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CORRESPONDENCE MEMORANDUM

DATE: July 31, 2009
TO: Group Insurance Board
FROM: Arlene Larson, Manager, Self-Insured Health Plans
SUBJECT: Plan Changes to Optional Dental Benefits

This is for informational purposes only. No Board action is required.

This memo is provided to inform the Board that several health plans have proposed dental coverage changes and Health Partners, a plan to be offered for the first time in 2010, will offer dental coverage to State employees and annuitants. This memo describes the items that are changing. Note that all alternate health plans will offer dental coverage to State employees and annuitants. For Wisconsin Public Employers (locals), eight health plans will continue to offer dental coverage through nine networks.

Benefit outlines provided by the health plans are attached showing the changes **highlighted**. As described below:

1. Health Partners will offer dental benefits to State employees and annuitants only.
2. Dean Health Plan and Physician's Plus Insurance Corporation are slightly reducing benefits.
3. Health Tradition Health Plan is increasing benefits somewhat by eliminating two exclusions.
4. Medical Associates Health Plan is clarifying their current practice on fluoride treatments.

New Benefits Offered

Health Partners:

- No deductibles
- No individual annual benefit maximum for services except orthodontia
- Lifetime orthodontia benefit limitation maximum of \$1,200
- Preventative and diagnostic care will be covered at 100%.
- Sealants will be covered for one application per tooth every 3 years at 100%, with no age limit.
- Orthodontia will be covered at 50% up to the orthodontia benefit maximum for children who begin care by age 19.

Reviewed and approved by Tom Korpady, Division of Insurance Services.

Signature Date

Board	Mtg Date	Item #
GIB	8/25/2009	2

Benefit Decrease

- **Dean Health Plan** (Dean) will increase its out-of-network deductible for preventative and basic services to \$50 single/\$150 family (from \$25 single/\$75 family). Basic services are, for example, sealants and simple restorations (fillings). Dean will continue to have no in-network deductible.
- **Physician's Plus Insurance Corporation** is modifying a unique benefit it offers to State employees and annuitants (only). "Other Dental Services" are services that are not otherwise covered under the plan (i.e., crowns, bridges or teeth whitening). These services must be provided by a participating dentist. The benefit maximum is 100% for these services up to \$75 per member, per year. Currently, P+ pays 50% up to \$100 per member, per year.

Benefit Increase

Health Tradition Health Plan is eliminating two exclusions that have been difficult to administer. Since the annual benefit maximum on the plan is \$500 per member, this change will have minimal impact. The exclusions to be removed in entirety are:

- Replacement of an appliance, prosthetic device, crown, cast restoration or a fixed bridge within 5 years of the date it was last allowed with any Plan under the State group health insurance program.
- The initial placement of a complete or partial denture or for fixed bridgework if it involves the replacement of one or more natural teeth missing or lost prior to the date the insured became insured with any Plan under the State group health insurance program. This exclusion will not apply if the denture or bridgework includes replacement of natural teeth extracted while insured with any Plan under the State group health insurance program.

Benefit Clarifications

Medical Associates is clarifying that fluoride treatments are covered only for members age 19 and under. This limit was in place, but did not appear in all of its marketing materials – a situation that created confusion for subscribers and resulted in some fluoride treatment being paid for adults.

Attachments: Health Partners Health Plan
Dean Health Plan
Physicians Plus Dental Plan
Health Tradition Health Plan
Medical Associates Health Plan

The following is an overview of your HealthPartners coverage. For exact coverage terms and conditions, consult your plan materials, or call Member Services at (952) 883-5000 or 1-800-883-2177.

Plan highlights Partial listing of covered services	In-network Care from a network provider	Out-of-network Care from an out-of-network provider
Annual Maximum	Annual maximums are combined in and out-of-network	
Annual maximum	None	None
Deductible	Deductibles are combined in and out-of-network	
<ul style="list-style-type: none"> ▪ Applies to Basic Care, Special Care & Prosthetics 	None	None
Preventive and Diagnostic Care		
<ul style="list-style-type: none"> ▪ Teeth cleaning, exams, dental x-rays and fluoride treatments 	100% coverage	100% coverage
<ul style="list-style-type: none"> ▪ Sealants 	100% coverage	100% coverage
Orthodontic Services	Orthodontic lifetime maximums are combined in and out-of-network	
<ul style="list-style-type: none"> ▪ Orthodontic care for dependents under age 19 	50% coverage up to \$1,200 Lifetime maximum	50% coverage up to \$1,200 Lifetime maximum

Emergency Care

Refer to the Group Dental Member Contract for coverage of emergency dental services.

Diabetes and Pregnancy: As periodontal disease may impair glycemic control or reduce birth weight, members who are diabetic or pregnant may receive extra services which treat periodontal disease with no member liability when seen by a HealthPartners network dentist. Periodontal care is not covered under this plan, but some preventive care qualifies for this benefit including exams, regular cleanings and periodontal maintenance cleanings. The frequency limitations on these services are then waived for these members.

Benefit Limitations

- Coverage for dental exams limited to twice each calendar year.
- Coverage for dental cleanings (prophylaxis or periodontal maintenance) limited to twice each calendar year.
- Sealants limited to one application per tooth every three years.
- Coverage for professionally applied topical fluoride limited to once each calendar year, for members under age 19.
- Coverage for bitewing x-rays limited to once each calendar year.
- Full mouth or panoramic x-rays limited to once every three years.
- Oral hygiene instruction limited to once per enrollee per lifetime.
- Coverage space maintainers limited to replacement of prematurely lost primary teeth for dependent members under age 19.

THIS IS A BENEFIT SUMMARY SHEET ONLY. THIS DENTAL PLAN MAY NOT COVER ALL YOUR DENTAL CARE EXPENSES. FOR COMPLETE INFORMATION ABOUT BENEFITS AND SERVICES, ASK YOUR EMPLOYER OR CALL THE MEMBER SERVICES INFORMATION LINE AT (952) 883-5000 OR CALL TOLL FREE AT 1-800-883-2177.

Our mission is to improve the health of our members, our patients and the community.



At Ameritas Group, we put our customers first. And second. And third. Always. For us, it's about more than just providing coverage. It's about making the complicated world of benefits uncomplicated. Dean Health Plan has partnered with Ameritas Group Dental to offer our members improved dental coverage, to include increased maximums and the opportunity for more cleanings throughout the year.

network

We want to make it easier for people all across the country to see their dentist. That's why we offer more than 100,000 provider access points nationwide. The Ameritas PPO is a group of dentists who agree to provide dental services at discounted fees to individuals covered under Ameritas' dental insurance plans. In many cases, PPO discounts apply even on non-covered services. To find out if your dentist is a member of the Ameritas PPO network, go to www.deancare.com and click on "Members", then click on "State of Wisconsin", then "Ameritas Dental Information" to find the participating network dentists who are convenient for you. You can also call us toll-free at 800.279.1301.

Summary of Benefits

	Network Provider	Out-of-Network Provider
Type I Preventive Procedures	100%.....	100%.....
Exams and bitewing x-rays (2 per benefit period)		
Cleanings (4 per year)		
Type II Basic Procedures	80%.....	80%.....
Sealants (age 14 and under), restorative amalgams, restorative composites		
Orthodontia (under age 19)	50%.....	50%*
<i>Note: Ortho benefits will be offset by any ortho benefits paid by prior carrier for each specific dependent.</i>		
<i>*50% based on usual and customary charges</i>		

Deductible Amounts

Deductible Type I and Type II	\$0.....	\$50/calendar year
Family Maximum of \$150 per year		

Maximum

Note: The maximum amounts are a combined benefit, including in-network and out-of-network providers.

Type I and Type II Procedures

Calendar Year-Per Person.....	\$2000.....	\$2000
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Orthodontia

Lifetime-Per Person	\$1750.....	\$1750
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Note: Ortho benefits will be offset by any ortho benefits paid by prior carrier for each specific dependent.



H E A L T H P L A N



We're Ameritas. We're for people.®

Dental Plan Highlights

Customer Service

We're Here to Help

At Dean Health Plan we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer service representatives will be pleased to assist you 7:30 a.m. to 5:00 p.m., Monday through Thursday, and 8:00 a.m. to 4:30 p.m. on Friday. You can speak to them toll-free at 800.279.1301. For plan information any time, go online to www.deancare.com.

PPO Information

Go online to www.deancare.com and click on "Members", then click on "State of Wisconsin", then "Ameritas Dental Information" to find the participating network dentists who are most convenient for you. While using a PPO dentist will almost always lower your out-of-pocket costs, every Ameritas Group plan gives you the freedom to visit any dentist you choose.

Ameritas PPO dentists agree to charge plan members based on negotiated fees, resulting in member savings of up to 30% when they visit a participating dentist.

Additional Savings

In many cases, members may receive additional savings on non-covered services (including whitening procedures, root canals, and dental implants), by choosing a PPO provider. Many Ameritas PPO providers have agreed to offer additional savings on procedures not covered under the plan. To see if your provider participates in this program, call us at 800.279.1301.

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

This document is a highlight of plan benefits provided by Ameritas Group Dental as selected by Dean Health Plan. It is not a certificate of insurance and does not include exclusions and limitations. Certificates will be available online by going to www.deancare.com and clicking on "Members", then click on "State of Wisconsin", then "Ameritas Dental Information". If you would like a printed copy of your certificate, please call Dean Health Plan at 800.279.1301.

ALL SERVICES MUST BE PERFORMED BY A PARTICIPATING DENTAL PROVIDER	
This plan provides benefits for the following services	
<p>Diagnostic Services</p> <p>Office Calls.</p> <p>Dental Exams.</p> <p>Bite-wing, full-mouth or panoramic x-rays or other dentally indicated x-rays.</p> <p>Professional consultations performed in conjunction with a covered service.</p> <p>Pulp vitality test.</p> <p>Emergency palliative treatment.</p>	<p>Covered in full.</p> <p>Covered in full.</p> <p>Covered in full.</p> <p>Covered in full.</p> <p>Covered in full.</p> <p>Covered in full.</p>
<p>Restorative Services</p> <p>Fillings on anterior (front) teeth with composite or synthetic porcelain and fillings on posterior (back) teeth with amalgam or composite fillings up to the amalgam reimbursement amount.</p> <p>Bases, retention pins and local anesthetic.</p> <p>Extraction of primary teeth (the first set of teeth) for dental caries (cavities) and dental abscesses.</p> <p>Extraction of primary teeth (the first set of teeth), except for purposes of orthodontic treatment.</p> <p>Stainless steel crowns and pulpotomies are covered on primary teeth only (the first set of teeth), not on secondary teeth.</p>	<p>Covered in full.</p> <p>Covered in full.</p> <p>Covered in full.</p> <p>Covered in full.</p> <p>Covered in full.</p>
<p>Preventive Services</p> <p>Routine Dental cleanings — 2 per calendar year</p> <p>Fluoride treatments for children through age 12.</p> <p>Oral hygiene instruction</p> <p>Sealants for children through age 14</p>	<p>Covered in full*.</p> <p>Covered in full.</p> <p>Covered in full.</p> <p>Covered in full.</p>
<p>Orthodontic Services</p> <p>Extraction of primary teeth (the first set of teeth) by a participating dentist for the purpose of orthodontic treatment.</p> <p>Orthodontic Services (per member per lifetime)</p>	<p>Covered at 50%.</p> <p>Paid at 50% up to \$1500 in covered services when provided by a Physicians Plus orthodontist. You must receive such services while covered under the policy, and treatment must be completed before the participant reaches age 19.</p>
<p>Other Dental Services: NON covered services such as crowns, bridges or teeth whitening. All services must be performed by a participating dentist.</p>	<p>Covered up to \$75 per member per calendar year.</p>

The routine dental cleaning benefit may be applied to periodontal maintenance cleanings. The member will be responsible for the difference in cost and additional services performed for periodontal disease maintenance not covered on this policy.

Note: This is only a general outline of Physicians Plus dental benefits, limitations and exclusions. This is not the contract document. A more detailed description of Physicians Plus Dental Plan coverage is available to each plan member. Coverage is subject to all the terms and conditions of the Group Master Policy, Medical Certificate of Coverage, riders and amendments issued.

See the DENTAL RIDER for policy details and reverse side for General Policy Exclusions and Limitations.

The Policy provides no benefits for:

- a) Treatment, services and supplies: for cosmetic purposes; to correct temporomandibular joint dysfunction; for removal of cysts and lesions of the jaw; in connection with orthognathic surgery; related to periodontal/inflammatory gum disease;
- b) Dental treatment, services and supplies provided in an Emergency Room that, as determined by Physicians Plus, does not meet the definition of a Emergency Medical Condition and/or Emergency Medical Care;
- c) Orthodontic treatment, services and supplies after the Member reaches age 19;
- d) Replacement of lost or stolen dentures or other prosthetic devices;
- e) Hospital treatment, services and supplies and hospitalization costs;
- f) Dental procedures designed to adjust vertical dimension or restore occlusion;
- g) Any precision attachments on partials, implants, transplants and any splinting procedures;
- h) Extraction of crowns and pulpomies on Secondary Teeth;
- i) Fluoride treatments for Members 13 years of age or older;
- j) Removal or replacement of amalgam fillings unless dentally Indicated due to disease or decay;
- k) Nitrous oxide;
- l) Treatment, services and supplies provided or ordered by a provider other than a participating provider;
- m) Treatment, services and supplies not specifically identified as being covered under the policy;
- n) Treatment, services and supplies required in connection with, in follow up to, or as a result of a treatment, service or supply not covered under the policy;
- o) Treatment, services and supplies that are not dentally indicated or that are not appropriate to the treatment of a condition, as determined by Physicians Plus;
- p) Treatment, services and supplies provided when a member's coverage was not in effect under the policy. This includes care provided either prior to the Member's effective date of coverage or after the coverage terminated under the Policy, except as stated in Continuation of Coverage Section of the Medical Certificate;
- q) Dental Services for which benefits are paid under another part of the members group health plan with Physicians Plus;
- r) Treatment, services and supplies provided by periodontists, endodontists and prosthodontists, unless precertified by Physicians Plus;
- s) Drugs and medicines, except those received by a Member in a Participating Providers office.

We know it is difficult for a member to determine whether any non-emergency procedure or service will be covered before starting treatment. We encourage members to contact Physicians Plus to find out whether or not a treatment, service or supply will be covered and how much in benefits will be paid. If we prior authorize the treatment, service or supply in writing, payment will be made as long as coverage is in effect at the time the treatment, service or supply is provided to the member.

If a member or their dentist disagrees with our decision, the member may file a complaint or grievance in accordance with the procedure described in your Medical Certificate of Coverage.

Health Tradition

A Mayo Health System Choice in Wisconsin

Dental Plan Benefits Provision

Health Tradition has an open dental network to allow members to go anywhere for their dental services. We also have our Preferred Dental Network available. In our Preferred Dental Network, the member will not be responsible for most charges in excess of the Usual and Customary Charges. However, for certain higher cost procedures (e.g. crowns, dentures, and bridges), the member may be responsible for charges in excess of Usual and Customary even when using the Preferred Dental Network. We encourage members to continue to see those providers with whom they already have a relationship. *Coverage details are available from Health Tradition, Customer Service at 877-832-1823 (toll free).*

Preventive & Diagnostic.....No deductible, 100% coverage
Restorative Services, including crowns.....No deductible, 80% coverage
Maximum Annual Benefit.....\$500 per person

Covered Procedures shall be determined by the Description of Covered Dental Procedures below.

Description of Covered Dental Procedures

The following is a description of types of dental procedures covered by Health Tradition. Benefits are subject to the limitations and exclusions of Health Tradition. Contact Customer Service at 877-832-1823 (toll free) for information on coverage of specific procedures. *Your Dentist may contact Health Tradition directly for benefit determination or pre-estimate quotes.*

Preventive & Diagnostic Services – including oral evaluation and re-evaluations; comprehensive and problem focused:

- a) Cleanings/Fluoride Treatments/Sealants, including prophylaxis, topical application fluoride and sealant.
- b) X-rays, intra- and extra-oral, bitewings, panoramic film and pulp vitality tests.
- c) Space maintenance, including space maintainer fixed and removable, unilateral and bilateral, and recementation of space maintainer. Does not include orthodontic braces.
- d) Emergency pain control, including palliative treatment of dental pain, minor procedure.

Restorative Services

- a) Restorative services, including amalgam, primary and permanent, silicate cement, and resin-based composite. Multiple restorations on one surface will be considered as a single restoration.
- b) Extractions, including removal and surgical removal of tooth and tooth roots. *For surgical removal of impacted or infected teeth and surgical or non-surgical removal of third molars when performed by an oral surgeon, see Uniform Benefits.*
- c) Crowns, dentures and complete or partial denture or fixed bridgework up to the *Annual Maximum Benefit.*

Health Tradition

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- d) Endodontics/Periodontics, including root canal, scaling and root planing and full mouth debridement.
- e) Anesthesia/Pain Control, including local, regional, trigeminal, general, analgesia, IV sedation and non-IV conscious sedation.
- f) Other Services, including office visit for observation or after scheduled hours, hospital visit, incision and drainage of abscess.

Dental Exclusions and Limitations

Some dental procedures in certain circumstances are paid under the member's medical benefit, including oral surgery and TMJ to certain limits. See Uniform Benefits in the *It's Your Choice* booklet.

This following services are not covered:

- a) **Injury** arising out of or in the course of any **employment**, including self-employment, for wage or profit.
- b) **Cosmetic** purposes, unless it is needed because of an Accidental Dental Injury received while covered. See Uniform Benefits.
- c) **Congenital or developmental malformation** except as specifically provided in the Uniform Benefits.
- d) **Orthodontic** services except as specifically provided in the Uniform Benefits.
- e) **Replacement** of lost or stolen appliances.
- f) Altering vertical dimension, restoring occlusion, splinting or replacing tooth structure lost as a **result of abrasion** (tooth grinding) or attrition.
- g) Treatment of disturbances of the temporomandibular joint (**TMJ**) except as specifically provided in the Uniform Benefits.
- h) Dental care which is not the standard of care or which is **experimental** in nature.
- i) **Dental Implants**.
- j) Service **not furnished by a dentist** or dental hygienist, unless it is for an x-ray ordered by a dentist.
- k) Dental care paid for, **required or provided by or under the laws of a national, state, local or provincial government**, or treatment furnished within a hospital or other facility owned or operated by a national or state government, unless the insured has a legal obligation to pay.
- l) Expenses in excess of **Usual and Customary (U&C) Charges** when services are received from a Dentist not listed on our Preferred Dental Listing. In this case, the member is responsible for any expenses in excess of U&C Charges.
- m) Expenses in excess of Usual and Customary charges for **certain higher cost procedures** (e.g. crowns, dentures, and bridges) even when using the Preferred Dental Network. In this case, the member is responsible for any expenses in excess of Usual and Customary charges.
- n) **Expenses in excess of the Plan maximums or limitations**.
- o) **Titanium** crowns or other titanium appliances.
- p) **Relining of dentures**.

Health Tradition

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2010 Dental Benefits

Medical Associates Health Plans has expanded the dental plan offering for State of Wisconsin Employees and Retirees for 2010.

Dental Network: Open access to dental provider of choice

Annual Deductible: None

Annual Out-of Pocket Maximum (OPM): \$1,000 per Member

Orthodontia Lifetime Maximum: \$1,500 per Member

Diagnostic/Preventative Services-Covered at 100%, up to annual OPM

Routine Periodic Exams-Covered twice per calendar year.

Full mouth x-rays-Covered once in any three (3) year period.

Bitewing x-rays-Covered once in any calendar year.

Dental Prophylaxis (cleaning of teeth)-Covered twice per calendar year.

Topical Fluoride Applications-Covered twice per calendar year (age 19 & under)

Basic Services

Sealants (age 14 & under, permanent teeth)-Covered at 100%, up to annual OPM

Restorative Amalgams (silver)- Covered at 80%, up to annual OPM

Restorative Compositions (tooth colored-front teeth only)- Covered at 80%, up to annual OPM

Orthodontia (children only-must start services by age 19)-Covered at 50%, up to lifetime orthodontia maximum \$1,500

There is no dental network. You may use your dental provider of choice.

These dental benefits apply when covered dental charges are incurred by a member of Medical Associates Health Plans while covered under this contract.

Oral Surgery Benefits covered under the Uniform Benefit Plan must be obtained from a Medical Associates Participating Oral Surgery Provider.

Present your medical ID card when receiving dental services.