



# Your Dental Benefits

## Specially Prepared for the Employees of *Bethany St Joseph Corporation*

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.

### Benefit Plan Design

**Delta Dental  
Premier**  
When you see a  
Delta Dental Premier  
or any other dentist

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<b>Individual Annual Maximum</b>		\$1,000
<b>Deductible</b>	<b>Individual</b>	\$50
	<b>Family</b>	\$150

**\*\*Late Enrollees subject to 12 month waiting period on basic & major services as well as Orthodontia.**

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### Dependent Eligibility

Dependents are eligible through the end of the month in which they attain age 19 and full-time students through the end of the month in which they attain age 25; except as noted for orthodontics

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### Diagnostic & Preventive Services

Exams	100%
Cleanings	100%
Fluoride treatments	100%
X-rays	100%
Space maintainers	100%
Sealants	100%
Emergency treatment to relieve pain	100%
Deductible applies	No

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### Basic & Major Services

Fillings	80%
Endodontics – nonsurgical	80%
Endodontics – surgical	80%
Periodontics – nonsurgical	80%
Periodontics – surgical	80%
Extractions - nonsurgical	80%
Extractions - surgical and other oral surgery	80%
Crowns, inlays, onlays	80%
Bridges and dentures	80%
Repairs and adjustments to bridges and dentures	80%
Implants	80%
Deductible applies	Yes

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### Orthodontic Services

Coverage copayment	50%
Individual lifetime maximum	\$1,500
Dependents eligible to age	19
Full-time students eligible to age	25
Adult ortho	Yes
Deductible applies	No

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### Special Plan Provisions (see following pages for more information)

CheckUp Plus	Yes
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### **Confirming Your Coverage**

If you are not sure of the effective date of your coverage, please call Delta Dental at 800-236-3712 before you have any dental work done.

Also, before scheduling appointments for extensive dental care, you may ask your dentist to send the treatment plan to Delta Dental. The plan will be reviewed by Delta Dental and you and your dentist will receive a **Predetermination of Benefits** form. 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.

### **Delta Dental's Website**

[www.deltadentalwi.com](http://www.deltadentalwi.com) has a lot to offer. You can use it to obtain coverage information under your plan, check the status of a claim, find a network dentist, evaluate your oral health, and learn ways to improve and protect it.

Visit [www.deltadentalwi.com](http://www.deltadentalwi.com) for eligibility, claims or dentist information.

Also, our Benefit Advisors are available every weekday from 7:30 a.m. to 5 p.m. (Central Time) to answer your questions. Call us at 800-236-3712. We look forward to talking with you!

### **Special Plan Provisions**

Your group dental plan from Delta Dental of Wisconsin includes one or more special features designed to encourage good oral health and promote overall health. Details of these provision(s) are addressed in the policy amendments provided with your dental plan handbook. Below is a brief summary.

#### ***CheckUp Plus™ Promoting wellness***

- CheckUp Plus™ lets you obtain diagnostic and preventive services - including examinations, X-rays, regular cleanings and other related treatments - without the costs of those services applying to your individual annual maximum.
- The full value of your annual maximum is applied to the benefits you receive for basic and major restorative services.
- CheckUp Plus™ promotes regular visits to the dentist for exams and cleanings, which can improve your oral health and overall health.