Delta Dental PPO Plus Premier™ – Select Plus Plan Handbook

Delta Dental of Wisconsin

DELTA DENTAL®

Your Choice of Provider — Delta Dental PPO plus Premier – Select Plus Plan

Delta Dental PPO plus Premier is Delta Dental's preferred provider organization (PPO). This option offers an added advantage to patients receiving treatment from a Delta Dental PPO℠ Provider.

Delta Dental PPO Providers

Delta Dental PPO Providers have signed a contract with Delta Dental or another member of the Delta Dental Plans Association, agreeing to accept reduced fees for the Dental Procedures they provide. This reduces Your out-of-pocket costs, because You will be responsible only for applicable Deductible amounts and Coinsurance for covered Benefits. You will be responsible for fees for services that are Noncovered Benefits under Your Group's Contract. And because these Providers agree to fees approved by Delta Dental, they receive payment directly from Delta Dental.

Delta Dental Premier® Providers

Delta Dental Premier Providers have signed a contract with Delta Dental or another member of the Delta Dental Plans Association, agreeing to accept direct payment from Delta Dental. They have also agreed not to charge You any amount that exceeds the Maximum Plan Allowance (MPA). However, You will still be responsible for Deductibles and Coinsurance, and fees for services that are Noncovered Benefits under Your Group's Contract.

The MPA is the total dollar amount allowed under Your Group's Contract for a specific Benefit. The MPA will be reduced by any Deductible and Coinsurance the Subscriber or the Covered Dependent is required to pay.

As a Delta Dental Subscriber you will only recieve benefits under this plan if the services are received from a Provider who is a Delta Dental PPO or Delta Dental Premier Provider at the time the procedure is completed.

For information on Delta Dental PPO and Delta Dental Premier Providers, visit Delta Dental's website at www.deltadentalwi.com/state-of-wi or call 844-337-8383.

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Welcome

Delta Dental has been selected by Your employer to provide Your Group dental coverage. All of us at Delta Dental are pleased to bring these important Benefits to You and any Dependents You have enrolled for coverage.

It is important for You to read this Dental Benefit Handbook with the Summary of Benefits. The Summary of Benefits lists the specific Benefits of Your Group dental coverage. Together, the Dental Benefit Handbook and the Summary of Benefits comprise Your certificate of insurance.

This Certificate is not the insurance policy: it is evidence of insurance provided under the Contract between Delta Dental and Your employer. All Benefits are paid according to the terms, conditions and provisions of Your Group's Contract. This Certificate describes the essential features of such insurance. This Certificate replaces and supersedes all Certificates, endorsements and riders that we may have previously issued to You prior to the effective date of this Certificate.

The Contract issued to Your employer is the complete document of insurance and governs all claims processing. It will serve as Delta Dental's primary resource when answering questions regarding Your dental claims. You may examine Your Group's Contract any time by contacting Your employer or Delta Dental during normal business hours.

All claims are settled based on a specific methodology. The eligible amount of a claim may be less than the provider's billed charge.

If a clerical error or other administrative mistake occurs, that error will not deprive You of coverage that You would otherwise have had under this policy. A clerical error or other administrative mistake also will not create coverage that does not otherwise exist under this policy.

Definitions

"Benefit Accumulation Period" means the time period that Deductibles and maximum Benefits accumulate. The Benefit Accumulation Period is the time period shown in the Summary of Benefits.

"Benefit" means those Dental Procedures that are covered by Delta Dental under the terms of Your Group's Contract as specified in the Summary of Benefits.

"Certificate" means the Dental Benefit Handbook and Summary of Benefits issued to a Subscriber insured through the Group. The Certificate outlines the Benefits provided by Your Group's Contract.

"Coinsurance" means the percentage of the MPA, after any applicable Deductible is applied, paid by the Subscriber or Covered Dependent for a specific Benefit each time such Benefit is provided under Your Group's Contract.

"Coverage Percentage" means the percentage of the MPA, after any applicable Deductible is applied, paid by Delta Dental for a specific Benefit, as specified in the Summary of Benefits.

"Covered Dependent" means a Dependent who (a) is listed in the documents necessary for coverage under the Contract, (b) has been accepted by Delta Dental for coverage, and (c) for whom the appropriate premium has been paid.

"Deductible" means the specified dollar amount that a Subscriber or Covered Dependent is required to pay each Benefit Accumulation Period before Delta Dental will pay Benefits as specified in the Summary of Benefits.

"Dental Benefit Handbook" means the Group dental insurance handbook and the Summary of Benefits provided by Delta Dental to Subscribers that outlines the dental Benefits available to Subscribers and Covered Dependents.

"Delta Dental" means Delta Dental of Wisconsin, Inc.

"Delta Dental PPO Provider" means:

a. Any Provider who has entered into a Delta Dental of Wisconsin PPO Provider agreement or a PPO Provider agreement with another member of the Delta Dental Plans Association to provide or arrange for the provision of Dental Procedures to Subscribers and Covered Dependents, and who abides by such uniform rules and regulations as prescribed by Delta Dental.

b. Any Provider who is a member or shareholder of a professional dental corporation or other entity that has entered into a corporate Delta Dental of Wisconsin PPO Provider agreement on behalf of its member, shareholder or employee Providers or that has entered into a corporate PPO Provider agreement with another member of the Delta Dental Plans Association on behalf of its member, shareholder or employee Providers.

"Delta Dental Premier Provider" means:

a. Any Provider who has entered into a Delta Dental of Wisconsin Premier Provider agreement or a Premier Provider agreement with another member of the Delta Dental Plans Association to provide or arrange for the provision of Dental Procedures to Subscribers and Covered Dependents, and who abides by such uniform rules and regulations as prescribed by Delta Dental.

b. Any Provider who is a member or shareholder of a professional dental corporation or other entity that has entered into a corporate Delta Dental of Wisconsin Premier Provider agreement on behalf of its member, shareholder or employee Providers or that has entered into a corporate Premier Provider agreement with another member of the Delta Dental Plans Association on behalf of its member, shareholder or employee Providers.

"Dental Procedure" means dental treatment provided to a Subscriber of Covered Dependent by a Provider and reported to Delta Dental using the Code on Dental Procedures and Nomenclature (CDT).

"Dependent" means a person who has satisfied the criteria for eligibility listed in Your Group's Contract.

"Eligible Employee" means an employee or member of the Group who has satisfied the criteria for eligibility to enroll for coverage under Your Group's Contract.

"Grievance" means any dissatisfaction with the administration, claims practices, or provision of services by Delta Dental that is expressed in writing by or on behalf of a Subscriber or Covered Dependent.

"Group" means the employer, association, union or other organization contracting with Delta Dental to provide Benefits to its Eligible Employees or members and their Dependents, if applicable.

"Master Group Contract" or "Contract" means the Group dental insurance policy issued by Delta Dental to the Group in which Delta Dental agrees to provide dental Benefits to the Subscriber or Covered Dependent. The Contract includes the Group application, the Declarations (including the Schedule of Benefits), the Master Group Contract, and any attached addenda, appendixes, endorsements, schedules or riders.

"Maximum Plan Allowance" or **"MPA"** means the total dollar amount allowed for a specific Benefit.

"Noncontracted Provider" means a Provider who is not a Delta Dental PPO Provider or Delta Dental Premier Provider.

"Noncovered Benefits" means those Dental Procedures that are not covered by Delta Dental under the terms of Your Group's Contract.

"Open Enrollment Period" means an enrollment period during which time any Eligible Employee and/or Dependent may apply to become a Subscriber and/or Covered Dependent, and existing Subscribers may apply to change to another provider network or coverage option, if available, or elect to terminate coverage.

"PPO" means a preferred provider organization.

"Premium" means the total monthly fee due for this Contract. The Premium will be based on the Rate and the number of Subscribers.

"Provider" means a person duly licensed under Chapter 447 of the Wisconsin Statutes who acts within the lawful scope of his/her license under Chapter 447 or a person duly licensed in the state or country in which the Dental Procedures are rendered who acts within the lawful scope of his/her license.

"Rate" means the monthly fee required for each Subscriber in accordance with the terms of Your Group's Contract.

"Subscriber" means an Eligible Employee or member of the Group who (a) has completed and signed the documents necessary for coverage under the Contract, (b) has been accepted by Delta Dental as a Subscriber, and (c) for whom the appropriate Premium has been paid.

"Summary of Benefits" is a listing of the specific Benefits and Benefit limitations for Dental Procedures provided under the terms of Your Group's Contract. The Summary of Benefits is provided as an insert with this Dental Benefit Handbook.

"Urgent Care Grievance" means any dissatisfaction with the administration or claims practices of or provision of services by Delta Dental that requires immediate dental attention. Such grievance must be delivered in writing to Delta Dental. See the Grievance Procedures section of this Handbook.

"You" and **"Your"** means the Subscriber.

Filing Claims

To file a claim with Delta Dental, simply present Your employee identification card to the receptionist at the dental office, or give Your member number. Claims must be filed on forms acceptable to Delta Dental.

Predetermination of Benefits

After an examination, Your Provider may recommend a treatment plan. If the services involve crowns, fixed bridgework, implants, or partial or complete dentures, ask Your Provider to send the treatment plan with images to Delta Dental. The available coverage will be calculated and printed on a Predetermination of Benefits form. Copies of the form will be sent to You and Your Provider.

The Predetermination of Benefits form is valid for one year from the date issued.

Predeterminations are not required, but Delta Dental encourages You to use this service. Should You have any questions about a predetermination, just call us at 844-337-8383.

Before You schedule dental appointments, You and Your Provider should discuss the amount to be paid by Delta Dental and Your financial obligation for the proposed treatment.

Optional Procedures

Delta Dental will pay the applicable MPA for the least expensive Dental Procedure that is adequate to restore the tooth or dental arch to contour and function, but only if the more expensive Dental Procedure is a Benefit of Your Group's Contract. You will be responsible for either the remainder of the Provider's fee if a more expensive covered Dental Procedure is selected or the entire fee if the more expensive Dental Procedure is not a Benefit. The Coinsurance and Deductible will apply regardless of which Dental Procedure is selected.

Covered Dental Procedures

Only Dental Procedures indicated as Benefits on Your Summary of Benefits insert are covered under Your Group's Contract.

Covered Dental Procedures are subject to the limitations described in the Summary of Benefits and the exclusions outlined in this Dental Benefit Handbook.

Exclusions

1. Dental Procedures, services, treatment or supplies provided or commenced prior to the effective date of Your coverage under this Contract or after the termination date of coverage, unless otherwise indicated
2. Dental Procedures, services, treatment or supplies to treat injuries or conditions compensable under worker's compensation or employer's liability laws
3. Charges for completion of forms
4. Charges for consultation
5. Dental Procedures, services, treatment or supplies excluded as provided in the Summary of Benefits
6. Dental Procedures, services, treatment or supplies not specifically covered under this Contract or excluded by Delta Dental rules and regulations, including Delta Dental processing policies, which may change periodically and are printed on the Explanation of Benefits and Explanation of Payment forms
7. Prescription drugs, premedications or relative analgesia
8. Preventive control programs
9. Charges for failure to keep a scheduled appointment
10. Charges by any hospital or other surgical or treatment facility, or any additional fees charged by a Provider for treatment in any such facility
11. Charges for treatment of, or services related to, temporomandibular joint dysfunction
12. Dental Procedures, services, treatment and supplies that are determined to be partially or wholly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances
13. Crowns placed on Covered Dependents under age 12, other than prefabricated crowns
14. Prosthetics placed on Covered Dependents under age 16
15. Appliances, restorations, or procedures for: (a) increasing vertical dimension; (b) restoring occlusion; (c) correcting harmful habits; (d) replacing tooth structure lost by attrition, erosion, abrasion, or abfraction; (e) correcting congenital or developmental malformations except in newly born children; (f) replacement, provisional and temporary services; (g) implantology techniques (unless otherwise noted in the Summary of Benefits); (h) splints, unless necessary as a result of accidental injury
16. Dental Procedures, services, treatment or supplies provided by an individual other than a Provider

17. Dental Procedures, services, treatment or supplies to treat injuries or diseases caused by riots or any form of civil disobedience
18. Dental Procedures, services, treatment or supplies to treat injuries sustained while committing a felony or engaging in an illegal occupation
19. Dental Procedures, services, treatment or supplies to treat injuries intentionally inflicted
20. Replacement of lost or stolen dentures or charges for duplicate dentures
21. Dental Procedures, services, treatment or supplies in cases for which, in the professional judgment of the attending Provider, a satisfactory result cannot be obtained
22. Claims not submitted to Delta Dental of Wisconsin within 15 months from the date the procedure was provided
23. Local anesthetic is covered as a part of a Dental Procedure, service or treatment. General anesthetic or intravenous sedation is a Benefit only when billed with covered oral surgery (cutting procedures)
24. If orthodontic procedures are included as Benefits under this Contract, the repair and replacement of orthodontic appliances is not covered
25. Dental Procedures, services, treatment or supplies provided by a Noncontracted Provider.
26. Occlusal guards or appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards and athletic mouth guards.

Coordination of Benefits

Applicability

This Coordination of Benefits (COB) provision applies to This Plan when You have health care coverage under more than one Plan. "Plan" and "This Plan" as used in this Coordination of Benefits provision are defined below.

If this COB provision applies, the order of benefit determination rules shall be applied first. The rules determine whether the Benefits of This Plan are determined before or after those of another Plan. The Benefits of This Plan:

1. Shall not be reduced when under the order of benefit determination rules, This Plan determines its benefits before another Plan, but
2. May be reduced when, under the order of benefit determination rules, another Plan determines its benefits first. This reduction is described in the paragraph Effect on the Benefits of This Plan.

Definitions

In addition to the definitions contained in this Certificate, the following definitions apply to this Coordination of Benefits provision:

"Allowable Expense" means an item of dental expense that is covered at least in part by one or more of the Plans covering the person for whom the claim is made. When a Plan provides benefits in the form of services, the cash value of each procedure provided shall be considered both an Allowable Expense and a Benefit paid.

"Claim Determination Period" means a calendar year during which Allowable Expenses are compared with total benefits payable under the policy (without applying COB). It does not include any part of a year during which a person has no coverage under This Plan or any part of a year before the date this COB provision or a similar provision takes effect.

"Plan" means any of the following that provides benefits or services for, or because of, medical or dental care or treatment:

1. Group insurance or group-type coverage, whether insured or uninsured, that includes continuous 24-hour coverage. This includes prepayment, group practice or individual practice coverage. It also includes coverage other than school accident-type coverage.

2. Coverage under a governmental plan or coverage that is required or provided by law. This does not include a state plan under Medicaid, Title XIX, grants to States for Medical Assistance Programs, or the United States Social Security Plan whose benefits, by law, are excess to those of any private insurance program or other nongovernmental program. Each contract or other arrangement for coverage under (1) or (2) is a separate Plan. Also, if an arrangement has two parts and COB rules apply only to one of the two, each of the parts is a separate Plan.

"Primary Plan/Secondary Plan" means the order of benefit determination rules state whether This Plan is a Primary Plan or Secondary Plan as to another Plan covering the person. When This Plan is a Secondary Plan, its Benefits are determined after those of the other Plan and may be reduced because of the other Plan's benefits. When Delta Dental is the Secondary Plan, Delta Dental may reduce the Benefits under its Plan only when the sum of the following exceeds the total allowable expense in a Claim Determination Period.

1. The benefits the Secondary Plan would pay for Allowable Expenses in the absence of COB; plus

2. The benefits that would be payable under other applicable Plans for Allowable Expenses in the absence of COB, whether or not claim is made.

The amount by which the Secondary Plan's benefits are reduced shall be used by the Secondary Plan to pay Allowable Expenses not otherwise paid, which were incurred during the Claim Determination Period by the person for whom the claim is made. As each claim is submitted, the Secondary Plan determines its obligation to pay for Allowable Expenses based on all claims which were submitted up to that point in time during the Claim Determination Period.

When there are more than two Plans covering the person, This Plan may be a Primary Plan as to one or more other Plans and may be a Secondary Plan as to a different Plan or Plans.

"This Plan" means this Contract that provides Benefits for dental care expenses.

Order of Benefit Determination Rules

General. When there is a basis for a claim under This Plan and another Plan, This Plan is a Secondary Plan, which has its Benefits determined after those of the other Plan, unless:

1. The other Plan has rules coordinating its benefits with those of This Plan; and

2. Both those rules and This Plan's rules described in subparagraph 2(b) require that This Plan's Benefits be determined before those of the other Plan.

Rules. This Plan determines its order of Benefits using the first of the following rules, which applies;

1. Nondependent/Dependent. The benefits of the Plan that covers the person as an employee, member or Subscriber are determined before those of the Plan that covers the person as a Dependent of an employee, member or Subscriber.

2. Dependent Child/Parents Not Separated or Divorced. Except as stated in subparagraph (3)(c) below, when This Plan and another Plan cover the same child as a Dependent of different persons, called "parents":

    a. The benefits of the Plan of the parent whose birthday falls earlier in the calendar year are determined before those of the Plan of the parent whose birthday falls later in the calendar year; but

    b. If both parents have the same birthday, the benefits of the Plan that covered the parent longer are determined before those of the Plan that covered the other parent.

    However, if the other Plan does not have the rule described in (a) but instead has a rule based upon the gender of the parent, and if, as a result, the Plans do not agree on the order of benefits, the rule in the other Plan shall determine the order of benefits.

3. Dependent Child/Separated or Divorced Parents. If two or more Plans cover a person as a Dependent child of divorced or separated parents, benefits for the child are determined in this order:

    a. First, the Plan of the parent with custody of the child;

    b. Then, the Plan of the spouse of the parent with custody of the child; and

    c. Finally, the Plan of the parent not having custody of the child.

    Also, if the specific terms of a court decree state that the parents have joint custody of the child and do not specify that one parent has responsibility for the child's dental care expenses or if the court decree states that both parents shall be responsible for the dental care needs of the child but gives physical custody of the child to one parent and the entities obligated to pay or provide benefits of the respective parents' Plans have actual knowledge of those terms, benefits for the Dependent child shall be determined according to Paragraph (2)(b).

    However, if the specific terms of a court decree state that one of the parents is responsible for the health care expenses of a child, and the entity obligated to pay or provide the benefits of the Plan of that parent has actual knowledge of those terms, the benefits of that Plan are determined first. This paragraph does not apply with respect to any Claim Determination Period or plan year during which any benefits are actually paid or provided before the entity has that actual knowledge.

4. Active/Inactive Employee. The benefits of a Plan which cover a person as an employee who is neither laid off nor retired or as that employee's Dependent are determined before those of a Plan which covers that person as a laid off or retired employee or as that employee's Dependent. If the other Plan does not have this rule and if, as a result, the Plans do not agree on the order of benefits, this rule (4) is ignored.

5. Continuation Coverage.

    a. If a person has continuation coverage under federal or state law and is also covered under another Plan, the following shall determine the order of benefits:

1. First, the benefits of a Plan covering the employee, member, or Subscriber or Dependent of an employee, member, or Subscriber.

2. Second, the benefits under the continuation coverage.

b. If the other Plan does not have the rule described in subparagraph (a), and if as a result, the Plans do not agree on the order of benefits, this paragraph (5) is ignored.

6. Longer/Shorter Length of Coverage. If none of the above rules determines the order of benefits, the Benefits of the Plan that covered an employee, member or Subscriber longer are determined before those of the Plan which covered that person for the shorter time.

   If You are entitled to coverage under a group health care Plan which primarily covers services or expenses other than dental care, and if You first became eligible under the medical and dental Plans on the same date. This Plan shall be the secondary payer for those services covered by both Plans.

Effect on the Benefits of This Plan

When This Provision Applies. This "Effect on the Benefits of This Plan" provision applies when, in accordance with the "Order of Benefit Determination Rules" provision above, This Plan is a Secondary Plan as to one or more other Plans. In that event, Benefits of This Plan may be reduced under this paragraph so that the total benefits paid or provided by all Plans during a Claim Determination Period are not more than the total Allowable Expenses. Such other Plan or Plans are referred to as "the other Plans" in the "Reduction in This Plan's Benefits" provision, below.

Reduction in This Plan's Benefits. The Benefits that would be payable under This Plan in the absence of this COB provision will be reduced by the benefits payable for the total Allowable Expenses in a Claim Determination Period under the other Plans in the absence of provisions with a purpose like that of this COB provision, whether or not claim is made.

When a Plan provides benefits in the form of services, the cash value of each service rendered will be considered both an expense incurred and a benefit payable.

When the Benefits of This Plan are reduced as described above, each Benefit is reduced in proportion. It is then charged against any applicable Benefit limit of This Plan.

No rule in other Plan. If the other Plan does not have rules coordinating Benefits with those of This Plan, the benefits of the other Plan are determined first.

Right to Receive and Release Needed Information

Delta Dental has the right to decide the facts it needs to apply these rules. Delta Dental may get needed facts from or give them to any other organization or person without the consent of the insured but only as needed to apply these COB rules. Medical and dental records remain confidential as provided by applicable state and federal law. Each person claiming Benefits under This Plan must give Delta Dental any facts it needs to process the claim.

Facility of Payment

A payment made under another Plan may include an amount that should have been paid under This Plan. If it does, This Plan may pay that amount to the organization that made that payment. That amount will then be treated as though it were a Benefit paid under This Plan. Delta Dental will not have to pay that amount again. The term "payment made" means the cash value of the benefits provided in the form of services.

Right of Recovery

If the amount of the payments made by Delta Dental is more than it should have paid under this COB provision, it may recover the excess, at its option, from one or more of:

1. The persons it has paid or for whom it has paid;
2. Insurance companies; or
3. Other organizations.

The "amount of payments made" includes the cash value of any benefits provided in the form of services.

Eligibility

Covered Employee. You are eligible for coverage under Your Group's Contract while You are a regular employee of the Group who averages the number of hours as determined by Your Group's Contract and who has completed any waiting period indicated in the Summary of Benefits.

You may also be covered by Your Group's Contract if You no longer meet these conditions but have elected to continue coverage as described in the Continued Coverage section of this Dental Benefit Handbook.

Covered Dependents. If You are enrolled for family coverage, the following persons may be covered under Your Group's Contract as Your Dependents:

1. Your lawful spouse.
2. Your children including step-children and adopted children and children placed for adoption with You, who are less than 26 years of age.
3. Your children's children until Your child reaches age 18.
4. Notwithstanding 1, 2 and 3 above, Your adult Dependent children, including step-children and adopted children and children placed for adoption with You, may be covered under this policy if the adult child satisfies all of the following:
    a. The child is a full-time student, regardless of age; and
    b. The child was under 26 years of age when he or she was called to federal active duty in the National Guard or in a reserve component of the U.S. armed forces while the child was attending, on a full-time basis, an institution of higher learning; and
    c. The child re-enrolled as a full-time student within 12 months of returning from active duty.
5. A Dependent child over age 26 who is financially dependent on the Eligible Employee because of physical or mental incapacity that commenced while covered under this policy and prior to the Dependent child reaching age 26, provided a physician's certificate of disability is submitted within six months following the Dependent child's 26th birthday. Delta Dental reserves the right to request proof of continued disability from time to time, but not more often than annually after the two-year period immediately following the Dependent child's attainment of the limiting age.

If a Subscriber or Covered Dependent is activated while in the Reserve or National Guard, coverage terminates at the time of departure for active duty. Subscribers or Covered Dependents of activated Reserve and National Guard personnel may elect continuation of coverage as described under the Continued Coverage section of this Dental Benefit Handbook. Upon return to civilian status, the Eligible Employee or Covered Person will be reinstated on the date he/she returns to work.

Dependents in military service are not covered by Your Group's Contract.

Dependents no longer meeting the above requirements because of divorce or separation from an Eligible Employee, or the end of a child's dependency status may elect to continue coverage. Please see the Continued Coverage section of this Dental Benefit Handbook.

Effective Dates of Coverage. You are covered by Your Group's Contract beginning on the first day the Contract becomes effective or as determined by Your Group's Contract.

Your Eligible Dependents are covered beginning on the first day You become covered under Your Group's Contract if You elect coverage for them. A newborn child is covered at birth and coverage continues for 60 days. If an additional premium is required to cover the newborn child, You must make written request to Delta Dental and pay the required premium within 60 days of the birth. You may, however, request coverage for a newborn child after the 60-day period but within one year of the birth provided, however, that You pay all required past premiums including an interest rate of 5.5%. If You adopt a child, coverage begins on the day the child is adopted, placed for adoption, or on the day of the final order granting adoption, whichever comes first. Changes in enrollment due to birth or adoption must be received by Delta Dental within 60 days of the birth or adoption.

An Eligible Employee who waived coverage because he/she was covered under other insurance may elect coverage to be effective on the first day of the month following the loss of such other coverage. The Eligible Employee must apply for such change in coverage within 30 days of the event causing the loss of the other coverage.

Changes in Coverage. You may change your enrollment in this dental plan if You experience a qualifying event such as a change in marital status, the addition of a qualified Dependent or the loss of coverage through Your spouse's plan. The enrollment change will be effective the first day of the month following the qualifying event. Notification of this enrollment change must be received by Delta Dental within 30 days of the qualifying event.

You may change your enrollment without a qualifying event if You contribute toward your premium and if an Open Enrollment Period is offered by the Group. Elective coverage changes can be considered by Delta Dental only at that time.

Notices. Notice to Your employer or Delta Dental will be considered sufficient if mailed to each party's regular office address. Notices to You, as a Subscriber, will be considered sufficient if mailed to Your last known address or the last known address of Your Group. It is the responsibility of Your Group to notify You regarding changes or termination of Your coverage.

Termination of Coverage. Your coverage and that of Your Covered Dependents will cease on the day You or Your Covered Dependents are no longer eligible or the day Your Group's Contract is terminated.

If You or Your Dependents lose eligibility under the Plan, You or Your Dependents may elect to continue coverage as described in the Continued Coverage section of this Dental Benefit Handbook.

All Benefits cease on the day coverage terminates. A Dental Procedure is provided on the date it is completed. Dental Procedures are considered for Benefits if they are provided during the Contract term and a claim is filed within 15 months after the date it is provided.

Continued Coverage

Under 42 USC 300bb-1 et seq., if You are part of a group health plan maintained by any State or political subdivision of such state receiving funds under this chapter, You ("Qualified Beneficiaries") are permitted to elect continuation of dental coverage under this Contract upon the occurrence of any of the following "Qualifying Events":

Subscriber:

1. Termination of employment, voluntary or involuntary, except for reasons of gross misconduct; or
2. Reduction in hours to less than the minimum required to be an Eligible Employee under this Contract.

Covered Dependents:

1. If You are the Subscriber's spouse:
    a. Death of Subscriber; or
    b. Termination of Subscriber's employment, except for reasons of gross misconduct; or
    c. Reduction of Subscriber's hours to fewer than the minimum required for eligibility for coverage under this Contract; or
    d. Divorce or legal separation from Subscriber; or
    e. Subscriber's Medicare entitlement.
2. If You are the Subscriber's child:
    a. Child ceases to be a Dependent; or
    b. Death of Subscriber; or
    c. Termination of Subscriber's employment, except for reasons of gross misconduct; or
    d. Reduction in Subscriber's hours to less than the minimum required to be eligible as a Subscriber under this Contract; or
    e. Subscriber becomes entitled to Medicare; or
    f. Parents become divorced or legally separated.

Your Group must provide notice to You of Your right to elect state continuation coverage.

If Your coverage is terminated due to divorce, legal separation or cessation of eligibility for coverage, You must provide Your Group notice of such event within 60 days of its occurrence.

An election of continuation coverage must be made within 60 days beginning on the later of the date of the Qualifying Event or the date You receive notice of election rights. The continuation election by You is deemed an election by all others who would lose coverage as a result of the same Qualifying Event unless otherwise specified in the election or the Covered Beneficiary independently elects continuation coverage.

If election of continuation coverage is timely, the coverage begins on the date of the Qualifying Event and ends on the earlier of:

1. 18 months after the Subscriber's employment termination or reduction in hours
2. 29 months after the Qualifying Event for (1) a Qualified Beneficiary who is determined to be disabled under the Social Security Act at any time during the first 60 days of continuation coverage and who notifies the Group of such determination within the first 18 months of continuation coverage; and for (2) any nondisabled Qualified Beneficiaries with respect to the same Qualifying Event
3. For Qualified Beneficiaries other than the Subscriber, 36 months after the date of the initial Qualifying Event for all other Qualifying Events
4. The date on which the Qualified Beneficiary receiving continuation in coverage fails to make a timely payment of Premium. Delta Dental will not reinstate continuation coverage once terminated for nonpayment of Premium.
5. The date on which the Group ceases to offer this Contract to any of its employees or members
6. The date on which coverage begins under another group dental plan. However, a person who has elected continuation coverage and whose new plan contains a pre-existing limitation clause can maintain continuation coverage until all pre-existing limitations under the new plan are satisfied.
7. The date the Qualified Beneficiary becomes entitled to Medicare benefits

The first Premium must be within 45 days of the election of continuation coverage. Future Premium payments must be paid by the first day of each month.

Under ERISA Section 602(3), premium for a Qualified Beneficiary will not exceed 102% of the single, family, or other applicable monthly Rate in effect for the group, except that the premium for a Qualified Beneficiary who becomes disabled during the first 60 days of continuation coverage will be 150% of the single, family, or other applicable monthly Rate in effect for the group during months 19 through 29 of continuation coverage.

If You have any questions about continued dental coverage, the human resources department at Your company should be able to help You.

Rights of Recovery (Subrogation)

If Benefits are paid on Your behalf under your Group's Contract, Delta Dental is entitled to all rights of recovery You may have against any other person for those expenses to the extent of Delta Dental's payment. Delta Dental can subrogate only if You are fully compensated for all damages, taking into consideration Your comparative negligence. You must sign and deliver to Delta Dental any legal papers relating to the recovery, help exercise these rights and do nothing to harm these rights. If You are fully compensated for all expenses, You must repay Delta Dental to the extent of Delta Dental's claim payments.

Delta Dental's Liability

In no instance is Delta Dental liable for any conduct, including but not limited to tortious conduct, negligence, or wrongful acts or omissions by any person, including but not limited to Subscribers, Providers, hospitals or hospital employees receiving or providing services. In no instance is Delta Dental liable for services of facilities that, for any reason, are unavailable to You.

Grievance Procedures

How to Contest a Claim Denial

Urgent Care Situations:

Method of Notification. Notice of an Urgent Care Grievance will be accepted by Delta Dental if made by You in writing, in person, or by telephone directed to:

Delta Dental of Wisconsin, Inc.
2801 Hoover Road
P.O. Box 828
Stevens Point, WI 54481-0828
844-337-8383

Resolution Process. If the Urgent Care Grievance cannot be resolved through informal discussions, consultations or conferences during the first 48 hours after Delta Dental's receipt of the Urgent Care Grievance, You may appear before Delta Dental's Grievance committee to present written or oral information with the right to ask questions before the Grievance committee.

Time Limitation for Resolution. An Urgent Care Grievance will be resolved, whether informally or by the Grievance committee, within 72 hours of its receipt by Delta Dental.

All Other Grievance Situations Not Including Urgent Care:

Denial of a Claim for Benefits. If You make a claim for Benefits under this Group dental Plan and Your claim is denied in whole or in part, You and Your Provider, will receive written notification within 30 days after Your claim is received, unless special circumstances require an extension of time for processing. The decision will be sent on a form entitled "Explanation of Benefits."

If additional time is necessary for processing a claim for Benefits, Delta Dental will notify You and Your Provider of the extension and the reason it is necessary within the initial 30-day period. If an extension is needed because either You or Your Provider did not submit information necessary to make a Benefits determination, the notice of extension will describe the required information. You will have 45 days from receipt of the notice to provide the specified information.

Appealing a Claim Denial (Filing a Grievance). If You have questions about the denial of Your claim for benefits, please contact Delta Dental at 844-337-8383. Because most questions about benefits can be answered informally, the Plan encourages You first to try resolving any problem by talking with Delta Dental. However, You have the right to file an appeal requesting that the Plan formally review the Benefits determination.

To appeal a Benefits determination, contact Delta Dental's Benefit Services Department at 844-337-8383, fax Your request to 715-343-7611, or mail Your request to Delta Dental, P.O. Box 828, Stevens Point, WI 54481. Provide the reasons why You disagree with the Benefits determination and include any documentation You believe supports Your claim. Be sure to include the Subscriber's name, the covered Dependent's name if applicable, and the Subscriber's Social Security number on all supporting documents.

You must make Your request within 180 days of the date of the initial Benefits determination denying Your claim for Benefits.

Resolution Procedure. Delta Dental will acknowledge Your written request for review within five days of receiving it. Upon Your request, Delta Dental will provide You, free of charge, access to and copies of all documents, records, and other information relevant to Your claim for Benefits.

You have the right to appear in person before Delta Dental's Grievance Committee to present written and oral information and ask questions of the persons responsible for the determination that resulted in the Grievance. Delta Dental will provide You with written notice of the meeting place and time at least seven days before the meeting.

Time Limitations for Resolution. Within 30 days of receiving Your request, Delta Dental will send You the Plan's written decision and indicate any action the Plan has taken. (Special circumstances may require 60 days.) Delta Dental will provide You or Your authorized representative with written notice of the Plan's decision on the appeal. If the appeal is denied in whole or in part, that notice will include the following information:

1. The specific reason(s) for the denial of the appeal;
2. Reference to the specific Plan provision(s) on which the denial is based;
3. A statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claimant's claim;
4. A statement describing any voluntary appeal procedures offered by the Plan and the claimant's right to obtain information about such procedures, and a statement of the claimant's right to bring a civil action under Section 502(a) of ERISA;
5. If an internal processing policy or other similar criterion was relied upon in the denial of the appeal, the notice of such denial also will include either the specific processing policy or a statement that such processing policy was relied upon in denying the appeal and that a copy of that processing policy will be provided free of charge to the claimant upon request;
6. If the denial of the appeal was based on a dental necessity, experimental treatment or similar exclusion or limit, the notice of such denial also will include an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to the claimant's medical circumstances, or a statement that such explanation will be provided free of charge upon request; and
7. The following statement: "You and Your Plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact Your local U.S. Department of Labor office and Your state insurance regulatory agency."

If the Grievance cannot be resolved within 30 days from receipt by Delta Dental, Delta Dental will notify You in writing that it intends to extend the period of time for resolution an additional 30 days. The notification will state when resolution may be expected and the reasons for the additional time needed.

All Grievances will be resolved within 60 days from date of receipt by Delta Dental.

Delta Dental's Grievance committee will consist of four persons: a consultant chosen by Delta Dental, a representative of Delta Dental management, Delta Dental's claim administrator, and a policyholder who is not a Delta Dental employee.

You may resolve any Grievance through Delta Dental's Grievance procedure outlined above.

Rights After Grievance. There is further review available after Delta Dental's final Grievance decision though the Group Insurance Board Administrative Review Process (ETF Chapter 11, Wis. Administrative Code).

Delta Dental's final Grievance decision may be reviewed by the Department of Employee Trust Funds (ETF), provided the written request for the review is received by ETF within 60 days after Delta Dental's final Grievance decision letter is sent to the PARTICIPANT. Decisions not timely appealed to ETF are final.

Send requests to:

Department of Employee Trust Funds
Attn: Ombudsperson Services
P.O. Box 7931
Madison, WI 53707-7931

If You do not exhaust the appeal procedures described above, and if You file a lawsuit against the Plan seeking payment of Benefits, the court may not permit You to go forward with Your lawsuit because You failed to utilize these claims appeal procedures. Also, no legal action can be brought later than three years after the date of the final decision on the review of the benefits determination.

If You have any questions, please contact the Claims Administrator:

Delta Dental of Wisconsin
P.O. Box 828
Stevens Point, WI 54481
844-337-8383

Notice of Legal Action

No legal action can be brought against Delta Dental until at least 60 days after proof of loss has been furnished as required by the policy or such proof of loss has been waived, or Delta Dental has denied payment, whichever is earlier. If You have any questions, please contact our office:

Delta Dental of Wisconsin
P.O. Box 828
Stevens Point, WI 54481
844-337-8383 or 715-343-7611 (fax)

Delta Dental of Wisconsin
P.O. Box 828
Stevens Point, WI 54481
www.deltadentalwi.com/state-of-wi
844-337-8383

BR209A-2507(ETF)

DELTA DENTAL PPO PLUS PREMIER™ – SELECT PLUS PLAN
SUMMARY OF BENEFITS
FOR COVERED EMPLOYEES OF:

Supplemental Select Plus Plan

(See Dental Benefit Handbook for definitions of capitalized terms.)

GROUP NUMBER: **50319 – 00000**
50419 – 00000
50720 – 00000

EFFECTIVE DATE OF PROGRAM: **January 1, 2026**

OPEN ENROLLMENT

Changes in enrollment status will be considered during an Open Enrollment Period prior to the Contract renewal date, with changes becoming effective on the renewal date.

WAITING PERIOD

Employees and their Dependents who apply for coverage after their initial eligibility period or without a qualifying event (loss of spousal benefits, marriage, divorce, birth or adoption, or the loss of employee coverage through another insurer) will:

Wait until the next Open Enrollment Period.

TERMS OF ELIGIBILITY

Eligibility begins:
For eligible new employees, eligibility begins the first day of the month following the waiting period.

For eligible new employees, the waiting period is 0 days.

For employees enrolling their Dependents:
Dependent children are eligible through the end of the month in which they attain age 26, regardless of student status, or if age 26 and beyond, to the date they lose eligibility due to the Dependent's inability to meet all of the requirements in the Handbook.

Employees must work for a state agency and qualify for eligibility under Wis. Stats. §40.51.

DEDUCTIBLE LIMITATIONS

Delta Dental shall not be obligated to pay any Deductible specified below.

The Deductible for Dental Procedures provided by Delta Dental PPO℠ Providers is $25 per Subscriber and per Covered Dependent, per Benefit Accumulation Period.

The Deductible for Dental Procedures provided by Delta Dental Premier® Providers is $25 per Subscriber and per Covered Dependent, per Benefit Accumulation Period.

MAXIMUM BENEFIT

The maximum total Benefit payable in any Benefit Accumulation Period is limited to the amount specified below.

The maximum total Benefit per Subscriber and per Covered Dependent, per Benefit Accumulation Period for Dental Procedures provided by Delta Dental PPO Providers is $2,500, or $2,500 for Dental Procedures provided by Delta Dental Premier Providers. In no case will the maximum total Benefit exceed $2,500 regardless of the network chosen.

ORTHODONTIC MAXIMUM BENEFIT

Delta Dental's obligation for orthodontic Benefits is limited to the lifetime maximum specified below.

The maximum lifetime orthodontic Benefit is $1,500 for Dental Procedures provided by Delta Dental PPO Providers for each Subscriber and each Covered Dependent. Dependent children are covered to age 26.

The maximum lifetime orthodontic Benefit is $1,500 for Dental Procedures provided by Delta Dental Premier Providers for each Subscriber and each Covered Dependent. Dependent children are covered to age 26.

In no case will the maximum lifetime orthodontic Benefit exceed $1,500 regardless of the network chosen.

SCHEDULE OF BENEFITS, LIMITATIONS AND COVERAGE PERCENTAGE:

This Contract provides the following Benefits subject to the Coverage percentage listed for each Benefit and subject to any applicable Deductible. The Coverage and Coinsurance percentages may vary based upon the network membership of the treating Provider at the time the Dental Procedure is completed. The application of the Deductible, if any, also may vary based upon the network membership of the treating Provider at the time the Dental Procedure is completed.

For example, if the Coverage percentage shown is "80," that Benefit is 80% of the Maximum Plan Allowance, after satisfaction of any applicable Deductible. In the same

example, the Coinsurance (the amount the patient must pay) would be the remaining 20%.

If the Coverage percentage shown is “0”, that Benefit is not provided in the Group Contract.

The Benefit Accumulation Period begins on January 1, 2026, ends on December 31, 2026 and thereafter shall be the 12 month period beginning on January 1st.

PPO = Delta Dental PPO Provider Premier = Delta Dental Premier Provider NC = Noncontracted Provider

Does Deductible Apply? Yes/No			**Coverage Percentage**			
PPO	**Premier**	**NC**	**PPO**	**Premier**	**NC**	**Benefit**
N	N	N	0	0	0	Evaluations two times per Benefit Accumulation Period.
N	N	N	0	0	0	Full mouth series x-rays at thirty six month intervals; either individual images, or panoramic image, including bitewings.
N	N	N	0	0	0	Bitewing x-rays two times per Benefit Accumulation Period (limited to a set of four images).
N N	N N	N N	0 0	0 0	0 0	Prophylaxis (teeth cleaning) or periodontal maintenance procedure two times per Benefit Accumulation Period. Prophylaxis. Periodontal maintenance procedure.
N	N	N	0	0	0	Topical fluoride applications two times per Benefit Accumulation Period for Covered Dependent children up to age 19.
N	N	N	0	0	0	Space maintainers for retaining space when a posterior primary tooth is prematurely lost.
N	N	N	0	0	0	Emergency treatment to relieve pain.
N	N	N	0	0	0	Topical application of sealants for Covered Dependents up to age 14. Application is limited to the occlusal surface of permanent molars which are free of decay and restorations. Benefits for sealants are limited to one application per tooth per lifetime.
N	N	N	0	0	0	Amalgam (silver) restorations.
N	N	N	0	0	0	Composite (tooth colored) restorations for anterior teeth.

Does Deductible Apply? Yes/No			Coverage Percentage			
PPO	**Premier**	**NC**	**PPO**	**Premier**	**NC**	**Benefit**
Y	Y	NA	80	80	0	Prefabricated crowns – one per tooth at three year intervals.
Y	Y	NA	80	80	0	Endodontics including root canal treatment.
Y	Y	NA	80	80	0	Surgical endodontic treatment.
Y	Y	NA	80	80	0	Non-surgical periodontics, including procedures necessary for the treatment of diseases of the gums and bone supporting the teeth. Benefit is limited to once per quadrant at 24 month intervals.
Y	Y	NA	80	80	0	Surgical periodontic treatment; benefit is limited to once per quadrant at 36 month intervals.
N	N	N	0	0	0	Non-surgical extractions.
Y	Y	NA	80	80	0	Oral surgery (cutting procedures) and surgical extractions including pre-operative and post-operative care.
Y	Y	NA	60	60	0	Crowns, inlays, or onlays are provided when teeth are broken down by dental decay or accidental injury and may no longer be restored adequately with a filling material. Coverage for the purpose of replacing a defective existing crown, inlay or onlay will be provided only after a five year period from the date on which the defective item was last supplied, whether or not Delta Dental paid for the original Dental Procedure as a Benefit under this Contract. Porcelain veneers on crowns are Benefits on the six front teeth, bicuspids, and upper first molars.

Does Deductible Apply? Yes/No			Coverage Percentage			
PPO	**Premier**	**NC**	**PPO**	**Premier**	**NC**	**Benefit**
Y	Y	NA	60	60	0	Prosthetics, including fixed bridgework, implants, partial dentures, and complete dentures to replace missing permanent teeth. Coverage for the purpose of replacing a defective existing prosthetic will be provided only after a five year period from the date on which the defective item was last supplied, whether or not Delta Dental paid for the original Dental Procedure as a Benefit under this Contract. Porcelain veneers on crowns or pontics are Benefits on the six front teeth, bicuspids, and upper first molars. Fixed bridges, implants, partial/complete dentures are provided where chewing function is impaired due to missing teeth. A fixed bridge or implant and implant related procedures may be a Benefit if no more than two teeth are missing in the dental arch in which the bridge or implant is proposed. Delta Dental will provide for replacement of missing teeth with the least elaborate procedure when three or more teeth are missing in the dental arch. Coverage for initial replacement of teeth is not limited to those lost while a Subscriber or Covered Dependent.
Y	Y	NA	60	60	0	Repairs and adjustments to prosthetic appliances. Denture reline or rebase is a Benefit at three year intervals.

Does Deductible Apply? Yes/No			Coverage Percentage			
PPO	**Premier**	**NC**	**PPO**	**Premier**	**NC**	**Benefit**
Y	Y	NA	50	50	0	Orthodontic appliances, treatment and related services for orthodontic purposes including evaluation, x-rays, extractions, photographs, and study models, subject to the orthodontic maximum benefit. Repair or replacement of orthodontic appliances are not covered. Delta Dental calculates all orthodontic treatment schedules according to the following formula: - 25% of the total Maximum Plan Allowance (subject to the Coverage Percentage stated herein and any applicable Deductible) is considered the initial payment to be paid by Delta Dental, subject to the Coverage Percentage, any applicable Deductible and the orthodontic maximum Benefit stated herein. - The remainder of the Maximum Plan Allowance is divided by the months of treatment and the resulting amount is paid monthly by Delta Dental, subject to the Coverage Percentage, any applicable Deductible and the orthodontic maximum Benefit stated herein. If orthodontic treatment is stopped for any reason before it is complete, Delta Dental will suspend all monthly payments. Coverage includes orthodontic treatment in progress. Treatment is in progress if an appliance or banding has been placed and the patient is receiving treatment by the attending orthodontist according to a current treatment plan. Liability for orthodontic treatment in progress shall extend only to the unearned portion of the treatment in progress (that portion occurring after enrollment) and Delta Dental shall be the sole determinant of this unearned amount eligible for coverage. However, there are no Benefits available for Dental Procedures, including orthodontic treatment in progress, after coverage terminates.

OPTIONAL PROCEDURES

In some instances, more than one Dental Procedure may be effective in repairing a tooth or dental arch to contour or function. Delta Dental will pay the applicable Maximum Plan Allowance for the least expensive Dental Procedure that is adequate to restore the tooth or dental arch. If a Subscriber or Covered Dependent requests a more expensive Dental Procedure to restore function, only the Maximum Plan Allowance for the least expensive procedure will be reimbursed. The more expensive Dental Procedure must be a covered Benefit of this Contract to receive reimbursement. The Subscriber or Covered Dependent will be responsible for either the remainder of the Provider's fee if a more expensive covered Dental Procedure is selected or the entire fee if the more expensive Dental Procedure is not a Benefit. The Coinsurance and Deductible will apply regardless of which Dental Procedure is selected.

SPECIAL CONDITIONS

Changes in Coverage due to a qualifying event will be effective as defined by Group.

If you are enrolled in either the Uniform Dental Benefit (UDB) or Preventive Plan in 2025 **AND** either the Supplemental Select or Supplemental Select Plus plan in 2025 **AND** have a qualified preventive service (cleaning or evaluation) in 2025, your deductible on either Supplemental plan will be waived in 2026. In addition, if you continue coverage and have your preventive visit in 2026, your 2027 deductible will also be waived.

If the services involve crowns, fixed bridgework, partial or complete dentures, or implants, ask your provider to send the treatment plan with x-rays to Delta Dental. The available coverage will be calculated and printed on a Predetermination of Benefits form. Copies of the form will be sent to you and your provider.

Please refer to your Handbook for additional information regarding benefits and limitations.