



**Delta Dental of Wisconsin's Dental Benefits Proposal For  
Wisconsin Chiropractic Assoc Stand Alone option**

Plan design number: Q04D01 (please refer to this number for inquiries about this plan design).

Date: 05/16/2017 Proposal valid through: 07/01/2017

**Plan Design**

		PPO Benefit	Non-PPO Benefit
<b>Individual Annual Maximum</b>		\$1,000	\$1,000
<b>Deductible</b>	<b>Individual</b>	\$50	\$50
	<b>Family</b>	\$150	\$150
<b>Diagnostic and Preventive Services</b>			
Exams		100%	100%
Cleanings		100%	100%
Fluoride treatments		100%	100%
X-rays		100%	100%
Space maintainers		100%	100%
Sealants		100%	100%
Deductible applies		N	N
<b>Basic Restorative Services</b>			
Emergency treatment to relieve pain		80%	80%
Fillings		80%	80%
Endodontics – nonsurgical		50%	50%
Endodontics – surgical		50%	50%
Periodontics – nonsurgical		50%	50%
Periodontics – surgical		50%	50%
Extractions - nonsurgical		50%	50%
Extractions - surgical and other oral surgery		50%	50%
Deductible applies		Y	Y
<b>Major Restorative Services</b>			
Crowns, inlays, onlays		50%	50%
Bridges and dentures		50%	50%
Repairs and adjustments to bridges and dentures		50%	50%
Implants		50%	50%
Deductible applies		Y	Y
<b>Orthodontic Services</b>			
Coverage coinsurance		0%	0%
Individual lifetime maximum		\$0	\$0
Dependents eligible to age			
Full-time students eligible to age			
Adult ortho			
Deductible applies		N	N
<b>Dependent Eligibility</b>			
Dependents eligible to age		26	26
Full-time students eligible to age		26	26

**Employer Contribution Participation Minimum**

Single	0%	Single	10%
Family	0%	Family	10%

**Plan Costs (Rates guaranteed from 07/01/2017 to date(s) noted)**

<b>Insured rates (monthly premium)</b>	06/30/2018
Single Coverage (employee, 1 Party)	\$39.07
Family Coverage (employee and spouse, 2 Party)	\$114.74
Family Coverage (employee and child(ren))	\$114.74
Family Coverage (full family, 3+ Party)	\$114.74