# 2022 State Dental Plan Summaries

Summaries do not cover all plan details. Please refer to the Summary Plan Description or Handbook.

<table>
<thead>
<tr>
<th>In-Network Providers (No out-of-network coverage)</th>
<th>Delta Dental PPO and Delta Dental Premier</th>
<th>Delta Dental PPO ONLY</th>
<th>Delta Dental PPO Plus Premier™ – Select Plus Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible¹</td>
<td>None</td>
<td>$100 / person</td>
<td>$25 / person</td>
</tr>
<tr>
<td>Annual Maximum</td>
<td>$1,000 / person</td>
<td>$1,000 / person</td>
<td>$2,500 / person</td>
</tr>
<tr>
<td>Routine evaluations, dental cleanings, sealants, bitewing and panoramic X-rays, fluoride treatments, pulp vitality tests</td>
<td>100%</td>
<td>No coverage</td>
<td>No coverage</td>
</tr>
<tr>
<td>Fillings White (composite) fillings now covered at 100% for back teeth</td>
<td>100%</td>
<td>No coverage</td>
<td>No coverage</td>
</tr>
<tr>
<td>Periodontal Maintenance</td>
<td>100%</td>
<td>No coverage</td>
<td>No coverage</td>
</tr>
<tr>
<td>Crowns, bridges, dentures, implants</td>
<td>No coverage</td>
<td>50%</td>
<td>60%</td>
</tr>
<tr>
<td>Surgical extraction, root canal (endodontics), periodontics (except maintenance), oral surgery</td>
<td>No coverage</td>
<td>50%</td>
<td>80%</td>
</tr>
<tr>
<td>Non-surgical extractions (above gumline)</td>
<td>90%</td>
<td>No coverage</td>
<td>No coverage</td>
</tr>
<tr>
<td>Orthodontics Coverage</td>
<td>50% (under age 19)</td>
<td>No coverage</td>
<td>50% (Regardless of age)</td>
</tr>
<tr>
<td>Orthodontics Lifetime Maximum</td>
<td>$1,500</td>
<td>No coverage</td>
<td>$1,500*</td>
</tr>
</tbody>
</table>

¹In addition to UDB or Preventive Plan

## Monthly Premium

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Employee</td>
<td>Retiree</td>
<td>Active Employee</td>
<td>Retiree</td>
</tr>
<tr>
<td>Individual</td>
<td>$3</td>
<td>$30.20</td>
<td>$34.72</td>
</tr>
<tr>
<td>Individual + Spouse</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Individual + Child(ren)</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Family</td>
<td>$9</td>
<td>$75.50**</td>
<td>$86.80</td>
</tr>
</tbody>
</table>

**Medicare 1 and Medicare 2 recipients pay a family rate of $60.40 for UDB

*If you are enrolled in the UDB or Preventive Plan AND a major supplemental plan (Select or Select Plus) and have a qualified preventive service (cleaning/exam) in 2021, your deductible on the major supplemental plan will be waived in 2022. Individuals must be enrolled in both plans (UDB or Preventive Plan and Select or Select Plus Plans) in 2021 and 2022 to be eligible. In addition, if you continue coverage and have your preventive visit in 2022, your 2023 deductible will also be waived.*

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www.deltadentalwi.com/state-of-wi

M920H-2108(State)