

2018 Dental Plan Comparisons - State Employees

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 Supplement	
Open Enrollment for Actives 2018	Yes	Yes		Yes		Yes		Yes	Yes		Yes	
Provider Network	Delta Dental PPO and Delta Dental Premier provider networks	Affiliated with Delta Dental nationwide. <small>Member responsible for charges over the allowable amount unless Delta Premier Provider is used.</small>		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. <small>Member responsible for charges over the allowable amount unless Delta Premier Provider is used.</small>		Must use a Dentacare Center	Any Dentist. Benefits are paid at a higher level if a network PPO dentist is used.		Any Dentist
2018 Premium Rates	Employee Contribution* (in addition to medical premium)	Without Vision**	With Vision**	Active Employees & COBRA**				Active Employees & COBRA				
Employee	\$3.00	\$21.38	\$25.02	\$22.38	\$21.04	\$21.04	\$18.47	\$19.15	\$19.56			
Employee + Spouse	\$8.00	\$42.76	\$49.16	\$47.40	\$43.24	\$43.24	\$36.94 (Employee + 1 Child)	\$38.29 (Employee + 1 Child)	\$39.14 (Employee + 1 Child)			
Employee + Child(ren)	\$8.00			\$2.98	\$4.90	\$4.90						
Family	\$8.00	\$64.14	\$73.58	\$80.10	\$73.36	\$73.36	\$59.09	\$63.18	\$58.73			
Provider Network	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	
Office Visit Copayment	None	None		None		None		\$10 per member per visit	None		None	
Calendar Benefit Max	\$1,000	\$1,500 for Existing Enrollees & New Hires		\$1,250 for Existing Enrollees & New Hires		\$1,250 for Existing Enrollees & New Hires		\$1,250* total per member	\$1,250 per member		\$1,250 per member	
<i>Additional Detail</i>		<i>Tiered for New Enrollees:</i>		<i>Tiered for New Enrollees:</i>		<i>Tiered for New Enrollees:</i>						
	\$1,000	1st Year	\$750	1st Year	\$600	1st Year	\$600	*\$750 per member (Diagnostic/Basic/Major) Additional \$500 for Specialty	\$1,250 per member	\$1,250 per member	\$1,250 per member	
		2nd Year	\$1,000	2nd Year	\$800	2nd Year	\$800					
		3rd Year	\$1,500	3rd Year	\$1,250	3rd Year	\$1,250					
Diagnostic & Preventative	100%	Not Covered		100%	75%	Not Covered		100%	80%	75%	0%	
Routine Evals	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 set per year			1 every 12 months								
Panoramic X-rays	Once every 60 months			Once every 60 months								
Fluoride	2 per year to age 19			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%		75%	55%	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								60%	60%			
Dentures								60%	60%			
Endodontic								80%	40% Complex 60% Simple			25% Complex 50% 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		60%: Limited to Periodontal Maintenance				
Dental Waiting Period	None	None		None		None		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		Existing enrollees: 12 months New enrollees: 24 months		Existing enrollees: 12 months New enrollees: 24 months		None	None		None	
Customer Service Phone	844-337-8383	1-800-520-5750		1-800-520-5750				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.

** Annuity rates are listed on plan website.

Updated 09/2017

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 efw.wi.gov. A policy consists of the group master policy, the application, all policy riders and endorsements.