



# Your Dental Benefits

## Specially Prepared for the Employees of *Northern School District St Croix Falls*

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.

<b>Benefit Plan Design</b>	<b>Delta Dental PPO<sup>©</sup></b> <small>When you see a Delta Dental PPO provider</small>	<b>Delta Dental Premier</b> <small>When you see a Delta Dental Premier or any other provider*</small>
<b>Individual Annual Maximum</b>	\$1,500	\$1,500
<b>Deductible</b>		
<b>Individual</b>	\$0	\$0
<b>Family</b>	\$0	\$0
<b>Dependent Eligibility</b>		
Dependents are eligible through the end of the year in which they attain age 26 and full-time students through the end of the year in which they attain age 26; except as noted for orthodontics		
<b>Diagnostic &amp; Preventive Services</b>		
Exams	100%	100%
Cleanings	100%	100%
Fluoride treatments <sup>^</sup>	100%	100%
X-rays	100%	100%
Space maintainers	100%	100%
Sealants <sup>^</sup>	100%	100%
Emergency treatment to relieve pain	100%	100%
Deductible applies	No	No
<b>Basic &amp; Major Services</b>		
Fillings	100%	100%
Endodontics – nonsurgical	100%	100%
Endodontics – surgical	100%	100%
Periodontics – nonsurgical	80%	80%
Periodontics – surgical	80%	80%
Extractions – nonsurgical	100%	100%
Extractions – surgical and other oral surgery	100%	100%
Crowns, inlays, onlays	100%	100%
Bridges and dentures	50%	50%
Repairs and adjustments to bridges and dentures	100%	100%
Implants	0%	0%
Deductible applies	No	No
<b>Orthodontic Services</b>		
Coverage copayment	50%	50%
Individual lifetime maximum	\$1,500	\$1,500
Dependents eligible to age	19	19
Full-time students eligible to age	19	19
Adult ortho	No	No
Deductible applies	No	No

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.

<sup>^</sup>Age limitations may apply.



## 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 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](http://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](http://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!