



2023 State Dental Plan Summaries

| Summaries do not cover all plan details. Please refer to the Summary Plan Description or Handbook. | UDB or Delta Dental PPO Plus Premier™ - Preventive Plan | | Delta Dental PPO Plus Premier™ - Select Plus Plan | |
|--|---|--------------------------|---|--|
| In-Network Providers (No out-of-network coverage) | Delta Dental PPO and Delta Dental Premier | Delta Dental PPO ONLY | Delta Dental PPO and Delta Dental Premier | |
| Annual Deductible ¹ | None | \$100 / person | \$25 / person | |
| Annual Maximum | \$1,000 / person | \$1,000 / person | \$2,500 / person | |
| Routine evaluations, dental cleanings, sealants², X-rays, fluoride treatments² | 100% | No coverage | No coverage | |
| Fillings White (composite) fillings covered at 100% for back teeth | 100% | No coverage | No coverage | |
| Periodontal Maintenance | 100% | No coverage | No coverage | |
| Crowns, bridges, dentures, implants | No coverage | 50% | 60% | |
| Surgical extraction, root canal (endodontics), periodontics (except maintenance), oral surgery | No coverage | 50% | 80% | |
| Non-surgical extractions (above gumline) | 90% | No coverage | No coverage | |
| Orthodontics Coverage | 50% (under age 19) | No coverage | 50% (Regardless of age) | |
| Orthodontics Lifetime Maximum | \$1,500 | No coverage | \$1,500* | |

*In addition to UDB or Preventive Plan

| Monthly Premium | Uniform Dental Benefit Plan (UDB) | | Delta Dental PPO Plus Premier™ – Preventive Plan | | Delta Dental PPO™ - Select Plan | | Delta Dental PPO Plus Premier™ – Select Plus Plan | |
|-------------------------|--------------------------------------|-----------|--|---------|------------------------------------|---------|---|---------|
| | Active Employee | Retiree | Active Employee | Retiree | Active Employee | Retiree | Active Employee | Retiree |
| Individual | \$4 | \$31.16 | \$34.72 | \$34.72 | \$9.76 | \$16.22 | \$20.98 | \$31.12 |
| Individual + Spouse | | | | | \$19.52 | \$32.96 | \$41.96 | \$62.24 |
| Individual + Child(ren) | | | | | \$13.16 | \$22.26 | \$38.96 | \$57.58 |
| Family | \$9 | \$77.90** | \$86.80 | \$86.80 | \$23.40 | \$39.56 | \$64.28 | \$94.94 |

**Medicare Some and Medicare All recipients pay a family rate of \$62.32 for UDB

If you are enrolled in the UDB or Preventive Plan AND a major supplemental plan (Select or Select Plus) and have a qualified preventive service (cleaning/exam) in 2022, your deductible on the major supplemental plan will be waived in 2023. Individuals must be enrolled in both plans (UDB or Preventive Plan and Select or Select Plus Plans) in 2022 and 2023 to be eligible. In addition, if you continue coverage and have your preventive visit in 2023, your 2024 deductible will also be waived.

²For children to age 19

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