



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](https://www.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](https://www.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.