



**University of Wisconsin System Employees
Dental Wisconsin PPO and Select Plans
Frequently Asked Questions
October 2011**

Please be aware that once enrolled, you must remain covered under this plan for the entire calendar year unless your employment terminates.

For links to Dental Wisconsin benefit information, including premiums, please see:

- The [Dental Wisconsin Brochure](#) for plan and premium information.
- A [comparison of dental benefits and premiums](#) between Dental Wisconsin, EPIC Benefits+ and Anthem DentalBlue (closed to new enrollment).

You can also find additional information, by referencing the appropriate Dental Wisconsin booklet for your selected plan, at the following link: <http://www.epiclifecom.com/>. Click on the State of Wisconsin Map that contains all the information for State of Wisconsin employees.

Please note that is a summary only. Any conflict between the FAQs and the contract will be determined by the contract.

In this document, “you” means a University of Wisconsin employee.

1. Who is eligible for the Dental Wisconsin plans?

All unclassified employees (faculty, academic staff, limited, student assistants, employees-in-training) and all classified employees (project employees, LTEs and represented and non-represented classified permanent employee) are eligible for Dental Wisconsin.

Rehired annuitants receiving a Wisconsin Retirement System annuity are not eligible to enroll for this plan.

2. What is my enrollment deadline?

For the fall enrollment period, you must submit your application to your payroll/benefits office by 4:30 p.m. Friday, October 28, 2011.

If you are a new employee and you want your dental coverage to begin as soon as possible, you must submit an application to your payroll/benefits office no later than 30 calendar days from your employment begin date or within 30 days of first becoming eligible for coverage.

This plan does not offer enrollment through evidence of insurability, therefore, if you do not enroll when initially eligible, you will have to wait for an approved enrollment period. Open enrollments will be periodically established through contract agreements but will not be offered on an annual basis.

3. How do I decide which plan to choose?

There are two plans available through Dental Wisconsin – the PPO plan and the Select plan. Review the Dental Wisconsin [plan brochure](#) for details about the benefits and out-of-pocket costs, including premiums, deductibles and coinsurance. The PPO plan pays at a higher level of benefits if you use one if the approximately 1,109 Delta Dental PPO providers but you can receive services from any dental provider.

The Select plan is intended to wrap-around the dental benefits offered by the HMOs that participate in the State of Wisconsin Group Health insurance program. The Select plan allows you to see the dentist of your choice. Most health plans include some diagnostic and preventive dental services (such as cleanings, x-rays and fillings) so the Select plan does not duplicate coverage for these services, which in turn lowers the premium rate. You do not have to have diagnostic and preventive dental coverage provided through your health plan to elect the Select plan but you should be aware that you will be responsible for paying for these services out-of-pocket if they are not covered by your health plan or other dental coverage.

With either the Dental Wisconsin PPO or the Select plan, you will not be billed for any charges that exceed the maximum allowable payment if you utilize one of the approximately 2,832 participating Delta Dental Premier providers in Wisconsin. If you have the Dental Wisconsin PPO plan, your claims will be paid according to the non-network schedule of benefits if you see a provider who is a Delta Dental Premier provider but is not also a Delta Dental PPO provider. Review the [provider directory website](#) for available PPO and Premier providers.

4. May I enroll in both the Dental Wisconsin PPO plan and the Select plan?

No. You may elect to enroll in only one of the offered Dental Wisconsin plans.

5. Is there a waiting period before services are covered?

Diagnostic and preventive services (cleanings, x-rays) are covered immediately under the Dental Wisconsin PPO (diagnostic and preventive services are excluded from the Select plan's coverage).

There is a waiting period of 90 days for new members before basic services (e.g., fillings) or major services (e.g., crowns, bridges, dentures) are covered under the Dental Wisconsin PPO or Select plans. There is a 12-month waiting period for the orthodontic benefit. Children who have the appliance placed prior to age 19 are eligible for the orthodontic benefit.

If you have coverage under Anthem DentalBlue or another comparable dental plan at the end of 2011, you and any covered dependents will not have to re-serve any waiting periods satisfied under the prior plan.

If you are enrolling due to loss of other comparable coverage under the federal HIPAA law, you will not have to re-serve any portion of waiting period satisfied under the prior plan. You will need to provide evidence of the prior coverage (such as an ID card). If you cancel your coverage and later re-enroll, you are considered to be a new member and the waiting periods may again apply.

6. If I carry health insurance under the Standard Plan, am I eligible to enroll in the Dental Wisconsin Select plan?

Yes. You are eligible to enroll in the Select plan but be aware that the Select plan does not cover any diagnostic and preventive dental costs. The Standard Plan does not provide coverage for diagnostic and preventive (cleanings, x-rays, fillings, etc.) dental services so you will be responsible for these costs if you enroll in the Select plan and do not have coverage for these services under another insurance plan.

7. Am I eligible to enroll if I do not carry health insurance through the State of Wisconsin?

Yes, if you are eligible to enroll in health insurance but do not carry it, you may enroll in the Dental Wisconsin PPO or Select plan when initially eligible or during an approved enrollment period. Please note that the Select plan does not provide coverage for diagnostic and preventive dental services (such as cleanings, x-rays and fillings).

8. What is comparable coverage?

If you had comparable coverage prior to enrolling in a Dental Wisconsin (no more than a 63-day gap in coverage), any portion of the waiting period satisfied while covered under the prior plan will be applied to the Dental Wisconsin waiting period. Comparable coverage is another dental insurance plan that provides coverage for preventive, diagnostic, basic and major dental services. Coverage under EPIC Benefits+ and a health insurance plan offering preventive and diagnostic dental services will be considered to be comparable coverage. Evidence of the other plan(s) is required, such as a copy of the ID card.

9. How do I choose a clinic or dentist?

Refer to the [PPO provider directories](#) for participating Delta Dental PPO providers.

10. I am currently a union-represented employee enrolled in the OSER-sponsored Anthem DentalBlue dental plan and I will be moving to a non-represented position. Am I eligible to enroll in the Dental Wisconsin plan upon my transfer? What if I'm a non-represented employee moving to a represented position?

If you transfer from a represented classified appointment to an unclassified or non-represented classified appointment and you have Anthem DentalBlue coverage in force, you will lose eligibility for that coverage. The loss of eligibility creates a special enrollment opportunity to elect Dental Wisconsin within 30 days of your appointment change. Any portion of the waiting periods already satisfied under the Anthem DentalBlue coverage will apply to the Dental Wisconsin waiting periods.

If you do not have Anthem DentalBlue coverage in force, you will not have a special enrollment opportunity to elect Dental Wisconsin because you were eligible for Dental Wisconsin coverage as a represented classified employee. Because you are losing eligibility for Anthem DentalBlue, you can elect to continue that coverage through COBRA provisions but you will need to pay premiums directly to Anthem and will not get the advantage of having premiums deducted on a pre-tax basis.

If you transfer from an unclassified or non-represented classified appointment to a represented classified appointment, you may not enroll for Anthem DentalBlue if the effective date of coverage is after December 1, 2011.

11. Are there Dental Wisconsin PPO providers in other states?

Yes, the Delta Dental network of contracted dentists, the network used by Dental Wisconsin is available nationwide.

A search on the [Delta Dental website](#) will present names of Premier and PPO contracted dentists in any area of the United States and Puerto Rico. If a dependent child is going to college in another state or if a member is travelling outside of Wisconsin, they can search for a dentist in that location in either of the Delta Dental Dentist Networks – Premier or PPO – and a contracted dentist will honor their Delta Dental network agreement for a Wisconsin resident covered by Delta Dental of Wisconsin.

You can see any dentist if you have Dental Wisconsin coverage but you will maximize benefits under the Dental Wisconsin PPO Plan if you select a [Delta Dental PPO dentist](#). You will also minimize your out-of-pocket costs if you select a [Delta Dental Premier dentist](#) if you have coverage under the Select Plan or have the PPO plan and do not use a Delta Dental PPO provider. You are able to search Delta Dental's [provider directory website](#) or you can contact Delta Dental customer service at 1-800-236-3712.

12. Who are eligible dependents?

Eligible dependents include:

- Legally married spouse of the employee or domestic partner of the employee as evidenced by an approved “Affidavit of Domestic Partnership.
- An unmarried child may continue to be covered as your dependent until the end of the month in which the child attains age 26 (age 27 in 2011). If the child is not eligible to be your dependent according to IRS guidelines it is important to indicate that on the application or notify your payroll/benefits office as soon as possible. If the child is a non-tax eligible dependent, your premiums will be deducted on a post-tax basis.
- An unmarried child of any age who are incapable of self-sustaining employment by reason of mental or physical disability that is expected to be of long-term or indefinite duration and is chiefly dependent on the employee or other parent for support and maintenance.
- The child of a dependent child (grandchild) until the end of the month in which the dependent child attains age 18. The dependent child’s coverage is unaffected as long as they remain eligible for coverage.

A married child is not eligible for the Dental Wisconsin coverage. Coverage ceases at the end of the month a dependent marries regardless of age.

13. How do I enroll my domestic partner?

To enroll a domestic partner, an Affidavit of Domestic Partnership must be filed and there are strict time frames that must be met. There are two types of domestic partnerships that can be executed depending upon whether or not you are enrolling your domestic partner for “Chapter 40” benefits, such as state group health or life insurance and Wisconsin Retirement System benefits.

If you are enrolling your domestic partner for “Chapter 40” benefits, you must submit your completed ETF Affidavit of Domestic Partnership, form [ET-2371](#), to ETF and receive their Acknowledgement letter which will indicate an effective date of the partnership for benefit purposes. The ETF Acknowledgement letter must be submitted to your payroll/benefits office along with your [Dental Wisconsin application](#). The application must be submitted within 30 days of the effective date of the partnership for benefits purposes. If you do not receive your acknowledgement letter from ETF in a timely basis, you should submit your application to you payroll/benefits office within 30 days of submitting the affidavit to ETF and then provide the acknowledgement letter as soon as you receive it. Your application will not be processed without proof of the domestic partnership.

If you are not enrolling your domestic partner for “Chapter 40” benefits, you should use the UW System Affidavit of Domestic Partnership, [UWS-50](#). Submit the completed UWS Affidavit to your payroll/benefits office along with your [Dental Wisconsin application](#) or submit the application within 30 days of submitting the Affidavit. If you later create a domestic partnership with ETF or get married, you will not have another enrollment period at that time.

Regardless of which Affidavit of Domestic Partnership is used, you must submit a [Dental Wisconsin application](#) to enroll your domestic partner within 30 days of the UW or the ETF domestic partnership effective date, whichever is earlier.

If the domestic partnership later terminates, two forms must be submitted to your payroll/benefits office:

- An Affidavit of Termination of the Domestic Partnership. If the ETF Affidavit of Domestic Partnership was filed, submit the [ETF Affidavit of Termination of Domestic Partnership](#) to ETF. Upon receipt of ETF's acknowledgement letter, provide a copy of the letter to your payroll/benefits office. If you used the UWS Affidavit of Domestic Partnership, submit the [UWS Termination of Domestic Partnership](#) to your payroll/benefits office; and
- 2) A new [Dental Wisconsin application](#) removing the domestic partner and his/her dependent(s) from coverage. This change may result in a reduction in your monthly premium.

If you and your domestic partner later marry, submit a new application to make your spouse a tax-eligible dependent so that your premiums can be deducted on a pre-tax basis.

Except in the case of fraud or misrepresentation, any retroactive premium adjustments will be limited to 60 days.

14. If I have a new dependent, can I add the dependent to my coverage during the calendar year? What if I'm not already enrolled?

Yes, you can add the new dependent. If you have a new dependent, such as a spouse, domestic partner, newborn child or adopted child, you have a new enrollment opportunity under federal HIPAA law even if you were not previously covered. You have 30 days from the date of marriage or acknowledgement of an Affidavit of Domestic Partnership or 60 days from the date of birth or adoption to submit a [Dental Wisconsin application](#) to your payroll/benefits office to enroll yourself and any other family members for coverage. You may enroll without including the new dependent on the coverage. Coverage is effective on the day of the event.

New enrollees will be required to satisfy the waiting periods before benefits are payable.

15. Are premiums taken pre-tax?

Yes, the [Internal Revenue Code, Section 152](#), allows premiums for an employer-sponsored dental program to be taken pre-tax for qualified participants. However, the Internal Revenue Code does not extend this benefit to LTEs, employees enrolling with domestic partners as non-tax dependents or non-tax adult dependents.

16. Am I required to select a clinic or dentist under the PPO plan?

You do not have to select a provider or clinic. You are free to choose any provider you want and benefits will be paid according to the provider's affiliation with the Delta Dental network. A greater benefit is paid if you use a Delta Dental Preferred Provider.

17. What if my dentist leaves the plan during the year?

With the Dental Wisconsin PPO, you may continue to see your dentist if he or she remains in practice; however, you will incur higher out-of-pocket costs. If the provider leaves the Delta Dental Premier Network, you may be responsible for costs that exceed the maximum allowable payment for the services received.

18. As a represented classified employee, can I elect one of the Dental Wisconsin plans and one of the Anthem DentalBlue plans? Can I also have EPIC Benefits+?

Yes you may, however enrollment for Anthem DentalBlue is closed for 2012 for UWS employees.

The order that the plans will pay will be based on which plan has covered you for the longer period of time. That plan will pay its benefits first. The secondary plan will then coordinate benefits. EPIC Benefits+ is an “excess” policy and will always pay its benefits last.

19. Is the EPIC Benefits+ deductible satisfied by charges paid under the Dental Wisconsin plan?

No. You must still meet the \$75 per person deductible for benefits to be payable by EPIC Benefits+.

While the EPIC Benefits+ plan does provide dental coverage in addition to the hospital and surgical benefit, AD&D and vision benefits, it is not a stand-alone dental insurance plan and is not associated with Dental Wisconsin. If you have coverage under both EPIC Benefits+ and a Dental Wisconsin plan, the EPIC Benefits+ plan will always be the last plan to pay because it is an “excess” plan.

20. If I have some dental coverage through my health plan and one of the Dental Wisconsin plans and am also enrolled in the EPIC Benefits+ plan, in what order will the plans pay my claims?

The order of benefit determination (which plan pays first) is uniform in the insurance industry. In the following example, there are three plans and the order of benefit is: (1) the health plan, (2) the Dental Wisconsin Select plan and (3) the EPIC Benefits+ plan. EPIC Benefits+ will always be the last to pay.

Example: Employee enrolled in the Select Plan (Example is for illustration only and may not reflect exactly how your claim would be paid.):

You receive 2 crowns at \$900 each. Total charges are \$1800.

- The HMO denies benefits because the health plan does not provide coverage for crowns.
- You pay the \$50 deductible of the Select plan, leaving a balance of \$1750.
- The Select plan pays 50% of the cost of a covered crown, subject to annual maximum of \$1,000.
 - The Select plan pays half of the balance remaining of \$1750, for a total of \$875. You still have \$125 of the \$1,000 annual benefit maximum available to apply towards other covered services during the same calendar year.
- EPIC Benefits+ then determines its payment as if it was the primary plan (i.e., the first plan to pay on a claim) even though it will actually be the last plan to pay on the claim. That amount is then applied to the balance of the claim but will not exceed the total amount billed and is subject to the annual maximum benefit.
 - The annual \$75 deductible, applied by EPIC Benefits+ for covered dental services, is deducted from the \$1800 claim, leaving a balance of \$1725. EPIC Benefits+ pays 50%, up to an annual maximum of \$1,000. Fifty percent of \$1725 balance is \$862.50.

Summary:	Total Claim	\$1800
	Health plan pays	\$ 0
	The annual Select plan deductible	\$ 50
	Select plan pays 50% of \$1750	<u>\$ 875</u>
	Balance Remaining =	\$ 875

Then the EPIC Benefits+ payment is determined as if it were the primary payer.

Total Claim	\$1800
EPIC Benefits+ annual deductible	- <u>\$ 75</u>
	\$1725
EPIC Benefits+ pays 50%	\$ 862.50
Dental Wisconsin Select payment	+ <u>\$ 875.00</u>
	\$1737.50
Your responsibility (\$1800 – \$1737.50) =	\$ 62.50

21. What is the orthodontic benefit?

Orthodontia is covered for children who have completed the 12-month waiting period and have the appliance placed before they turn age 19. The benefit is paid at 50% up to \$1,000 maximum lifetime benefit for orthodontia. You can use the orthodontist of your choice under either the Dental Wisconsin PPO or the Select plan.

22. May I change from one of the offered plans to another?

You may change from the Dental Wisconsin PPO plan to the Select plan, or vice versa, when there is an offered enrollment period. Enrollment periods will be offered from time to time but not on an annual basis.

23. My spouse/domestic partner is also eligible for this plan. Can we do a “spouse-to-spouse” transfer of the Dental Wisconsin coverage?

Yes but only if both of you are enrolled under the same Dental Wisconsin plan (i.e., the PPO plan or the Select plan). A spouse-to-spouse transfer does not allow you to change Dental Wisconsin plans.

24. My spouse/domestic partner and I are both eligible for Dental Wisconsin insurance. Can we both enroll in family coverage?

No, Dental Wisconsin does not allow enrollment in two family plans. You can each enroll in a single plan or you may have one family plan if there are dependent children that you wish to insure.

25. Can I continue coverage if I terminate employment?

Yes. Coverage may be continued by completing a continuation form. You can obtain a continuation form from your payroll/benefits office.

Coverage may be continued for 18 months in the event of termination of employment (36 months if termination of employment is in 2011). Dependents may continue coverage for up to 36 months if coverage is lost due to death of the employee, divorce, dissolution of a domestic partnership or loss of eligibility for a dependent due to age. If dependents lose coverage due to divorce or loss of eligibility, the payroll/benefits office must be notified within 60 days of the event or the right to continue coverage is lost. Each individual losing coverage has an independent right to elect to continue coverage.

26. How long may I continue the dental plan at retirement?

Indefinitely, as long as you are covered under the plan immediately prior to terminating employment **due to retirement** and you submit the continuation form within the required time period. Should you die, your insured surviving spouse or domestic partner may continue coverage indefinitely.

27. The dental plan is called Dental Wisconsin. Why am I seeing references to EPIC Life Insurance Company and Delta Dental?

Dental Wisconsin is a product name of a plan that is underwritten by EPIC Life Insurance Company. The plan uses the Delta Dental network of providers and Delta Dental administers the plan, meaning that claims are submitted to and processed by Delta Dental.

28. How do I contact Dental Wisconsin?

Dental Wisconsin uses the Delta Dental provider network so questions regarding dental provider access can be directed to Delta Dental at 1-800-883-3920.

If you have a Dental Wisconsin member identification number, please have it available when you contact EPIC Life Insurance Company or Delta Dental.

The mailing address for enrollment information is:

The EPIC Life Insurance Company
PO Box 8430
Madison, WI 53708-8430

In most cases, the provider of dental services will submit the claims for you. If you do need to submit a claim, it should be sent to:

EPIC Life Insurance
PO Box 828
Stevens Point, WI 54481

In most cases, for concerns about a claim payment call 1-800236-3712. For questions about eligibility call 1-800-520-5750. Written correspondence should be sent to:

For Claims:
EPIC Life Insurance
PO Box 828
Stevens Point, WI 54481

For eligibility, begin with your payroll office first. Then contact EPIC at:

EPIC Life Insurance
PO Box 8430
Madison, WI 53708-8430