

State Annuitants: 2017 Dental Plan Comparisons

This outline is only an overview of dental benefits, limitations, and exclusions, and does not guarantee payment for services.

	State Uniform Dental	EPIC Benefits +	EPIC Dental WI PPO		EPIC Dental WI Select	Anthem Dentacare HMO	Anthem Preferred PPO		Anthem Supplemental	
Annuitant Open Enrollment for 2017	Yes	Yes	Yes		Yes	No	No		No	
Provider Network	Delta Dental PPO and Delta Dental Premier provider networks	Affiliated with Delta Dental nationwide. Member responsible for charges over the allowable amount unless a Delta Premier Provider is used.	Delta Dental PPO Providers	Any Dentist. Benefits are paid at a higher level if a network PPO dentist is used.	Any Dentist, but affiliated with Delta Dental nationwide. Member responsible for charges over the allowable amount unless a Delta Premier	Must use a Dentacare Center	Any Dentist. Benefits are paid at a higher level if a network PPO dentist is used.		Any Dentist	
2017 Premium Rates	Total Premium*	Without Vision**	With Vision**		Annuitants and dependents		Annuitants and dependents			
Employee	\$27.84	\$28.90	\$33.24		\$35.62	\$25.64	\$18.47	\$19.15		\$19.56
Employee + Spouse or Domestic Partner	n/a	\$57.68	\$65.50		\$75.42	\$52.72	\$36.94 (Employee + 1 Child)	\$38.29 (Employee + 1 Child)		\$39.14 (Employee + 1 Child)
Employee + Child(ren)	n/a	\$66.96	\$74.36		\$84.34	\$60.84				
Family	\$69.62	\$79.62	\$90.92		\$127.48	\$89.48	\$59.09	\$63.18		\$58.73
Network Coverage	In-network ONLY	Open Network		In Network	Out-of-Network	Open Network	Dentacare Providers ONLY	PPO Dentist	Other Dentist	Open Network
Deductible	\$0	\$75 Must be met before benefits are covered		\$25 Must be met before benefits are covered	\$50 Must be met before benefits are covered	\$50 Must be met before benefits are covered	\$0	\$25 per member Must be met before benefits are covered	\$50 per member Must be met before benefits are covered	\$50 per member Must be met before benefits are covered
Calendar Benefit Max	\$1,000	\$1,500, except for new enrollees, if applicable:		\$1,000		\$1,000	\$750 per member (Diagnostic/Basic/Major) Additional \$500 for	\$1,250 per member		\$1,250 per member
Maximum benefit the plan will pay for the year	\$1,000	First Year	\$750	\$1,000		\$1,000	See above	\$1,250 per member		\$1,250 per member
		Second Year	\$1,000							
		Third Year	\$1,500							
Diagnostic & Preventative	100%	Not Covered		100%	75%	Not Covered	100%	80%	75%	0%
Routine Eval	2 per year	Not Covered		1 every 6 months		Not Covered	100%	80%	75%	0%
Cleanings	2 per year			1 every 6 months						
Bitewing X-rays	1-4 films (image)			1 every 12 months						
Panoramic X-rays	Once every 60 months			Once every 60 months						
Fluoride	2 per year to age 16			Once per year up to age 16						
Basic	See specific services	50% on covered procedures as related to Major Services		75%	55%	75%	80%	60%	50%	75%
Fillings	100%	50%		75%	55%	75%	80%	60%	50%	75%
Extractions (non-surgical)	Not covered									75%
Local Anesthesia	80%									75%
Emergency Palliative Care	80%									75%
X-rays (limited)	100%									75%
Oral Surgery	Not covered, but may be covered under medical plan					50%	Limited to certain procedures: 80%	Limited to certain procedures: 60%	Limited to certain procedures: 50%	Limited to certain procedures: 75%
Major/Restorative	See specific services	50% on covered procedures as related to Major Services		50%	25%	50%	60%	40%	25%	60%
Implants	Not covered	50%		50%	25%	50%	Not covered	40%	25%	Not covered
Crowns							60%			60%
Bridges										
Dentures										
Endodontic							80%			40% Complex 60% Simple
Periodontic	80%: Limited to Periodontal Maintenance					60%: Limited to Periodontal Maintenance	40%: Limited to Periodontal Maintenance	25%: Limited to Periodontal Maintenance	60%: Limited to Periodontal Maintenance	
Dental Waiting Period	None	None		Preventative - None Basic & Major - 3 months		Preventative - No Coverage Basic & Major - 3 months	None	Basic & Major - 3 months		Basic & Major - 3 months
Claim Filing Timeline	12 months	120 days		120 days		120 days	15 months	15 months		15 months
Orthodontia	50% (under 19 only)	50% (under 19 only)		50% if begun before age 19		50% if begun before age 19	50%	50%		50%
Ortho Lifetime Max	\$1,500	\$1,200		\$1,000		\$1,000	\$1,000	\$1,000		\$1,000
Ortho Waiting Period	None	24 months		12 months		12 months	None	None		None
Customer Service Phone	844-337-8383	Claims 800-343-7615 Billing: 800-236-7610		Claims 800-343-7615		Billing: 800-236-7610	Open enrollment: 1-866-511-4476		Other questions: 1-866-589-0582	
Website	http://www.deltadentalwi.com/state-of-wi	http://www.epiclife.com/wi-state-employees/		http://www.epiclife.com/wi-state-employees/			http://www.anthem.com/dental-stateofwi/			

*Premiums listed represent the total to add Uniform Dental coverage to their health insurance.

** Active employee rates are listed on plan website. EPIC Benefits+ and Dental Wisconsin are accepting enrollment from annuitants for 2017.

Updated 09/2016

This outline is only an overview of dental benefits, limitations, and exclusions. You can find a more detailed description of coverage in the applicable insurance certificate of coverage. A certificate will be issued to each subscriber once enrolled, or is viewable online via etf.wi.gov. A policy consists of the group master policy, the application, all policy riders and endorsements.