



Delta Dental of Wisconsin

Delta Dental Individual & Family Low Plan Major

	Children	Adult	
	Any Dentist	Delta Dental PPO™ Dentist	Non-PPO Dentist
Deductible	\$90/\$270	\$90/\$270	\$100/\$300
Out-of-Pocket Limit ^	\$375/\$750	N/A	N/A
Individual Annual Maximum	N/A	\$1,000	\$750
Diagnostic and Wellness Services Exams, teeth cleanings, fluoride treatments, X-rays, sealants, space maintainers	100%*	100%*	80%*
Basic Services Emergency treatment to relieve pain, fillings. A 6-month wait period applies for adults.	50%*	50%*	50%*
Major Services 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%*
Medically Necessary Orthodontic Services Orthodontic services to help correct severe handicapping malocclusions caused by craniofacial orthopedic deformities involving the teeth.	50%*	N/A	N/A
Covered to Age	19	N/A	N/A

*Deductible applies

**Predetermination of Benefits from Delta Dental is required for surgical removal of impacted third molars to be a Benefit under this Policy.

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