

Here's everything you need to get the dental coverage you want ... from the nation's preferred dental benefits provider!

You made a wise decision when you requested this information about Delta Dental's Individual and Family plans. Since good oral health has been linked to overall health, keeping your teeth and gums clean and healthy will benefit how you look and feel ... helping you maintain an active lifestyle.

Enrolling in your choice of dental or vision plan is as easy as 1-2-3!

In this enrollment package, you will find everything you need to enroll in the Delta Dental Individual and Family plan of your choice.

Step 1: Review this letter and the enclosed brochure and compare your options.

Step 2: Decide on the plan that best fits your needs and budget, and determine who you want to cover.

Step 3: Complete, sign and return the enclosed application. You'll be on your way to having the valuable dental protection you need in no time!

Monthly premiums for each of our plans are listed on the back of this letter.

If you have questions or need help with your application, call us at **1-920-831-3210** or visit [www.https://www.deltadentalcoversme.com/s/?agency=1784606361](https://www.deltadentalcoversme.com/s/?agency=1784606361)

You have a choice of Delta Dental plans.

Ultimate Plan – This extensive plan covers most dental procedures and provides maximum savings. The plan has a one-time deductible and there are no dollar maximums after 2 years of continuous coverage. Members also get coverage for cosmetic benefits like teeth whitening and veneers.

Enhanced Plan – Similar to the kind of coverage that employers typically provide, where you pay a small percentage for covered services and the plan pays the rest. Diagnostic and preventive services like cleanings and X-rays are covered at 100%.

Clear PlanSM – Takes the uncertainty out of your dental expenses; you pay a fixed dollar amount for services when you see a participating dentist, and the plan pays the rest. There are no waiting periods for benefits to begin, no annual dollar maximums and no deductibles. Plus, under our Clear Plan dependents can be enrolled without enrolling yourself.

Basic Plan – Our most affordable option, this plan provides basic protection where diagnostic services and most preventive care are covered 100%. A \$15 copay for office visits applies. The plan also has coverage for Emergency services, fillings and non-surgical extractions.

You have a choice of DeltaVision® plans.

Brilliance Plan: \$200 allowance for frames or contact lenses and no copay for exams and many lens options.

Essential Plan: \$150 allowance for frames or contact lenses and copay for all coverages.

Thank you for your interest in Delta Dental. We look forward to serving you now and for years to come!

Sincerely,
5 Star Insurance Group, LLC

(over)

If you live in Kenosha, Milwaukee, Ozaukee, Racine, Washington or Waukesha County, monthly premium for a dental plan based on our most common family structures are shown on Table 1.

Table 1					
Coverage for	Age of Insured	Ultimate Plan	Enhanced Plan	Clear Plan	Basic Plan
Self	19-34 years	\$59.00	\$49.88	\$35.00	\$30.44
Self	35-49 years	\$66.00	\$49.88	\$39.00	\$30.44
Self	50-63 years	\$80.00	\$49.88	\$48.00	\$30.44
Self	64+ years	\$87.00	\$49.88	\$50.00	\$30.44
Self + Spouse	Age of both adults: 35-49 yrs.	\$132.00	\$99.74	\$78.00	\$60.86
Self + Spouse	Age of both adults: 50-63 yrs.	\$160.00	\$99.74	\$96.00	\$60.86
Self + Spouse	Age of both adults: 64+ yrs.	\$174.00	\$99.74	\$100.00	\$60.86
Self + Spouse + 2 children	Age of both adults: 35-49 yrs. Age of both children: 0-18 yrs.	\$246.00	\$180.30	\$142.00	\$133.96
Self + Spouse + 2 children	Age of both adults: 50-63 yrs. Age of both children: 0-18 yrs.	\$274.00	\$180.30	\$160.00	\$133.96

If you live in a county OTHER THAN Kenosha, Milwaukee, Ozaukee, Racine, Washington or Waukesha, monthly premium for a dental plan based on our most common family structures are shown on Table 2.

Table 2					
Coverage for	Age of Insured	Ultimate Plan	Enhanced Plan	Clear Plan	Basic Plan
Self	19-34 years	\$61.00	\$53.00	\$37.00	\$30.80
Self	35-49 years	\$68.00	\$53.00	\$41.00	\$30.80
Self	50-63 years	\$82.00	\$53.00	\$49.00	\$30.80
Self	64+ years	\$89.00	\$53.00	\$51.00	\$30.80
Self + Spouse	Age of both adults: 35-49 yrs.	\$136.00	\$105.98	\$82.00	\$61.58
Self + Spouse	Age of both adults: 50-63 yrs.	\$164.00	\$105.98	\$98.00	\$61.58
Self + Spouse	Age of both adults: 64+ yrs.	\$178.00	\$105.98	\$102.00	\$61.58
Self + Spouse + 2 children	Age of both adults: 35-49 yrs. Age of both children: 0-18 yrs.	\$254.00	\$191.60	\$148.00	\$135.54
Self + Spouse + 2 children	Age of both adults: 50-63 yrs. Age of both children: 0-18 yrs.	\$282.00	\$191.60	\$164.00	\$135.54

Monthly premium for vision plans vary only by age and the number of members enrolled:

Age of Insured	Brilliance Plan	Essential Plan
0-18 years	\$22.88	\$13.88
19-49 years	\$28.88	\$16.88
50+ years	\$26.88	\$14.88

Please Note:

Enclosed brochure shows certain plans offered on DeltaDentalCoversMe.com.

Please visit DeltaDentalCoversMe.com or call 1-888-899-3736 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. Rates provided above and benefits provided in the enclosed brochure are subject to change.



Questions?

Call 1-920-831-3210 Monday-Friday, 8 a.m.-4:30 p.m., Central Time

Or visit 5starins.net





Comparison of Key Benefits Under Delta Dental Individual and FamilySM Plans

Plan benefit	Ultimate Plan A step plan, this is the percent you pay after 3 years of coverage with us*	Enhanced Plan The percent you pay after your deductible (where required)*	Clear Plan SM You pay the fixed dollar amount shown below when covered services are provided by a network dentist*	Basic Plan The percent you pay after your office visit copay (no deductible)*
Office Visit Copay	\$0	\$0	\$0	\$15
Cleanings	0%	0%	\$65	0%
Exams	0%	0%	included in cleaning	0%
Bitewing X-rays	0%	0%	included in cleaning	0%
Fluoride	0%	0%	included in cleaning	50%
Fillings	20%	50% (no waiting period)	\$115	50% (6-month waiting period may apply)
Root Canals	20%	50% (12-month waiting period may apply)	\$535	N/A
Non-Surgical Extractions	20%	50% (12-month waiting period may apply)	\$115	50% (6-month waiting period may apply)
Crowns	50%	50% (12-month waiting period may apply)	\$740	N/A
Implants	50%	50% (12-month waiting period may apply)	\$2,600	N/A
Veneers	50%	N/A	N/A	N/A
Tooth Whitening	50%	N/A	N/A	N/A
Annual Maximum (per person per policy year)	Unlimited	\$1,000	None	\$1,000
Deductible (per person per policy year, unless otherwise noted)	\$50 (lifetime) (does not apply to routine procedures like cleanings, exams, X-rays, and topical fluoride)	\$50 (does not apply to routine procedures like cleanings, exams, X-rays, and topical fluoride)	None	None
Annual Contract Required	Yes	Yes	Yes	Yes

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 or by submitting a paper application. Please visit DeltaDentalCoversMe.com or call **1-888-899-3736** 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 may be waived when transferring over from another qualifying dental plan. There may be limits on how many times you can use certain services in a year.

*For the Enhanced and Basic Plans, your out-of-pocket costs are likely to be greater when covered services are provided by a dentist who is not a network dentist because the amount we will pay toward out-of-network services is generally less than for in-network services, and because we can limit the fees of network dentists but not non-network dentists. 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.