

Highlight Comparison of Benefits for the Delta Dental Plans Offered

For complete description of benefits, refer to each plan's summary plan description or certificate of coverage.

BENEFITS HIGHLIGHTS	DELTA DENTAL STANDARD PLAN	DELTA DENTAL EXCLUSIVE PLAN
A. DELTA DENTAL NETWORK	Delta Dental PPO, Delta Dental Premier or choice of provider. Claim benefit payments are calculated using the Maximum Plan allowance.	Delta Dental PPO Claim benefit payments are calculated using the PPO Fee Allowance.
B. MAXIMUM ALLOWANCE	\$1,250 per person per calendar year.	Unlimited maximum per person per calendar year.
C. DEDUCTIBLE	\$25.00 individual deductible – Maximum of \$75.00 per family	No deductible
D. PRE-CERTIFICATION OF BENEFITS	Delta Dental of Wisconsin recommends a predetermination of benefits for treatment plans that include, crowns, fixed bridgework, implants or dentures.	Delta Dental of Wisconsin recommends a predetermination of benefits for treatment plans that include, crowns, fixed bridgework, implants or dentures.
E. DIAGNOSTIC 1. Bitewing x-rays 2. Full mouth x-rays	No deductible applied. 100% Limited to once in a benefit year. 100% Limited to once every 60-months.	100% Limited to once in a benefit year. 100% Limited to once every 60-months.
F. ORAL EXAMINATIONS	No deductible applied. 100% Limited to twice per benefit year.	100% Limited to twice per benefit year.
G. PREVENTIVE 1. Application of topical fluoride 2. Prophylaxis-cleaning of teeth 3. Space maintainers 4. Topical Sealants	No deductible applied. 100% Limited to twice per benefit year under age 19. 100% Limited to twice per benefit year. 100% Limited to covered persons under age 16. 100% Covered on permanent molars under age 18. Once application per tooth per lifetime.	100% Limited to twice per benefit year under age 19. 100% Limited to twice per benefit year. 100% Limited to covered persons under age 16. 100% Covered on permanent molars under age 18. Once application per tooth per lifetime.
H. ANCILLARY 1. Local anesthetics and general anesthetics, if medically necessary. 2. Injection of antibiotics 3. Nitrous oxide-oxygen sedation 4. Emergency treatment of pain 5. Denture repairs and adjustments, recementing of crowns or bridges	Deductible Applies 100% 100% Not covered 100% 50%	100% 100% Not covered. 100% 100%
I. RESTORATIONS 1. Amalgam fillings and composite fillings on anterior teeth. 2. Cast metal (gold or non-precious metal) onlays, inlays, crowns	Deductible Applies 100% 50%	100% 70%
J. ENDODONTICS— Root canal treatment and pulpal therapy	Deductible Applies 80%	100%
K. PERIODONTICS— Treatment for diseases of gums and tissues of the mouth	Deductible Applies 80%	100%
L. ORAL SURGERY Including simple extraction	Deductible Applies 80% Will not duplicate regular health insurance surgical-medical benefits.	100% Will not duplicate regular health insurance surgical-medical benefits.
M. PROSTHETICS— Bridges, partials, dentures, implants	Deductible Applies 50%	70%
N. ORTHODONTICS— Braces	No Deductible Applies 50% Limited to dependent children under age 19 and lifetime maximum of \$1,500.	\$650 Deductible 100% No age limits. No lifetime maximum.
O. Evidence-Based Integrated Care Program	Additional cleanings and/or topical fluoride applications for certain medical conditions.	Additional cleanings and/or topical fluoride applications for certain medical conditions.

*THE STATEMENTS IN THIS COMPARISON ARE SUBJECT TO THE TERMS AND CONDITIONS OF THE DENTAL MASTER CONTRACTS.