



STATE OF WISCONSIN
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CORRESPONDENCE MEMORANDUM

DATE: August 9, 2010
TO: Group Insurance Board
FROM: Arlene Larson, Manager, Self-Insured Health Plans
SUBJECT: Plan Changes to the Optional Dental Benefits as of January 1, 2011

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

This memo is provided to inform the Board that several health plans have proposed changes to their dental coverage, and WEA Trust, a plan to be offered for the first time in 2011, will offer dental coverage to state and local 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 locals, in addition to WEA Trust, eight other health plans will offer dental coverage through nine networks.

Please find attached a benefit outline document from each health plan. The changes are **highlighted** in the attached outlines. Here is an overview of the coverage changes:

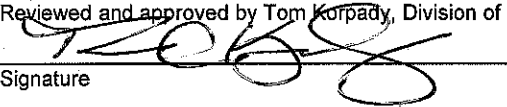
- WEA Trust will be offering dental benefits to state and local employees and annuitants.
- Dean Health Plan is reducing dental coverage as described below.
- Security Health Plan is broadening their network to allow payments to all providers.
- Unity Health Plan is clarifying their current practice on sealants.

A summary of the proposed changes by each health plan and the type of change is as follows.

New benefit offered

WEA Trust benefits will be:

- No deductible
- \$1,000 individual annual benefit maximum for services except orthodontia
- \$1,500 orthodontia lifetime benefit maximum

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

Signature _____ Date 8/10/10

Board	Mtg Date	Item #
GIB	8.24.10	3Di

- Preventative and diagnostic care covered at 100%
- Basic benefits, for example fillings, periodontia and root canal treatment payable at 80%
- Custom crowns and onlays will be covered at 50%
- Orthodontia will be covered at 50% up to the orthodontia benefit maximum for children up to age 19.
- Use of out-of-network providers will result in provider payments at usual, customary and reasonable charges; however, the member may have additional liability by going out-of-network.

Benefit decrease

Dean Health Plan (Dean) is changing from an out-of-network \$50 single/\$150 family deductible for preventive and basic services to a \$25 out-of-network office visit copay. Dean will continue to have no office visit copays or deductibles for in-network services.

Dean is lowering the amount of payable cleanings per year from four to two. In addition, they are modifying their out-of-network payments to be capped at usual, customary and reasonable charges (UCR) in the following counties: Brown, Dane, Eau Claire, Green, Kenosha, La Crosse, Milwaukee, Outagamie, Ozaukee, Racine, Rock, Sauk, Sheboygan, Washington, Waukesha and Winnebago. Thus, if members use out-of-network providers in these counties, they may have additional liability due to UCR. Care in all other counties will be paid for as billed, which is how they are paid currently.

Network increase

Security Health Plan is opening their network to all providers. Therefore, members will no longer be limited to care only from affiliated providers.

Benefit clarifications

Unity Health Plan is clarifying that sealant applications are covered for members to age 16. Some former marketing materials had incorrectly used the phrase "through age 16". Due to this discrepancy, there was confusion which resulted in the payment of some claims on a limited basis.

Attachments: Attachment A: WEA
Attachment B: Dean
Attachment C: Security
Attachment D: Unity Health Plans

Effective Date of Your Coverage is listed on the Letter of Confirmation of Enrollment or Change of Coverage

**Dental Benefit Summary—State
WEA Trust PPP**

Underwritten by WEA Insurance Corporation
P.O. Box 7338, Madison, WI 53707
Voice/TTY: (608) 276-4000 or (800) 279-4000
www.weatrust.com/state

This Benefit Summary provides important information about reimbursement limits that apply to your dental plan benefits. Your Dental Benefit—State plan document describes your benefits as well as the exclusions and limitations that apply to them. We encourage you to read it.

Group: State of Wisconsin and Wisconsin Public Employers

Date These Benefits Become Effective for the Group: 1/1/2011

Benefit Year: January through December

Maximum Benefit Per Person Per Benefit Year Except Orthodontic Benefits: \$1,000

Maximum Benefit Per Person Per Lifetime For Orthodontic Benefits: \$1,500

Benefit Year Deductible Per Person: \$0

Benefits:

Preventive & Diagnostic Benefits

A through D are limited per Benefit Period

Subject to Deductible

Payable at

A. Periodical Oral Examinations	NO	100%
B. Bitewing X rays	NO	100%
C. Prophylaxes	NO	100%
D. Fluoride Applications	NO	100%
E. Sealants	NO	100%
F. Diagnostic X rays	NO	100%
G. Pulp Vitality Tests	NO	100%
H. Office Visits or Consultations	NO	100%

Basic Benefits

A. Fillings	NO	80%
B. Anesthesia	NO	80%
C. Extraction of Teeth	NO	80%
D. Oral Surgery	NO	80%
E. Stainless Steel Crowns	NO	80%
F. Space Maintainers	NO	80%
G. Pulpotomies and Root Canal Treatment	NO	80%
H. Periodontic Treatments	NO	80%
I. Denture Repair	NO	80%
J. Occlusal Adjustments (\$100 lifetime max)	NO	80%
K. Bruxism Appliances	NO	80%

Onlays and Crowns Benefits

NO 50%

Orthodontic Benefits

NO 50%

All benefits are subject to the provisions, exclusions, and limitations contained in the plan document.

Visit our Web site at www.weatrust.com/state for a list of plan providers.

WEA Trust Dental Plan General Exclusions and Limitations

1. We will not reimburse for any service that is not specifically listed as a covered service in this plan document.
2. We will not reimburse the cost of services that fall outside the plan's General Provisions to cover only medically necessary and medically appropriate treatment. For example, we will never cover services that we determine are wholly or primarily for cosmetic purposes.
3. We will not pay for any costs you incur in establishing substantiating proof of a covered loss. For example, we do not reimburse charges for completing forms, or expenses for copying and providing dental or medical records, or other information in support of a claim.
4. All reimbursements are subject to the "Factors That Affect the Reimbursement Amount" as defined in the WEA Trust Dental Policy.
5. Reimbursement for the necessary replacement of crowns, onlays, laminates, and veneers that are less than five years old. However, if we determine they are unserviceable, their reimbursement will be prorated.
6. We will not reimburse expenses for or in connection with any of the following:
 - Services for the diagnosis or treatment of temporomandibular joint (TMJ) dysfunction and temporomandibular disorders (TMD).
 - Services in connection with the alteration or change of the vertical dimensions of the jaw or occlusion of the teeth except for the \$100 lifetime benefit maximum for occlusal adjustment for each covered individual.
 - Appliances for increasing vertical dimension or restoring occlusion.
 - Hospital, ambulatory surgery center, or physician charges.
 - Hospital calls made by Dentists.
 - Therapeutic drug injections and prescription or non-prescription drugs of any kind.
 - Take-home dental or oral hygiene supplies.
 - Behavior management.
 - Expenses for services reimbursable under a surgical, medical, or comprehensive health insurance policy.
 - Services performed outside the scope of the license of the individual providing the services.
 - Replacement of orthodontic appliances, retainers, prosthetics, or other oral appliances that have been lost, stolen, damaged, misplaced, missing, or otherwise compromised.

7. We do not reimburse any expenses, even if medically necessary and medically appropriate, for the following:
- Services furnished free of charge or for which you are not legally obligated to pay in the absence of insurance.
 - Services furnished or paid for by a governmental entity, facility, or program other than Medicaid or as required by law.
 - Services eligible for worker's compensation benefits, or benefits from any other payment program established by similar law, whether or not you apply for or receive them. This includes amounts received when a claim under worker's compensation or similar law is settled by stipulation or compromise.
 - Services for a condition resulting from service in the armed forces of any country or from an act of war, whether declared or undeclared.
 - Services received while you are not covered by this plan.
 - Services for a condition resulting from participation in a crime.

RM/mds

2011
Dental Plan Highlights
for State of Wisconsin Employees



Ameritas Group puts their customers first. And second. And third. Always. For Ameritas Group, 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 dental coverage.

Network

Ameritas Group wants to make it easier for people all across the country to see their dentist. That's why they offer more than 130,000 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 savings apply even on non-covered services. To find out if your dentist is a member of the Ameritas PPO network or to find a network dentist that is most convenient for you visit deancare.com/wi-employees and select 'Group Dental Providers.' You can also call the Customer Care Center at (800) 279.1301.

Co-Payment: \$25 per visit for preventive and/or basic services by an out-of-network provider.
The co-payment is waived for all orthodontic procedures.

Summary of Benefits

	Network Provider	Out-of-Network Provider*
	based on contracted fee	based on Network Provider charges
Type I Preventive Procedures	100%	100%
Exams and bitewing x-rays (2 per calendar year)		
Cleanings (2 per calendar year)		
Type II Basic Procedures	80%	80%
Sealants (age 14 and under), restorative amalgams, restorative composites		
Orthodontia (under age 19)	50%	50%**
	**50% based on usual and customary charges	

Note: Ortho benefits will be offset by any ortho benefits paid by prior carrier for each specific dependent.

Maximum

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

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.

*This Certificate limits covered expenses, received from an out-of-network provider, only in the counties listed below, to a maximum allowable fee. If you see an out-of-network provider in any of the counties listed below, charges will be paid up to our maximum allowable fee. If there is a difference between the amount we pay and the amount that the provider bills, you will be responsible for that amount.

Brown, Dane, Eau Claire, Green, Kenosha, La Crosse, Milwaukee, Outagamie, Ozaukee, Racine, Rock, Sauk, Sheboygan, Washington, Waukesha, Winnebago

2011
Dental Plan Highlights
for State of Wisconsin Employees



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 Care Center 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 at 800.279.1301.

PPO Information

To find out if your dentist is a member of the Ameritas PPO network or to find a network dentist that is most convenient for you visit deancare.com/wi-employees and select 'Group Dental Providers.' Under the Dental Information call out on the right side of the page you can also find information about your coverage, FAQs and review your complete employee certificate.

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, including non-covered services such as whitening procedures, root canals, and dental implants, resulting in member savings when they visit an Ameritas PPO plan provider.

Note: Outside of Wisconsin, state law may impact the availability of discounts.

Pretreatment

Ameritas Group does not require a pretreatment authorization for any procedure. However we recommend a pretreatment estimate of benefits for any dental work you consider expensive. If you want to know your share of the cost up front, simply ask your dentist to submit the information for a pretreatment estimate to the Ameritas customer relations department: Ameritas Group Claims, PO Box 82520, Lincoln, NE 68501, fax: 402.467.7336.

Ameritas will 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 deancare.com/wi-employees. If you would like a printed copy of your certificate, please call Dean Health Plan at 800.279.1301.

Ameritas Group, a division of Ameritas Life Insurance Corp. (Ameritas Life), a UNIFI Company, offers group dental and eye care products nationwide. Certain plan designs may not be available in all areas. Some states require that producers be appointed with Ameritas Life before soliciting its products. To become appointed with Ameritas Life, call 800.659.2223. Ameritas Group's dental and eye care products (9000 Ed. 01-05) are issued by Ameritas Life. ©2010 Ameritas Life Insurance Corp. Ameritas, the bison symbol and "We're Ameritas. We're for people." are registered service marks of Ameritas Life, UNIFI Mutual Holding Company or Ameritas Holding Company.



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 1-800-472-2363 or 715-221-9555
 TTY 1-877-727-2232 or 715-221-9898

State of Wisconsin Employees and Retirees

Dental Benefits Schedule

Benefits	Limits
Deductible Individual Family	None None
Plan pays Class I services	100%
Class II services	50%, subject to a lifetime maximum benefit of \$1,200 per person

Services

Class I services – Preventive care (per member)

- Oral exams, two per calendar year
- Cleanings, two per calendar year
- X-rays, full-mouth, one every three calendar years
- X-rays, panoramic, one every three calendar years
- X-rays, bitewing, two per calendar year
- Fluoride application, one per calendar year for dependent children under age 19
- Sealant application, limited to dependent children under age 19
- Space maintainers for dependent children under age 19, limited to non-orthodontic treatment
- Does not cover periodontal cleanings

This dental plan allows members to use **any** dental provider for preventive dental services.

Class II services – Child orthodontic care – Covers children under age 19

Orthodontic services include:

- Orthodontic work-up, including examinations, X-rays, surgery, extractions and treatment plan.
- Active treatment, including fixed or removable appliances and adjustments of the appliances. Charges will be considered, subject to other plan conditions, as follows:
 - 25 percent of the allowable charges will be considered as being incurred on the date the initial active appliance is placed.
 - The remainder of the total allowable charges will be divided by the number of months specified within the treatment plan and the resulting portion will be considered incurred on a monthly basis until the plan maximum is paid, treatment is completed or eligibility ends.

If a member is in a course of orthodontic treatment and changes to another state employer, but keeps Security Health Plan insurance, dental benefit accumulations will carry over and be applied to the existing plan. Dental benefit limits will not carry over if a member switches to Security Health Plan insurance from a non-state employer or a current state employer with a different insurance carrier.

Members may use **any** orthodontic provider for orthodontic services.

For more information, visit www.securityhealth.org/state or contact Security Health Plan's Customer Service Department at 1-800-472-2363.



840 Carolina Street • Sauk City, WI 53583-1374 • 1-800-362-3308 • 608-643-2491 • 608-643-2564 (Fax) • www.unityhealth.com

Dental Benefits – State Employees

Coverage for State Members includes:

Delta Dental has been selected by Unity to administer your dental benefits. Through Delta dental you will have access to either the Delta Dental PPO network or the Delta Dental Premier network. Dentists participating in the Delta Dental PPO network have agreed to accept payments based on a reduced fee schedule, thus reducing your out-of-pocket costs. The Delta Dental Premier network is a larger network of dentists with more than 80% of Wisconsin dentists participating in it. To find out if your dentist is a Delta Dental PPO dentist or a Delta Dental Premier dentist please access Delta's web site at www.deltadentalwi.com or call 800-236-3712.

Summary of Benefits

Deductible - \$0

Individual Annual Maximum - \$1,000 per member each calendar year for covered Diagnostic, Preventive and Basic Services.

Diagnostic and Preventive Services paid at 100%

- Exams – twice per calendar year
- X-rays – Full mouth x-rays at three year intervals; Bitewing x-rays twice per calendar year, limited to a set of 4 films
- Dental prophylaxis (teeth cleanings) – twice per calendar year
- Topical fluoride treatments – twice per calendar year for dependent children to age 19
- Space maintainers for retaining space when a primary tooth is prematurely lost
- One topical sealant application per tooth for dependent children through age 15.

Basic Restorative Services paid at 100%

- Amalgam (silver) restorations
- Composite (tooth colored) restorations in anterior (front) teeth
- Stainless steel prefabricated crowns – 1 per tooth in a 3-year period for only primary (baby) teeth
- Extractions – nonsurgical
- Local anesthetic as part of a dental procedure
- Simple endodontics – pulpotomy, pulp caps, and pulpal therapy (pulpotomy related to root canal procedure is excluded).
- Palliative (emergency) treatment of dental pain – minor procedure.

Orthodontic Procedures

- Orthodontic services include orthodontic appliances and treatment, and related services for orthodontic purposes, including examinations, x-rays, extractions, photographs, and study

models for dependent children up to 19 years. Delta Dental will pay 50% up to a lifetime maximum of \$1,500.

- Your coverage includes orthodontic treatment in progress. Delta Dental's payment for orthodontic treatment in progress extends only to the part of the treatment plan that occurs after your coverage becomes effective. Delta will determine the amount eligible for coverage. If a member is in the course of orthodontic treatment and the subscriber changes plans while covered under the State of Wisconsin Health Benefits Program, benefit accumulations from the prior plan will carry over and be applied to the lifetime orthodontic benefit maximum.
- Repair or replacement of orthodontic appliances is not covered by this dental plan.
- If orthodontic treatment is stopped for any reason before it is completed, Delta Dental will pay only for services and supplies actually received. No benefits are available for charges made after treatment stops.
- Delta Dental calculates all orthodontic treatment schedules according to the following formula: One-fourth of the total case fee is considered the initial or down payment fee. The remainder of the allowed fee is divided by the total number of months of treatment. Monthly payments are made by Delta Dental at 50% up to a lifetime maximum benefit of \$1,500. All covered dental and orthodontic procedures are subject to the limitations and exclusions outlined in the Summary Plan Description. To learn more about the provider network or dental benefits administered by Delta Dental, contact them at 800-236-3712 or visit their web site at www.deltadentalwi.com. You will receive a Delta Dental ID card directly from Delta Dental. Please show this each time you access services from a participating Delta Dental provider or when calling Delta Dental customer service.

Dental Benefits – Local Government Participants

Unity Health Insurance does not provide dental benefits for Local Government Participants.