

State of Wisconsin Metro Choice Network Dental Plan for Plan Year 2011



As a WPS Delta Dental subscriber, you are free to see any dentist you choose on a treatment-by-treatment basis, whether or not the dentist is included in the Delta Dental Premier Dentist Directory. It is important to note, however, that your out-of-pocket costs may be lower when you see a Delta Dental Premier dentist.

Delta Dental Premier is a large network of dentists, with more than 80% of Wisconsin dentists participating. Delta Dental Premier dentists have signed a contract with Delta Dental, agreeing to accept direct payment from Delta Dental. They have also agreed not to charge you any amount that exceeds Delta Dental's allowable amount. However, you will still be responsible for deductibles, copayments, coinsurance, and fees for services that are not covered benefits under your dental policy. Should you visit a dentist that is not a Delta Dental Premier dentist, you would also be responsible for the difference in cost between what Delta Dental allows and what the dentist charges.

To find out if your dentist is a Delta Dental Premier dentist, please:

- Visit our website at www.deltadentalwi.com, or
- Call Delta toll-free at **1-800-236-3712**.

Your dental benefit through WPS is effective January 1, 2011.

WPS provides a comprehensive program to ensure your dental health. Coverage is included for important preventative care and also for treatment needed as a result of dental disease or accidental injury. Your dental benefit handbook, which will be issued by Delta Dental, will provide a more thorough explanation of your dental plan, including limitations or exclusions that might apply. You can also contact Delta Dental directly at 1-800-236-3712 with any questions you have regarding your dental coverage.



Summary of Benefits *(The benefits listed below are based on Delta Dental Premier dentist utilization. For non-Delta Dental Premier dentists, you will also be responsible for the difference in cost between Delta Dental's allowable amount and what the dentist charges.)*

Individual Annual Maximum	\$500
Deductible	
Individual	\$25
Family	\$75
Diagnostic and Preventative Services <i>(subject to deductible)</i>	
Exams	100%
Cleanings	100%
Fluoride treatments	100%
X-rays	100%
Space maintainers	100%
Basic Restorative Services <i>(subject to deductible)</i>	
Sealants	50%
Emergency treatment to relieve pain	50%
Fillings	50%
<i>Amalgam (silver) fillings are covered for any tooth. Composite (tooth-colored) fillings are covered for any tooth, however, coverage for posterior teeth is limited to the amalgam allowance.</i>	
Major Restorative Services <i>(not covered)</i>	
Crowns, inlays, onlays	0%
Bridges and dentures	0%
Repairs and adjustments to bridges and dentures	0%
Orthodontic Services <i>(subject to deductible)</i>	
Coverage copayment	50%
Individual lifetime maximum	\$1,200
Adult orthodontics	No
<i>Orthodontics is a benefit for your dependents when the active orthodontic treatment starts before age 19. Therefore, it is possible for a dependent to receive orthodontic coverage as an adult.</i>	

over please

Predetermination of Benefits

Before scheduling appointments for extensive dental care, you should ask your dentist to send the treatment plan to Delta Dental. The available coverage will be calculated and printed on a Predetermination of Benefits form within 15 days of receipt of all information necessary for benefit determination. Copies of the form will be sent to you and your dentist. You and your dentist may then discuss the treatment and your out-of-pocket costs. Delta Dental encourages you to be informed about your dental care.

Exclusions and Limitations

The following services will not be covered under your dental policy:

1. Dental procedures provided or commenced prior to the effective date of the subscriber's or covered dependent's coverage under this contract.
2. Dental procedures to treat injuries or conditions compensable under worker's compensation or employer's liability laws.
3. Dental procedures, including seating of appliances and prosthetics (crowns, bridges, and dentures) that commenced prior to the subscriber's or covered dependent's effective date of coverage under this contract.
4. Prescription drugs and premedications.
5. Preventative control programs.
6. Charges for completion of forms.
7. Charges for consultation.
8. Charges by any hospital or other surgical or treatment facility, or any additional fees charged by a dentist for treatment in any such facility.
9. Charges for treatment of, or services related to, temporomandibular joint dysfunction.
10. Services that are determined to be partially or wholly cosmetic in nature.
11. Cast restorations placed on covered dependents under age 12.
12. Prosthetics placed on covered dependents under age 16.
13. Appliances, restoration, or procedures for: (a) increasing vertical dimension; (b) restoring occlusion; (c) correcting harmful habits; (d) replacing tooth structure lost by attrition; (e) correcting congenital or developmental malformations except in newborn children; (f) temporary dental procedures; (g) implantology techniques; (h) splints, unless necessary as a result of accidental injury.
14. Dental procedures provided by other than a dentist or licensed hygienist employed by a dentist.
15. Dental procedures to treat injuries or diseases caused by riots or any form of civil disobedience.
16. Dental procedures to treat injuries sustained while committing a criminal act.
17. Dental procedures to treat injuries intentionally inflicted.
18. Replacement of lost or stolen dentures or charges for duplicate dentures.
19. Dental procedures in cases for which, in the professional judgment of the attending dentist, a satisfactory result cannot be obtained.
20. Local anesthetic is covered as a part of a dental procedure. General anesthetic or intravenous sedation is a benefit only when billed with covered oral surgery (cutting procedures).
21. Procedures not specifically covered under this contract.
22. If orthodontic procedures are included as benefits under your group's contract, the repair and replacement of orthodontic appliances is not covered.
23. Major restorative services, including but not limited to, crowns, inlays, onlays, bridges, dentures, and repairs and adjustments to bridges and dentures are not covered.

Finding a Provider

For Delta Dental dentist information, visit our website at www.deltadentalwi.com.

Click on Searching for a dentist?, click on Delta Dental Premier, and enter a location — anywhere in the nation. Or call us at 1-800-236-3712.

Delta Dental's Benefit Advisors are available every weekday from 7:30 a.m. to 5:00 p.m. (CST) to answer any questions you may have.

We look forward to talking with you!



1717 W. Broadway • P.O. Box 8190 • Madison, WI 53708-8190
www.wpsic.com/state