

2012 Comparison of Dental Benefits: Dental Wisconsin, EPIC Benefits+ and Anthem DentalBlue *Prepared by UWSA Office of Human Resources Services – Oct. 2011*

PLAN NAME	DENTAL WISCONSIN PPO		DENTAL WISCONSIN Select	EPIC Benefits+	ANTHEM DENTACARE - HMO	ANTHEM PREFERRED - PPO		ANTHEM Supplemental	
	Open Enrollment Offered			Special Enrollment. See graduated dental annual maximums	No Open Enrollment Offered. Plan closed to new members for 2012 enrollment. Current members may change offered plans (ex: HMO to Supplemental), add or remove covered family members or cancel coverage for 2012.				
Diagnostic / Preventative	In-Network	Out-of-Network	No coverage	No coverage	100%	In-Network	Out-of-Network	No coverage. Must select health plan w/ diagnostic & preventive dental benefits	
	100%	75%				80%	75%		
Basic	75%	55%	75%	No coverage	80%	60%	50%	75%	
Major/Restore (Includes Endodontic and Periodontic)	50% – includes implants	25% – includes implants	50% - includes implants	50% - includes implants	60%	40% – includes implants	25% – includes implants	50%	
Orthodontia (Lifetime Benefit)	50% up to \$1,000 – for children under the age of 19.		50% up to \$1,000 – for children under the age of 19.	\$1200 for children under age 19 after a 24-month waiting period	20% discount at participating ortho/\$1000 Benefit	20% discount at participating ortho/\$1000 Benefit		20% discount at participating ortho/\$1000 Benefit	
Annual Deductible Per Person	\$25	\$50	\$50	\$75	\$0	\$25	\$50	\$50	
Office Visit Copay	None		None	None	\$10 per visit	None		None	
Annual Benefit Maximum for Dental Services	\$1,000		\$1,000	\$1,000 Special Enrollment Limit: Year 1: \$500; Year 2: \$750; Year 3: \$1,000 Ortho: 24-month waiting period	\$750 + add'l \$500 for endodontic/periodontic	\$1,000		\$1,000	
Waiting Period (if no prior comparable coverage) Basic Services Major Services Orthodontia	Prior coverage credited 3 Months 3 Months 12 Months		Prior coverage credited 3 Months 3 Months 12 Months	Prior coverage not credited Not covered No waiting period 12 months	None	Prior coverage credited 3 Months 3 Months No waiting period		Prior coverage credited 3 Months 3 Months No waiting period	
2012 RATES				Without Vision Insurance	With Vision Insurance	Region 1	Region 2		
Employee	\$26.82		\$17.84	\$18.99	\$22.99	\$23.27	\$28.78	\$23.51	\$18.08
Employee + Spouse or Domestic Partner	\$56.78		\$36.68	\$37.98	\$45.05	\$46.55 Employee + 1	\$57.56 Employee + 1	\$47.01 Employee + 1	\$36.17 Employee + 1
Employee + Child or Children	\$63.49 Employee + Child(ren)		\$42.32 Employee + Child(ren)	\$37.98 Employee + Child	\$45.05 Employee + Child				
Family	\$95.97		\$62.24	\$56.97	\$67.36	\$74.47	\$92.10	\$77.56	\$54.28
Network Requirements	Delta Dental PPO Provider Network	Delta Dental Premier Providers*	See any dentist. Utilization of a Premier provider will eliminate any balance billing for charges over maximum plan allowable cost.*	See any dentist. An excess coverage plan that includes dental benefits, not a dental insurance plan. Always pays its benefits after all other plans	DentaCare HMO Providers Only		Preferred PPO Providers		See any dentist. Utilization of a Preferred PPO provider will eliminate any balance billing for charges over maximum plan allowable cost.
WI Providers	1,698 at 706 locations	3,899* at 1711 locations	3,899* at 1711 locations	N/A	525	1,251		1,642	