

**2009 Dental Plan Summary
State of Wisconsin and
Local Government (WPEG)**

**Group Health Cooperative of
South Central Wisconsin
(GHC-SCW)**

Annual Deductible: None

Annual Benefit Maximum: None, except Endodontic, Periodontic and Prosthodontic Services

Lifetime Benefit Maximum: None, except Orthodontic Services

Diagnostic and Preventive Services	Plan Pays	You Pay
<ul style="list-style-type: none"> • Examinations • X-rays • Cleaning treatments twice per calendar year • Fluoride treatments twice per calendar year through age 15 • Topical applications of sealants through age 18 • Space maintenance for primary teeth (the first set of teeth) <p>Restorative Services</p> <ul style="list-style-type: none"> • Composite fillings for anterior teeth • Amalgam fillings for posterior teeth • Composite fillings for posterior teeth* • Stainless steel crowns for primary teeth (the first set of teeth) • Simple and surgical extractions <p><i>*NOTE: Composite fillings for posterior teeth will be covered at the amalgam filling cost with patient responsibility for the difference. Participant will need to pay this difference on the day of service.</i></p>	100%	0%
<p>Endodontic Services (excluding retreatments)</p> <ul style="list-style-type: none"> • Root canals <hr/> <p>Periodontic Services</p> <ul style="list-style-type: none"> • Gingivectomy • Periodontal examination and evaluation • Periodontal scaling and root planing • Osseous grafting • Osseous surgery • Soft tissue grafts • Related specified services <hr/> <p>Prosthodontic Services (excluding dental implants)</p> <ul style="list-style-type: none"> • Full dentures • Partial dentures • Crowns • Bridges 	50% of the first \$1,500 in billed charges (maximum payment by GHC-SCW of \$750 per Participant per Calendar Year)	Balance
<p>Orthodontic Services</p> <ul style="list-style-type: none"> • Dependent children through age 18 	50% of the first \$3,500 in eligible charges (maximum payment by GHC-SCW of \$1,750 per Participant per Lifetime)	50% of the first \$3,500 in eligible charges; 100% thereafter
<p>Anesthesia Services</p> <ul style="list-style-type: none"> • Local anesthesia and analgesia for services related to covered procedures 	100%	0%
<p>Emergency Dental Examinations at Dental Health Associates during business hours</p>	100%	0%

Note: Restorative dental services performed strictly for cosmetic purposes are excluded. Refer to GHC-SCW State Dental Plan Exclusions and Limitations on the back of this sheet for a complete listing of services that are excluded from coverage.

What is the GHC-SCW State and WPEG Dental Plan?

The GHC-SCW State Dental Plan is a comprehensive dental benefit that is included as part of your health care plan at no additional cost.

Who is Covered under the GHC-SCW State and WPEG Dental Plan?

All State of Wisconsin Graduate Assistants and State of Wisconsin/WPEG employees, Annuitants, and Continuants and their eligible dependents enrolled in the GHC-SCW health care plan.

What is Covered under the GHC-SCW State and WPEG Dental Plan?

Please refer to the back of this page to see an outline of services covered under GHC-SCW State Dental Plan.

Where can I Receive Dental Services under the GHC-SCW State and WPEG Dental Plan?

All dental services MUST be obtained from Dental Health Associates in Madison. For an appointment, call Dental Health Associates at:

**49 North Walbridge Ave., (608) 246-2555
7017 Old Sauk Road, (608) 833-1889
2971 Chapel Valley Road, (608) 661-6400
7001 Old Sauk Road, (608) 833-2578**

Tell the receptionist you have coverage through the GHC-SCW State Dental Plan. When you arrive, present your GHC-SCW ID card. This is the same card used to obtain medical services.

Who do I contact with questions regarding the GHC-SCW State and WPEG Dental Plan?

Please direct any questions about the GHC-SCW State Dental Plan to the GHC-SCW Member Services Department at (608) 828-4853 or (800) 605-4327.

State and WPEG Dental Plan Exclusions & Limitations

- Prosthodontics (e.g. bridges, crowns, caps, dentures)
- Endodontics (e.g. root canals)
- Periodontics
- Deep scale cleaning
- Services from dentists not affiliated with GHC-SCW State Dental Plan
- Emergency out-of-area treatment in excess of \$150
- Cosmetic procedures
- Services with respect to any disturbance of TMJ
- Gold foil restorations
- Experimental or investigational procedures
- Oral surgical procedures covered under another plan
- Drugs or administration of drugs
- Hospital or physician services
- Services covered under Workers' Compensation or Employer's Liability Laws
- Treatment provided before coverage was in effect or after coverage is terminated
- Services furnished without charge
- Services, procedures, or amounts not specifically identified as covered

NOTE: This is only a summary of benefits, exclusions and limitations and is subject to the terms and conditions of the contract. Specified oral surgery procedures are available under the medical plan. GHC-SCW does not discriminate on the basis of disability in the provision of programs, services or activities. If you need this printed material interpreted or in an alternative format, or need assistance in using any of our services, please contact GHC-SCW Member Services at (608) 828-4853; TDD (608) 828-4815



of South Central Wisconsin
1265 John Q. Hammons Drive
P.O. Box 44971
Madison, WI 53744-4971