



Delta Dental of Wisconsin's Dental Benefits
 Wisconsin Chiropractic Assoc Stand Alone option

Plan Design

	PPO Benefit	Non-PPO Benefit
Individual Annual Maximum	\$1,000	\$1,000
Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Diagnostic and Preventive Services		
Exams	100%	100%
Cleanings	100%	100%
Fluoride treatments	100%	100%
X-rays	100%	100%
Space maintainers	100%	100%
Sealants	100%	100%
Deductible applies	N	N
Basic Restorative Services		
Emergency treatment to relieve pain	80%	80%
Fillings	80%	80%
Endodontics – nonsurgical	50%	50%
Endodontics – surgical	50%	50%
Periodontics – nonsurgical	50%	50%
Periodontics – surgical	50%	50%
Extractions - nonsurgical	50%	50%
Extractions - surgical and other oral surgery	50%	50%
Deductible applies	Y	Y
Major Restorative Services		
Crowns, inlays, onlays	50%	50%
Bridges and dentures	50%	50%
Repairs and adjustments to bridges and dentures	50%	50%
Implants	50%	50%
Deductible applies	Y	Y
Orthodontic Services		
Coverage coinsurance	0%	0%
Individual lifetime maximum	\$0	\$0
Dependents eligible to age		
Full-time students eligible to age		
Adult ortho		
Deductible applies	N	N
Dependent Eligibility		
Dependents eligible to age	26	26
Full-time students eligible to age	26	26

Employer Contribution

Single	0%
Family	0%

Participation Minimum

Single	10%
Family	10%

Plan Costs (Rates guaranteed from 07/01/2017 to date(s) noted)

Insured rates (monthly premium)	06/30/2018
Single Coverage (employee, 1 Party)	\$39.07
Family Coverage (employee and spouse, 2 Party)	\$114.74
Family Coverage (employee and child(ren))	\$114.74
Family Coverage (full family, 3+ Party)	\$114.74