

YOUR DENTAL BENEFITS

Prepared for the employees of Waukesha County

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.

| | OPTION 1 = Exclusive Plan Must See Delta PPO Provider | | | OPTION 2 = Standard Plan Can See Any Provider | | |
|--|---|------------------------------|----------------|---|---|---|
| | Delta Dental PPO Network | Delta Dental Premier Network | Out-of-Network | Delta Dental PPO Network | Delta Dental Premier Network | Out-of-Network |
| Individual Annual Maximum | Unlimited | \$0 | \$0 | \$1,250 | \$1,250 | \$1,250 |
| Deductible - Individual / Family | \$0 | \$0 | \$0 | \$25 / \$75 | \$25 / \$75 | \$25 / \$75 |
| Diagnostic & Preventive Exams, cleanings, fluoride treatments, x-rays, space maintainers, sealants | 100% | 0% | 0% | 100% | 100% | 100% |
| Basic & Major Services Emergency treatment to relieve pain, fillings | | | | 100%* | 100%* | 100%* |
| Root canals, treatment of gum disease, extractions (surgical, nonsurgical, & other oral surgery) | 100% | 0% | 0% | 80%* | 80%* | 80%* |
| Crowns, inlays, onlays, bridges & dentures, implants | 70% | 0% | 0% | 50%* | 50%* | 50%* |
| Repairs & adjustments to bridges & dentures | 100% | | | | | |
| Orthodontic Services Coverage copayment Individual lifetime maximum Deductible Adult orthodontics Dependent children | 100% Unlimited \$650 Yes To age 26 | None | None | 50% \$1,500 None No To age 19 | 50% \$1,500 None No To age 19 | 50% \$1,500 None No To age 19 |
| EBICP** | Yes | No | No | Yes | Yes | Yes |
| Dependent Eligibility | Dependents are covered to the end of the month they turn 26 | | | Dependents are covered to the end of the month they turn 26 | | |

*deductible applies

**Our Evidence-Based Integrated Care Plan (EBICP) provides extra preventive benefits to those who need them most. Learn more at www.deltadentalwi.com/your-health/medical-conditions.