Summary of Benefits shows that the Group has chosen the Optional Orthodontic Benefit, Orthodontic Services except for Medically Necessary Orthodontic Services.
40. Replacement of lost or missing appliances.
41. Fabrication of athletic mouth guard.
42. Internal or external bleaching.
43. Nitrous oxide.
44. Topical medicament carrier.
45. Bone grafts when done in connection with extractions, apicoectomies or non-covered/non-eligible implants.
46. When two or more services are submitted and the services are considered part of the same service to one another, Delta Dental will pay the most comprehensive service (the service that includes the other non-benefited service) as determined by Delta Dental.
47. 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.
48. 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.
49. Dental Procedures, services, treatment and supplies provided by other than a Provider.
50. Dental Procedures, services, treatment and supplies to treat injuries or diseases caused by riots or any form of civil disobedience.
51. Dental Procedures, services, treatment and supplies to treat injuries sustained while committing a felony or engaging in an illegal occupation.
52. Dental Procedures, services, treatment and supplies to treat injuries intentionally inflicted.
53. Replacement of lost or stolen dentures or charges for duplicate dentures.
54. Dental Procedures, services, treatment and supplies in cases for which, in the professional judgment of the attending Provider, a satisfactory result cannot be obtained.
55. 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).
56. Pre-diagnostic services, oral pathology laboratory procedures, and diagnostic tests and examinations other than pulp vitality tests.
57. 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 one year from the effective date of coverage.
• These plans are open to employers with 2-to-49 enrolled employees.
• Orthodontic coverage is only for procedures and groups specified in the plan design. No other orthodontic coverage is available.

For plans with two to four enrolled employees:
• The total number of eligible employees and dependents participating must be equal to or greater than the percentage of the employer contribution. Example: With an employer contribution of 75 percent, a minimum of 75 percent of eligible employees must participate.

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**Adult-Only and Adult Coverage in Delta Dental PPO Plus Premier Plans**

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

**Exclusions**
Delta Dental small-group plans do not cover the following (see employer contract or handbooks for definitions of terms used in this section):

1. Dental procedures provided or commenced prior to the effective date of the subscriber’s or covered dependent’s coverage under this contract.
2. Dental procedures to treat injuries or conditions compensable under workers’ compensation or employers’ liability laws.
3. Prescription drugs and pre-medications.
4. Preventive control programs.
5. Charges for completion of forms.
7. Charges by any hospital or other surgical or treatment facility, or any additional fees charged by a dentist for treatment in any such facility.
8. Charges for treatment of, or services related to, temporomandibular joint dysfunction.
9. Services that are determined to be partially or wholly cosmetic in nature.
10. Cast restorations placed on covered dependents under age 12.
11. Prosthetics placed on covered dependents under age 16.
12. Appliances, restorations, or procedures for: (a) increasing vertical dimension; (b) restoring occlusion; (c) correcting harmful habits; (d) replacing tooth structure lost by attrition; (e) correcting congenital or developmental malformations except in newly born children; (f) temporary dental procedures; (g) splints, unless necessary as a result of accidental injury.
13. Dental procedures provided by other than a dentist or licensed hygienist employed by a dentist.
14. Dental procedures to treat injuries or diseases caused by riots or any form of civil disobedience.
15. Dental procedures to treat injuries sustained while committing a criminal act.
16. Dental procedures to treat injuries intentionally inflicted.
17. Replacement of lost or stolen dentures or charges for duplicate dentures.
18. Dental procedures in cases for which, in the professional judgment of the attending dentist, a satisfactory result cannot be obtained.
19. Local anesthetic is covered as a part of a dental procedure. General anesthetic or intravenous sedation is a benefit only when billed with covered oral surgery (cutting procedures).
20. Procedures not specifically covered under this contract.
21. If orthodontic procedures are included as benefits under your group’s contract, the repair and replacement of orthodontic appliances are not covered.

**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.

For 2 to 4-enrolled plans only
• Two-person groups may not consist of enrollees residing at the same address.
• A company wage and tax statement must accompany the group application.
• The total number of eligible employees and dependents participating must be equal to or greater than the percentage of the employer contribution. Example: With an employer contribution of 75 percent, a minimum of 75 percent of eligible employees must participate.

Rate adjustments
The types of businesses listed at right are eligible for the program if they meet other underwriting guidelines, but require an 18 percent adjustment on the standard rates. This list is not all-inclusive. If you are uncertain about the industry type and whether a rate adjustment would apply, contact the sales department. See below for complete contact information.