

Your Dental Benefits

Specially Prepared for the Employees of City Of Fond Du Lac EPO Low Plan

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 [©] When you see a Delta Dental PPO provider	Delta Dental Premier When you see a Delta Dental Premier or any other provider*	
Individual Annual Maximum		\$750	\$0	
Deductible	Individual Family	\$50 \$150	\$0 \$0	
Dependent Eligibility Dependents are eligible through	gh the end of the month in w	hich they attain age 26		
Diagnostic & Preventiv	ve Services			
Ēxams		100%	0%	
Cleanings		100%	0%	
Fluoride treatments [^]		100%	0%	
X-rays		100%	0%	
Sealants^		100%	0%	
Space maintainers		100%	0%	
Deductible applies		No	No	
Basic & Major Services				
Emergency treatment to relieve pain		80%	0%	
Fillings		80%	0%	
Endodontics – nonsurgical		80%	0%	
Endodontics – surgical		80%	0%	
Periodontics – nonsurgical		80%	0%	
Periodontics – surgical		80%	0%	
Extractions – nonsurgical		80%	0%	
Extractions – surgical and other oral surgery		80%	0%	
Crowns, inlays, onlays		50%	0%	
Bridges and dentures		50%	0%	
Repairs and adjustments to bridges and dentures		50%	0%	
Implants		50%	0%	
Deductible applies		Yes	No	
Orthodontic Services				
Coverage copayment		0%	0%	
Special Plan Provisions (see following pages for more information)				
Evidence-Based Integrated		Yes	Yes	
CheckUp Plus		Yes	Yes	
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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.

[^]Age limitations may apply.



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Important Information About Your Dental Plan

Delta Dental PPO is a Preferred Provider Organization (PPO) plan in which participating providers agree to a reduced fee schedule that saves you out-of-pocket expenses. Your benefits are available **only** if you see a Delta Dental PPO provider.

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.

Delta Dental PPO providers offer you several important advantages:

- Agreed-to fee ceilings (no balance-billing). Provider agrees to a reduced fee schedule. If his/her normal charge is higher than the fee ceiling, he/she can't pass the balance on to you. Saves out-of-pocket expenses.
- **Convenient claims processing.** Provider is required to file claims on your behalf, saving you the hassle of doing so yourself. Claims payments go directly to the provider.
- *Treatment guarantees.* Examples: Repair or replace dental restorations or dental sealants should they fail within 24 months.

Predetermination of Benefits

Before scheduling appointments for extensive dental care, you may ask your provider to send the treatment plan to Delta Dental. The plan will be reviewed by Delta Dental and you and your provider will receive a Predetermination of Benefits form. You and your provider 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 provider, evaluate your oral health and learn ways to improve and protect it.

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

We are also 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.

Evidence-Based Integrated Care Plan: Expanded benefits for persons with medical conditions that have oral health implications

- Delta Dental of Wisconsin's Evidence-Based Integrated Care Plan (EBICP) option is included in your plan. It provides additional benefits for persons with medical conditions that have oral-health implications. Conditions include:
 - Diabetes
 - Pregnancy
 - High risk cardiac conditions
 - o Kidney disease
 - Weakened immune system
 - Cancer therapy
 - o Periodontal disease
- EBICP's unique enrollment mechanism requires no medical claims be filed.
- EBICP requires self-enrollment by the patient or his/her provider at www.deltadentalwi.com, or by calling 800-236-3712.

CheckUp Plus™

- CheckUp Plus™ lets you obtain diagnostic and preventive services including examinations, X-rays, regular cleanings and other related treatments - without the costs of those services applying to your individual annual maximum.
- The full value of your annual maximum is applied to the benefits you receive for basic and major restorative services.
- CheckUp Plus™ promotes regular visits to the provider for exams and cleanings, which can improve your oral health and overall health.