DELTA DENTAL®

YOUR DENTAL BENEFITS

Prepared for the employees of City of La Crosse – High Plan

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.

	Delta Dental PPO™	Delta Dental Premier® or Out-of-Network**
Individual Annual Maximum	$2,000	$2,000
Deductible – Individual/Family	$50/$150	$50/$150
Diagnostic & Preventive Exams, cleanings, fluoride treatments, X-rays, space maintainers, sealants	100%	100%
Basic & Major Services Emergency treatment to relieve pain, fillings, extractions and other oral surgery, root canals, treatment of gum disease	80%*	80%*
Crowns, bridges, dentures, repairs and adjustments to bridges and dentures, implants	50%*	50%*
Orthodontic Services Coverage copayment Individual lifetime maximum Dependents eligible to age Adult Orthodontics	50% $1,500 19 No	50% $1,500 19 No
EBICP	Yes	Yes
Dependent Eligibility	Dependents are covered to age 26	

*Deductible applies
**When seeing an out-of-network provider, balance billing may occur resulting in an out-of-pocket expense.

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

Need assistance? Contact Customer Service at 800-236-3712 or claims@deltadentalwi.com. Learn more at www.deltadentalwi.com.