



Delta Dental of Wisconsin
Affordable dental plans for Individuals & Families

Choose from a variety of plans designed to fit your needs and budget.
Enjoy these great benefits — no matter which Delta Dental plan you choose:

- A large network of providers**
Our network includes more participating dentists than any other dental benefits program.
- Nationwide coverage of more than 80 million people***
We also provide reliable, affordable dental coverage to the most people out of any other dental benefits provider.
- A wide variety of plans**
We offer an extensive selection of plans to fit your individual needs and budget. Plus, vision options!
- On Medicare?**
You can get dental coverage even if you're part of a Medicare plan.
- Evidence-Based Integrated Care Plan (EBICP)**
Plans include EBICP, which provides extra services for members with certain medical conditions.
- Hearing discount program**
Members receive discounts on hearing screenings, equipment, and services through a nationwide network of Amplifon providers.
- Travel with confidence**
Delta Dental coverage goes wherever you go, in or out of the state, to your secondary residence, or with college students as they travel across the country.
- Easy!**
Call 920-831-3210 or go to:
[DeltaDentalCoversMe.com/s/?agency=1784606361](https://www.deltadentalcoversme.com/s/?agency=1784606361)

Get an instant quote.

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920-831-3210

PLAN BENEFIT <small>In-network providers only</small>	BRILLIANCE PLAN	ESSENTIAL PLAN
ALLOWANCE		
Frame <small>+ 20% savings on amounts over allowance</small>	\$200	\$150
Contact lenses <small>(Instead of glasses)</small>	\$200	\$150
C O P A Y		
Eye exam	\$0	\$10
Standard contact lens fit & follow-up <small>(Fitting & evaluation)</small>	\$0	Up to \$40
Premium contact lens fit & follow-up <small>(Fitting & evaluation)</small>	\$0 copay <small>10% off retail price</small> \$55 allowance	10% off retail price
Lenses <small>Single vision, lined bifocal or trifocal or lenticular</small>	\$0	\$10
ADDITIONAL SAVINGS		
Lens enhancements¹		
Standard anti-reflective coating	\$0	\$45
Standard scratch-resistant coating	\$0	\$15
Solid & gradient tints	\$0	\$15
Standard progressive lenses (multifocal)	\$0	\$75
<p>Members also receive a 40% discount on complete pair eyeglass purchases and a 15% discount on conventional contact lenses, once the funded benefit has been used</p> <p>Retinal screening No more than a \$39 copay on routine retinal imaging as an enhancement to a Vision Exam</p> <p>Laser vision correction² √ 15% off regular price or 5% off promotional price</p>		

¹Vision out-of-pocket costs may vary, depending on whether you see a provider from the EyeMed Insight network or a provider who is outside of the EyeMed network. Standard lens enhancements; premium or custom enhancements may also be available at an additional cost.

²Member must first visit an EyeMed Network Laser Vision doctor. This is an EyeMed provider who works with contracted centers or surgeons in member's area (not all EyeMed providers are Laser Vision doctors). After that, member would be referred to an EyeMed-contracted laser vision center or surgeon. On Vision policies, certain services are provided through EyeMed Vision Care.

Easily compare Delta Dental Individual and Family™ Plan benefits

Delta Dental plans are a smart choice to fill the gaps in your health or Medicare plan. Simply follow the step-by-step instructions online or call us with questions. You, your spouse and/or dependent children are eligible for coverage if you're a permanent resident of the state. Apply before the 27th of the month, and your policy could be in effect on the first day of the month following approval of your application.

PLAN BENEFIT	ULTIMATE PLAN			ELITE PLAN	ENHANCED PLAN	CLEAR PLAN™	BASIC PLAN
	Year 1	Year 2	Year 3				
Dollar maximum (per person per policy year)	\$750	\$1,500	None	\$2,000 <small>There is a separate dollar maximum for Orthodontics</small>	\$1,000	None	\$1,000
Deductible (per person, does not apply to routine procedures like cleanings, exams, X-ray and topical fluoride)	\$50 <small>Once per lifetime as long as policy remains in force.</small>			\$50/policy year	\$50/policy year	None	None
Office visit copayment	None	None	None	None	None	None	\$15
	The percent you pay after your deductible (where required)*			The percent you pay after your deductible (where required)*	The percent you pay after your deductible (where required)*	The dollar amount you pay*	The percent you pay after your office visit copay (no deductible)*
Cleanings	0%	0%	0%	0%	0%	\$65	0%
Exams	0%	0%	0%	0%	0%	(included in cleaning)	0%
Bitewing X-rays	0%	0%	0%	0%	0%	(included in cleaning)	0%
Topical fluoride	0%	0%	0%	0%	0%	(included in cleaning)	50%
Fillings	60%	40%	20%	20%	50%	\$115	50% <small>(6-month waiting period may apply)</small>
Crowns	70%	60%	50%	50% <small>(12-month waiting period may apply)</small>	50% <small>(12-month waiting period may apply)</small>	\$740	N/A
Implants	70%	60%	50%	50% <small>(12-month waiting period may apply)</small>	50% <small>(12-month waiting period may apply)</small>	\$2,600	N/A
Root canals	60%	40%	20%	20% <small>(12-month waiting period may apply)</small>	50% <small>(12-month waiting period may apply)</small>	\$535	N/A
Non-surgical extractions	60%	40%	20%	20% <small>(12-month waiting period may apply)</small>	50% <small>(12-month waiting period may apply)</small>	\$115	50% <small>(6-month waiting period may apply)</small>
Teeth whitening	70%	60%	50%	N/A	N/A	N/A	N/A
Orthodontics <small>(Correction of crooked teeth for adults and children)</small>	N/A	N/A	N/A	50% <small>(\$2,000 lifetime maximum, 12-month waiting period may apply)</small>	N/A	N/A	N/A

Please Note: This brochure shows certain plans offered on DeltaDentalCoversMe.com. You may be able to view and purchase Health Insurance Marketplace (Exchange) certified plans on this site, also. **Please visit DeltaDentalCoversMe.com/s/?agency=1784606361 or call 920-831-3210** for the latest plan information and rates. Monthly premiums may be different based on plan choice, age, location, number of people insured, their age and relationship to you. Plan designs and rates are subject to change. Waiting periods on plans may be waived when transferring from another qualifying dental plan. There may be limits on how many times you can use certain services in a year.

*For plans other than the Clear Plan, your out-of-pocket costs are likely to be greater when covered services are provided by a dentist who is not in the Delta Dental network. The Clear Plan does not cover services received from non-network dentists.

Delta Dental of Wisconsin complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.