

GUIDE TO YOUR DENTAL BENEFITS

What you need to know about choosing and using your Delta Dental benefits.





Monthly Rates - Low Plan

	Employee Only	Family
Employee enrolled in City Health Plan*	\$13.44	\$36.71
Employee Not enrolled in City Health Plan	\$26.87	\$73.43

*Employees enrolled in City's health plan are eligible for an employer contribution of 50% as reflected above.

YOUR DENTAL BENEFITS

Prepared for the employees of City of La Crosse – **Low Plan**

The summary below does not cover all plan details. Further information can be found in the Summary Plan Description or dental benefit handbook. That document provides a thorough explanation of your dental plan, including any limitations or exclusions that might apply. If there are any discrepancies between information found here and the group contract, the group contract shall govern.

	Delta Dental PPO™	Delta Dental Premier®	Out-of-Network**
Individual Annual Maximum	\$1,000	\$1,000	\$500
Deductible - Individual/Family	\$50/\$150	\$50/\$150	\$50/\$150
Diagnostic & Preventive Exams, cleanings, fluoride treatments, X-rays, space maintainers, sealants	100%	100%	70%
Basic & Major Services Emergency treatment to relieve pain, fillings, non-surgical root canals, non-surgical treatment of gum disease, simple extractions	80%*	80%*	50%*
Crowns, bridges, dentures, implants, oral surgery, repairs and adjustments to bridges and dentures	0%	0%	0%
Orthodontic Services Coverage copayment Individual lifetime maximum Dependents eligible to Adult orthodontics	No Coverage	No coverage	No coverage
EBICP	Yes	Yes	Yes
Dependent Eligibility	Dependents are covered to age 26		

*Deductible applies

**When seeing an out-of-network provider, balance billing may occur resulting in an out-of-pocket expense.

Evidence-Based Integrated Care Plan (EBICP) provides additional cleaning(s) and/or fluoride treatments to individuals with specific medical conditions that have oral implications.

Need assistance? Contact Customer Service at 800-236-3712 or claims@deltadentalwi.com. Learn more at www.deltadentalwi.com.



Monthly Rates - High Plan

	Employee Only	Family
Employee enrolled in City Health Plan*	\$22.61	\$64.80
Employee Not enrolled in City Health Plan	\$45.22	\$129.62

*Employees enrolled in City's health plan are eligible for an employer contribution of 50% as reflected above.

YOUR DENTAL BENEFITS

Prepared for the employees of City of La Crosse – **High Plan**

The summary below does not cover all plan details. Further information can be found in the Summary Plan Description or dental benefit handbook. That document provides a thorough explanation of your dental plan, including any limitations or exclusions that might apply. If there are any discrepancies between information found here and the group contract, the group contract shall govern.

	Delta Dental PPO™	Delta Dental Premier® or Out-of-Network**
Individual Annual Maximum	\$2,000	\$2,000
Deductible - Individual/Family	\$50/\$150	\$50/\$150
Diagnostic & Preventive Exams, cleanings, fluoride treatments, X-rays, space maintainers, sealants	100%	100%
Basic & Major Services Emergency treatment to relieve pain, fillings, extractions and other oral surgery, root canals, treatment of gum disease	80%*	80%*
Crowns, bridges, dentures, repairs and adjustments to bridges and dentures, implants	50%*	50%*
Orthodontic Services Coverage copayment Individual lifetime maximum Dependents eligible to age Adult Orthodontics	50% \$1,500 19 No	50% \$1,500 19 No
EBICP	Yes	Yes
Dependent Eligibility	Dependents are covered to age 26	

*Deductible applies

**When seeing an out-of-network provider, balance billing may occur resulting in an out-of-pocket expense.

Evidence-Based Integrated Care Plan (EBICP) provides additional cleaning(s) and/or fluoride treatments to individuals with specific medical conditions that have oral implications.

Need assistance? Contact Customer Service at 800-236-3712 or claims@deltadentalwi.com. Learn more at www.deltadentalwi.com.

Maximize Your Benefits

Register for an online account.

Benefits work best when you use them. And we want to make understanding your dental benefits easy. Delta Dental of Wisconsin's online member portal lets you review your benefits or message with a customer experience specialist when it is convenient for you. The more you know, the better your oral health can be.

Logging In

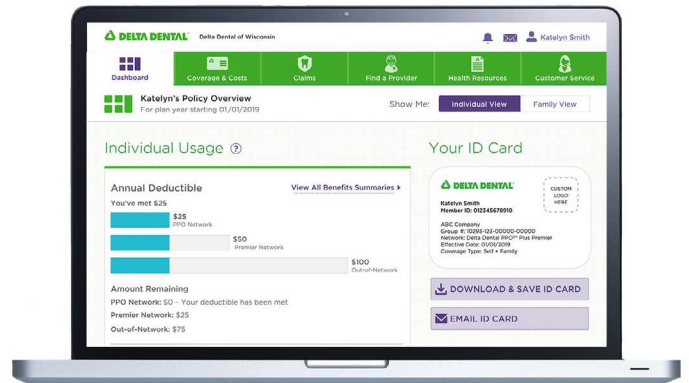
Getting started is quick and easy. Just go to www.deltadentalwi.com and click on "Register" found in the top right corner (on a desktop) or from the menu (on a mobile device). A few simple steps and you'll be able to sign in any time you need to access your dental benefit information. You will need your member ID number (on your ID card) to get registered.

Benefit Dashboard

Once logged in, the dental dashboard allows you to see the most-requested benefit information first—benefit usage, deductibles and annual maximums, plan features, and more—at a quick glance.

Online ID Card

You might not think you need to download a dental insurance ID card at four in the morning ... until you do. You can download it, print it, or email it to a family member or your provider office.



Secure Chat and Messaging

Don't feel like making a phone call? During regular business hours (Monday - Friday, 7:30 am - 5:00 pm), you can securely chat with a customer experience specialist in real time for immediate answers to your benefit questions. You can also send a secure message at your convenience and expect a timely response.

Find a Provider

The online provider search tool can help you find a network dentist in your area. Search by location, specialty, office hours, and other filtering options.

Cost Estimator Tool

Get an estimate for what procedures cost in your area, or from your preferred provider, so you'll have an idea of what you may pay out-of-pocket for necessary dental procedures.

Paperless EOB

Sign up to receive your Explanation of Benefits (EOB) notifications electronically through "My Account."



Smarter Dental Plans

Enhanced dental benefits for those who need them most.

Your dental coverage includes Delta Dental of Wisconsin’s Evidence-Based Integrated Care Plan (EBICP), which provides **additional cleaning(s) and/or fluoride treatments to individuals with specific medical conditions** that have oral health implications. Enhanced benefits can play an important role in the management of certain medical conditions.

If you or an individual on your plan have one or more of these conditions, you can enroll online. Once you enroll, you are immediately eligible for EBICP benefits.

How to enroll

1. Go to www.deltadentalwi.com.
2. Select the purple “Sign In” button and enter your Username & Password.
3. On your dashboard under “Preventive Care and Plan Features” there will be a section for Additional Benefits. Select “Enroll Now.”*
4. In the “Enroll in EBICP” section, select the member and their condition, verify the information, and hit “Select.”
5. This member will then be listed under “Your Current EBICP Benefits.”

Condition	Additional cleaning(s)	Topical fluoride
Cancer-related treatments	✓	✓
Weakened immune systems	✓	✓
Periodontal (gum) disease*	✓	✓
High-risk cardiac conditions	✓	
Kidney failure or dialysis	✓	
Diabetes	✓	
Pregnancy	✓	

This chart provides a brief summary of additional benefits to persons enrolled in EBICP. Frequency limitations may apply. Refer to your handbook.

**Periodontal cleanings may fall under basic services and may not be covered 100% by the EBICP plan. If you have questions regarding coverage for periodontal cleanings, please contact the Benefit Center at 800-236-3712 before services are performed.*



Open the camera on your smartphone and scan the QR code to learn how EBICP can help each condition, or visit deltadentalwi.com/EBICP

*If your plan does not include EBICP, “Additional Benefits” will not show.

Connect With Us



deltadental.com


SS300H(QR)-2502

Your Hearing Program

If you have noticed changes in your hearing, rest easy.

Delta Dental of Wisconsin has teamed up with Amplifon to offer you quality hearing care.

	Level ①	Level ②	Level ③	Level ④	Level ⑤
	Hearing aid options from the top brands with an average savings of 66% off retail pricing.*				
Amplifon Price (per ear)	\$995	\$1,295	\$1,495	\$1,895	\$2,195



Virtual services

Virtual screening – determine need from the comfort of home

Personalized coaching – enhance adjustment and use of hearing aids

On-demand virtual visits – convenient care for non-clinical support

60-day risk-free trial

Find your right fit by trying your hearing aids risk-free

Complimentary aftercare

1-year follow-up care - ensures smooth transition to your new hearing aids

2-year battery support - battery supply or charging station to keep you powered

3-year warranty - coverage for loss, repairs, or damage

To learn more:

Call 888-901-0132 (TTY: 711) | Hours: Mon-Fri 7am - 8pm CT

Visit amplifonusa.com/deltadentalwi



*Based on 2022 internal MSRP analysis. Your savings may vary.

You and your provider will determine the best device to meet your hearing loss, lifestyle, and technology needs.

Risk-free trial - 100% money-back guarantee if not completely satisfied, no return or restocking fees. **Follow-up care** - for one year following purchase. **Batteries** - two-year supply of batteries (80 cells/ear/year) or one standard charger at no additional cost. **Warranty** - exclusions and limitations may apply. Contact Amplifon 888-901-0132 for details.

Virtual screening does not take the place of a diagnostic exam by a licensed professional. Not all virtual services are available on all products.

Amplifon Hearing Health Care is solely responsible for the administration of hearing health care services, and its own financial and contractual obligations. Delta Dental of Wisconsin and Amplifon are independent, unaffiliated companies. Hearing services are administered by Amplifon Hearing Health Care, Corp. The Amplifon Hearing Health Care discount program is not approved for use with any third-party payor program, including government and private third-party payor programs. Hearing services are administered by Amplifon Hearing Health Care, Corp.