



Uniform Dental Benefit (UDB) Plan Summary

The summary below does not cover all plan details. Further information can be found in the summary plan description or dental benefit handbook. These documents provide 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.

UDB Plan Design	Delta Dental PPO™ Dentist	Delta Dental Premier™ Dentist	Non-Contracted Dentist
Individual Annual Maximum	\$1,000	\$1,000	\$O
Deductible	\$O	\$O	\$O

Dependent Eligibility

Dependents are eligible through the end of the month in which they attain age 26. Age and frequency limitations may apply to certain benefits. Please refer to your Summary Plan Description for more information.

Diagnostic & Preventive Services			
Exams Cleanings Fluoride treatments X-rays Space maintainers Sealants	100%	100%	0%
Emergency treatment to relieve pain	80%	80%	0%
Basic & Major Services			
Amalgam (silver) fillings* Periodontics – non-surgical** Extractions (non-surgical)	100% 100% 90%	100% 100% 90%	0% 0% 0%
Orthodontic Services			
Coverage copayment Individual lifetime maximum Dependents eligible to age Adult ortho	50% \$1,500 19 No	50% \$1,500 19 No	0% \$0
Evidence-Based Integrated Care Plan (EBICP)***	Yes	Yes	No

^{*}Resin (white) fillings are covered at 100% on front teeth only. Plan will pay for resin (white) fillings on back teeth only up to the dollar amount covered for amalgam (silver) fillings.

If you have questions, please call Delta Dental at **844-337-8383** and a Benefit Advisor will be happy to assist you. Or visit **www.deltadentalwi.com/state-of-wi**.

^{**}Limited to periodontal maintenance.

^{***} Extra preventive benefits for those with certain medical conditions. Learn more at www.deltadentalwi.com/state-of-wi.