

Dental Benefit Comparisons

Dental & Excess Medical and DentalBlue Plans

Refer to the plan documents for a complete listing of benefits and/or exclusions.

Benefit	Dental & Excess Medical	DentalBlue Plans Sponsored by UW for Non-represented Employees and OSER for Represented Employees		
		HMO	PPO	Supplemental
Coverage Types available	1. Employee 2. Employee +1 3. Family	1. Employee 2. Employee +1 3. Family	1. Employee 2. Employee +1 3. Family	1. Employee 2. Employee +1 3. Family
Premiums	Employee-\$16.70 Employee+1- \$33.40 Family--\$50.10	Region 1*: Employee--\$23.27 Employee+1- \$46.55 Family-\$74.47 Region 2**: Employee-\$28.78 Employee+1- \$57.56 Family-\$92.10	Employee-\$23.51 Employee+1-\$47.01 Family-\$77.56	Employee-\$16.59 Employee+1- \$33.19 Family-\$49.80
Annual Deductible	\$75 per participant	None	Applies to Basic, Major & Specialty Services Only \$25 per participant when using PPO Dentists \$50 per participant when using other Dentists	Applies to Basic, Major & Specialty Services Only \$50 per participant when using any dentist
Office Visit Co-payment	None	\$10 per participant Per Visit	None	None
Annual Maximum Benefit	\$1,000 per participant***	\$750 - Diagnostic, Preventive, Basic & Major Services Additional \$500 – Specialty Services	\$1,000 per participant	\$1,000 per participant
Benefit Waiting Period (Diagnostic, Basic & Major Services)	None	None	3 Months Basic & Major Services (New enrollees only)	3 Months Basic & Major Services (New enrollees only)
Benefit Waiting Period (Orthodontic Services)	12-months from the participant's effective date***	None	None	None
Providers	Any Dentist (best value with Delta Dental providers)	Must use a Dentacare Center	Any Dentist	Any Dentist

* Region 1: Kenosha, Milwaukee, Ozaukee, Racine, Washington and Waukesha Counties

** Region 2: All Other Wisconsin Counties

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		HMO	PPO	Supplemental
Diagnostic & Preventive Services {Example: oral evaluations, cleanings}	None	100% - Dentacare Center Only	80% - PPO Dentists 75% - Other Dentists	None {Typically Covered Under HMO Medical Plan}
Basic Services {Example--fillings}	50% of covered charges after deductible	80% - Dentacare Center Only	60% - PPO Dentists 50% - Other Dentists	75% - Any Dentist
Major Dental Provisions {Example: Crowns, Bridges & Dentures}	50% of covered charges after deductible	60% - Dentacare Center Only	40% - PPO Dentists 25% - Other Dentists	50% - Any Dentist
Complex Specialty Services {Example: Complex Endodontics & Periodontics}	50% of covered charges after deductible	60% - Any Dentist	40% - PPO Dentists 25% - Other Dentists	50% - Any Dentist
Orthodontic	Yes	Yes	Yes	Yes
Orthodontic Age Limit	Children under 19	No Age Limit	No Age Limit	No Age Limit
Orthodontic Lifetime Maximum	\$1,200 per participant	20% Discount off Billed Charges \$1,000 per participant when using a DentalBlue Preferred Orthodontist	20% Discount off Billed Charges \$1,000 per participant when using a DentalBlue Preferred Orthodontist	20% Discount off Billed Charges \$1,000 per participant when using a DentalBlue Preferred Orthodontist
Pre-Tax Deductions	Yes	Yes	Yes	Yes
Domestic Partner Coverage	No	Yes	Yes	Yes
Excess Medical Coverage	Yes	No	No	No
Accidental Death & Dismemberment Coverage	Yes	No	No	No
Vision Discount Program	Yes	No	No	No

***Employees enrolling during the 2009 open enrollment will have a 24 month waiting period for orthodontia coverage and stepped up annual maximums of \$500 first year, \$750 second year, and \$1,000 thereafter. Employees in their initial enrollment period will have an annual maximum of \$1,000.

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