



Delta Dental of Wisconsin

# Delta Dental Individual & Family High Plan

	Children	Adult	
	Any Dentist	Delta Dental PPO™ Dentist	Non-PPO Dentist
<b>Deductible</b>	\$35/\$105	\$35/\$105	\$50/\$150
<b>Out-of-Pocket Limit ^</b>	\$375/\$750	N/A	N/A
<b>Individual Annual Maximum</b>	N/A	\$1,000	\$750
<b>Diagnostic and Wellness Services</b> Exams, teeth cleanings, fluoride treatments, X-rays, sealants, space maintainers	100%*	100%*	90%*
<b>Basic Services</b> Emergency treatment to relieve pain, fillings. A 6-month wait period applies for adults.	80%*	80%*	70%*
<b>Major Services</b> Endodontics and periodontics (root canals and gum-disease treatment), simple and surgical extractions and other oral surgery, crowns, complete and partial dentures, implants, fixed bridges, repairs and adjustments to dentures. A 12-month wait period applies for adults.	50%*	50%*	40%*
<b>Medically Necessary Orthodontic Services</b> Orthodontic services to help correct severe handicapping malocclusions caused by craniofacial orthopedic deformities involving the teeth.	50%*	N/A	N/A
<b>Covered to Age</b>	19	N/A	N/A

\*Deductible applies

^Services provided by an out-of-network provider do not accumulate toward the out-of-pocket limit.