

# **Your Dental Benefits**

## Specially Prepared for the Employees of River Valley School District

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.

Benefit Plan Design		Delta Dental PPO	Delta Dental Premier	
		When you see a Delta Dental PPO dentist	When you see a Delta Dental Premier or any other dentist	
Individual Annual Maximum		\$1,000	\$1,000	
Deductible	Individual	\$0	\$0	
	Family	\$0	\$0	
Dependent Eligibility Dependents are eligible to the date as noted for orthodontics	on which they attain aç	ge 26 and full-time studen	ts to the date on which the	y attain age 26; except
Diagnostic & Preventive S	ervices			
Exams		100%	100%	
Cleanings		100%	100%	
Fluoride treatments		100%	100%	
X-rays		100%	100%	
Space maintainers		80%	80%	
Sealants		100%	100%	
Emergency treatment to relieve	e pain	100%	100%	
Deductible applies		No	No	
Basic & Major Services				
Fillings		80%	80%	
Endodontics – nonsurgical		80%	80%	
Endodontics – surgical		80%	80%	
Periodontics – nonsurgical		80%	80%	
Periodontics – surgical		80% 80%	80% 80%	
Extractions - nonsurgical Extractions - surgical and other oral surgery		80%	80%	
Crowns, inlays, onlays		50%	50%	
Bridges and dentures		50%	50%	
Repairs and adjustments to bridges and dentures		80%	80%	
Implants		50%	50%	
Occlusal adjustments*		50%	50%	
Deductible applies		No	No	
*A separate \$100 lifetime maximu	ım applies			
Orthodontic Services				
Coverage copayment		50%	50%	
Individual lifetime maximum		\$1,500	\$1,500	
Dependents eligible to age		25	25	
Full-time students eligible to age		25	25	
Adult ortho Deductible applies		Yes No	Yes No	
Deductible applies		INO	INU	



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#### A Better PPO from Delta Dental

Delta Dental is the nation's largest and oldest dental-benefits specialist built on the guiding principle that dental benefits should be simple and hassle-free. Delta Dental of Wisconsin was founded in 1962 with the same goal. Combined, member companies of the Delta Dental Plans Association serve more than 59 million people in nearly 97,000 groups nationwide.

With some PPO plans, you don't get much choice of providers. And if you go out of network, your provider may

balance-bill you. But your Delta Dental PPO plan is different. The Delta Dental PPO network, with more than 165,000 dentist locations nationwide, is backed by the Delta Dental Premier network, with more than 247,000 dentist locations nationwide – almost 80% of the nation's dentists. Your lowest out-of-pocket costs come from seeing



a Delta Dental PPO dentist, but you'll also enjoy cost advantages if you see a Delta Dental Premier dentist. That means savings on out-of-pocket costs **and** better choice. Here's an example:

PPO Savings, With A "Safety Net"	Delta Dental PPO Dentist	Delta Dental Premier Dentist \$720	Out-of- Network Dentist \$720
Dentist's Normal Fee	\$720		
Allowed Amount	\$590	\$680	\$680
Dentist Fee Adjustment Due to Delta Dental Agreement	\$130	\$40	None
50% Benefit Paid by Plan	\$295	\$340	\$340
Patient Responsibility	\$295	\$340	\$380

Advantages of Delta Dental Network Dentists  Delta Dental P		Noncontracted Dentists Premier Network			
		ntists	_		
Delta De	Delta Dental PPO Network De				
Agreed-to fee ceilings (no balance-billing): Dentist agrees to fee ceilings. If his/her normal charge is higher than the fee ceiling, he/she can't pass the balance on to you.			V		
Additional fee schedule savings: Dentist agrees to a reduced fee schedule. Saves out-of-pocket expenses for you.					
Convenient claims processing: Dentist is required to file claims on your behalf doing so yourself. Claims payments go directly to the dentist.	1	V			
Treatment guarantees: Examples Repair or replace dental restorations should they fail within 24 months.					

#### **Confirming Your Coverage**

If you are not sure of the effective date of your coverage, please call Delta Dental at 800-236-3712 before you have any dental work done.

Also, before scheduling appointments for extensive dental care, you may ask your dentist to send the treatment plan to Delta Dental. The plan will be reviewed by Delta Dental and you and your dentist will receive a **Predetermination of Benefits** form. You and your dentist may then discuss the treatment and your out-of-pocket costs. Delta Dental encourages you to be informed about your dental care.

#### **Delta Dental's Website**

www.deltadentalwi.com has a lot to offer. You can use it to obtain coverage information under your plan, check the status of a claim, find a network dentist, evaluate your oral health and learn ways to improve and protect it.

Visit **www.deltadentalwi.com** for eligibility, claims or dentist information.

Also, our Benefit Advisors are available every weekday from 7:30 a.m. to 5 p.m. (Central Time) to answer your questions. Call us at 800-236-3712. We look forward to talking with you!



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### **Special Plan Provisions**

Your group dental plan from Delta Dental of Wisconsin includes one or more special features designed to encourage good oral health and promote overall health. Details of these provision(s) are addressed in the policy amendments provided with your dental plan handbook. Below is a brief summary.

#### Vision Discount Program: Save money on your vision-care needs

Your dental plan also includes a vision-care discount program. The vision-care discount is available under
a nationwide network of providers administered by EyeMed Vision Care. Under the plan, dental-plan
enrollees are eligible for savings up to 35% on exams, eyewear, and contact lenses offered by participating
providers. For a complete benefit summary and provider directory, go to
www.deltadentalwi.com/visionproviders. This is not insurance.