



YOUR DENTAL BENEFITS



Prepared for the employees of City of Milwaukee

The summary below does not cover all plan details. Further information can be found in the 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.

	EPO Plan (01618)		PPO Plan		
	Delta Dental PPO™ Network	Delta Dental Premier® Network! or Out-of-Network!	Police (01518)	Fire (01418)	General (01318)
			Any Provider*		
Individual Annual Maximum	\$4,000	\$0	\$1,250	\$1,250	\$1,250
Deductible - Ind. / Family	\$0 / \$0	N/A	\$25 / \$75	\$25 / \$75	\$25 / \$75
Diagnostic & Preventive Exams, cleanings, fluoride treatments^, X-rays, space maintainers, and sealants^	100%	0%	80%	80%	100%
Basic & Major Services Fillings, root canals, treatment of gum disease, repairs and adjustments to bridges and dentures, extractions, and other oral surgery	100%	0%	80%**	80%**	80%**
Crowns, bridges, dentures, and implants	70%	0%	80%**	80%**	80%**
Orthodontic Services Coverage copayment Individual lifetime maximum Ortho deductible Dependents eligible to Adult orthodontics	100% Unlimited \$500 Age 26 Yes	No Coverage	60% \$2,000 None Age 26 No	60% \$1,000 None Age 26 No	50% \$1,200 None Age 26 No
CheckUp™ Plus	No	No	No	No	Yes
EBICP	Yes	No	Yes		
Special Health Care Needs Benefit	Yes	No	Yes		
Dependent Eligibility	Dependents are covered to the end of the month they turn 26				

** Deductible applies
^ Age limitations may apply

*If enrolled in a PPO Plan and you visit an out-of-network (OON) provider, you will be responsible for the difference between the provider's charges and the amount your Delta Dental plan pays.

! If enrolled in the EPO Plan, you MUST see a PPO provider. Services obtained from a Premier or OON provider will not be covered.

CheckUp™ Plus allows enrollees to get diagnostic and preventive dental services without those costs getting applied to the individual annual maximum - leaving more flexibility for restorative care that might be needed later.

Evidence-Based Integrated Care Plan (EBICP) provides additional cleaning(s) and/or fluoride treatments to individuals with specific medical conditions that have oral implications. Find out more at deltadentalwi.com/EBICP.

Special Health Care Needs Benefit (SHCNB) allows extra services for individuals with certain physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting conditions. Learn more at deltadentalwi.com/SHCNB.