

# UW & State of Wisconsin Employees 2010 DentalBlue Payroll Deduction Plans



DentalBlue is the portfolio of dental products from Anthem Blue Cross and Blue Shield. The plans noted below are available to any UW & State of Wisconsin employee on a 100% employee-paid basis through payroll deduction.

Plan Summary	Dentacare HMO	Preferred PPO	Supplemental Plan
Who should consider this plan?	If your medical plan <u>does not</u> include dental benefits OR has a limited selection of dentists. No waiting period.	If your medical plan <u>does not</u> include dental benefits OR you want flexibility to use any dentist of your choice.	If your medical plan <u>has</u> a dental benefit AND you want additional comprehensive benefits.
Which Dentists can I go to?	Must use a Dentacare Center	Any Dentist. However, benefits are paid at a higher level if a PPO dentist is used.	Any Dentist

Monthly Premium – Region 1 Milwaukee, Waukesha, Ozaukee, Washington, Racine & Kenosha Counties	Employee	\$23.27	Employee \$23.51 Employee & 1 \$47.01 Employee & 2+ \$77.56	Employee \$16.59 Employee & 1 \$33.19 Employee & 2+ \$49.80
	Employee & 1	\$46.55		
	Employee & 2+	\$74.47		
Monthly Premium – Region 2 All counties not listed in Region 1	Employee	\$28.78	Employee & 1 \$47.01 Employee & 2+ \$77.56	Employee & 1 \$33.19 Employee & 2+ \$49.80
	Employee & 1	\$57.56		
	Employee & 2+	\$92.10		

<b>Diagnostic &amp; Preventive Services</b> Oral Evaluations, X-rays, Regular Cleanings, Sealants, Fluoride	100% Dentacare Center Only	80% PPO Dentist 75% Other Dentist	0% No Coverage Typically Covered Under Alternate HMO Medical Plan
<b>Basic Services</b> Amalgam & Resin Fillings, Simple Endodontics, Certain Oral Surgery & Periodontics, Emergency Palliative Pain Treatment	80% Dentacare Center Only	60% PPO Dentist 50% Other Dentist	75% Any Dentist
<b>Major Services</b> Crowns & Crown Services Bridges & Bridge Services Dentures & Denture Services Implants (PPO Plan Only)	60% Dentacare Center Only	40% PPO Dentist 25% Other Dentist	50% Any Dentist
<b>Complex Specialty Services</b> Complex Endodontics & Periodontics	60% Any Dentist	40% PPO Dentist* 25% Other Dentist	50% Any Dentist

Annual Deductible	None	Applies to Basic, Major & Specialty Services Only \$25 Per Member – PPO Dentist \$50 Per Member – Other Dentist	Applies to Basic, Major & Specialty Services Only \$50 Per Member – Any Dentist
Office Visit Copayment	\$10 Per Member Per Visit	None	None
Annual Benefit Maximum (Per Member)	\$750 – Diagnostic, Preventive, Basic & Major Services Additional \$500 – Specialty Services	\$1,000 Per Member	\$1,000 Per Member

<b>Orthodontic Savings Plan</b> Where to Receive Services Orthodontic Exams, X-rays, Braces, Retainers Orthodontic Maximum Benefit, Per Member Orthodontic Benefit Age Limit	Available With Dentacare HMO, Preferred PPO & Supplemental Plans Discount Available Only at DentalBlue Preferred Orthodontists 20% Discount Off Billed Charges, No Waiting Period \$1,000 Per Member Lifetime - No Age Limit		
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Benefit Waiting Periods	None	3 Months Basic Services 3 Months Major Services (New enrollees only)	3 Months Basic Service 3 Months Major Services (New enrollees only)
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\*Some specialty services will be paid at the out-of-network level even when there is not a specialist available in-network.

**Need additional information or have questions?**  
See the back side of this sheet for web site, email and telephone inquiry information.

This document is intended as a general outline of the DentalBlue plan, and does not serve as a legal document. For a complete list of benefits, limitations, and exclusions, please see the contract and Benefit Handbook.

**Diagnostic And Preventive Services Include:**

Oral Evaluations. Comprehensive (one every 36 months), Periodic (two per calendar year), Limited (one every 12 months), no more than three of any oral evaluation per calendar year.

Dental X-Rays. Intraoral complete series (one intraoral complete series or panoramic film every 36 months), Intraoral periapical (four films every 12 months, not covered on same day as intraoral complete series), Bitewing film (four films every 12 months, not covered on same day as panoramic film), Panoramic film (one intraoral complete series or panoramic film every 36 months).

Cleanings, Fluoride, & Sealants. Adult prophylaxis (one every 6 months), Child prophylaxis (one every 6 months, members age 14 and under), Child prophylaxis with fluoride (one every 6 months, members age 14 and under), Child Fluoride (one every 6 months, members age 14 and under), Sealants (one initial treatment per posterior tooth, members age 14 and under).

Space Maintainers. Fixed unilateral and bilateral (members age 14 and under), Recementation.

**Basic Services Include:**

Fillings. Amalgams (primary and permanent teeth), Resins (tooth colored fillings, anterior (front) permanent teeth only).

Palliative Treatment. Emergency treatment to relieve pain.

Simple Specialty Services. Simple Endodontics (Pulpotomy and pulpal therapy, one initial treatment per tooth), Simple Oral Surgery (Simple extractions), Simple Periodontics (Periodontal scaling and root planing, per quadrant-four quadrants every 36 months, Full mouth debridement to enable periodontal disease diagnosis-one every 36 months, not covered on same visit as cleaning).

**Major Services Include:**

Crowns & Crown Services. Resin, porcelain, 3/4 cast, full cast, prefabricated stainless steel, prefabricated resin (four crown or bridge units every 12 months, base metal crown covered). Additional cost for noble/high noble metals at members expense, replacement covered only if 5 years elapsed since initial placement), Recementation, Sedative filling, Core build-up, Pin retention, Pre-fabricated post and core (in addition to crown).

Bridges & Bridge Services. Resin, porcelain, 3/4 cast, full cast, prefabricated stainless steel, and prefabricated resin bridge crowns and pontics (four crown or bridge units every 12 months, base metal crown

**Notice to Plan Participants:** This insurance plan has been authorized by the Group Insurance Board for the purpose of permitting premium collection through payroll deductions under the authority granted by § 40.03 (6) (b) and pursuant to § 20.921 (1) (a) 3 State Statute. The criteria the Board uses involves meeting several requirements which include, but are not limited to: documentation of financial stability, demonstration of a reasonable ratio of claims paid to the premium level, authority to conduct business in the State of Wisconsin, agreeing to conditions for the rate-making process and other administrative conditions. DETF staff and the Board's actuary review proposals for participation prior to Board approval. However, the Board does not require competitive bids nor a benefit comparison with similar products from other vendors. Authorization for payroll deduction should not be construed as an endorsement of this plan by either the Group Insurance Board or the Department of Employee Trust Funds.

Premiums will be deducted from your paycheck on a pre-tax basis automatically, unless you file an Employee Reimbursement Accounts (ERA) Program Automatic Premium Conversion Waiver form (ET-2340) with your payroll office when you sign up for this benefit.

If you have your premiums deducted on a pre-tax basis, you must continue the coverage for the entire year, unless you experience a valid change in status event that allows you to change or cancel coverage. If you prefer to have your insurance premiums deducted post-tax, you must file an Automatic Premium Conversion Waiver (ET-2340) before your benefits begin or prior to the next plan year. Once you file a waiver, it will remain in effect until you revoke it. NOTE: If you have coverage that includes a domestic partner, the value of that coverage will be taxable to you. The value of domestic partner coverage will be calculated and added to your taxable earnings.

**Questions? Need More Information? Locate a Provider?**

The UWSA web site at <http://www.uwsa.edu/hr/benefits/ins/dentblue.htm>  
or the OSER website at <http://oser.state.wi.us/subcategory.asp?linksubcatid=1151>

Open Enrollment Inquiries only: 1-866-511-4476

For open enrollment related questions: [StateOfWIEmpsDnEnrollment@Anthem.com](mailto:StateOfWIEmpsDnEnrollment@Anthem.com)

For General Inquiries: [StateOfWIEmpsDnService@Anthem.com](mailto:StateOfWIEmpsDnService@Anthem.com)

covered. additional cost for noble/high noble metals at members expense, replacement covered only if 5 years elapsed since initial placement), Recementation, Core build-up, Prefabricated post and core (in addition to bridge).

Dentures & Denture Services. Complete, immediate, and partial dentures (one initial denture, replacements covered only if 5 years have elapsed since initial placement, member is responsible for additional cost of precision appliances or other elaborate, personalized techniques), Denture adjustments, repairs, rebases, relines (one every 36 months, not covered within 6 months of initial insertion).

Implants-PPO plan only. Benefits for implants include: surgical placement of implants, supported prosthetics, maintenance, repair, removal. Implants are limited to once per tooth in any 10-year period (whether placement was under this certificate or under any prior dental coverage).

**Complex Specialty Services Include:**

Complex Endodontics. Initial and re-treatment root canal therapy (anterior, bicuspid, and molar, one per tooth), Apicoectomy/periradicular surgery (anterior, bicuspid, molar), Root amputation. Specialty Care Plan Covered Services Under Dentacare.

Complex Periodontics. Periodontal maintenance procedure (2 periodontal maintenance procedures per 12 months immediately following active periodontal treatment). Specialty Care Plan Covered Services Under Dentacare HMO.

**DentalBlue Exclusions:**

Services not listed in the Benefit Handbook \* Services which are not medically necessary or are experimental or investigational \* Services started or finished before the members effective date begins or after it ends \* Covered services rendered in connection with elective treatment or excluded services \* Duplicate or replacement appliances \* Oral hygiene or dietary counseling \* Implants (covered under the PPO plan) \* Splinting procedures \* Temporary crowns \* Charges for any type of anesthesia \* Adjustment of occlusion or vertical dimension \* Prescription drugs \* Diagnostic study models and tests \* Services which are otherwise covered under member's hospital, surgical, or medical plan \* Covered services for treatment of congenital malformations, orthognathic surgery, osteotomies, or TMJ disease \* Charges that are a result of lack of patient cooperation \* Charges for telephone consultation or hospital or physician services

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