

**State of Wisconsin – Uniform Dental Plan Design**  
**Schedule of Benefits - DRAFT**

**Deductibles:**

Per Member, per Benefit Year:	\$0
Per family, per Benefit Year:	\$0

**Benefit Maximums:**

Per Member, per Benefit Year:	\$1000
Orthodontic Maximum Benefit per Lifetime:	\$1500

Per Member to age 19

**LIMITATIONS**

The following services *are limited* under this **Plan**:

- Oral Exams limited to 2 per year.
- Full Mouth or Panoramic x-rays limited to once every 36 months.
- Bite wing x-rays limited to 2 sets per year.
- Cleaning of teeth limited to 2 times per year.
- Fluoride treatment allowed only for a child under age 19, limited to 2 times per year.
- Sealants allowed only for a child under age 16, and must be applied to non-restored, non-decayed first and second permanent molars, limited to once per tooth per lifetime.
- Space Maintainers are only allowed when primary teeth are lost prematurely.
- Amalgam or Resin Composite filling replacements are only allowed if at least 24 months have passed since the existing filling was placed; or a new surface of decay is identified on that tooth.

**Special note on Fillings: On anterior (front) teeth you will have 100% coverage subject to your benefit maximum for both amalgam (silver) and composite/resin (tooth colored) fillings. On posterior (back) teeth, you have 100% coverage subject to your benefit maximum for amalgam (silver) fillings only. If you have a composite/resin (tooth colored) filling on a posterior tooth, you will be responsible for the difference between the amount your provider charges for an amalgam and a composite/resin filling.**

**EXCLUSIONS**

The following are not **Covered Services** under this **Plan**:

1. Services for injuries or conditions that can be compensated under Workers' Compensation or

**State of Wisconsin – Uniform Dental Plan Design**  
**Schedule of Benefits - DRAFT**

Employer Liability laws.

2. Services or appliances, including prosthetics (crowns, bridges or dentures), started prior to the date the patient became eligible under this dental **Plan**.
3. Prescription drugs, pre-medications or relative analgesia; charges for anesthesia other than charges by a licensed dentist for administering general anesthesia in connection with covered oral surgery procedures.
4. Preventive control programs; charges for failure to keep a scheduled visit with a dentist; charges for completion of forms; charges for consultation.
5. Charges by any hospital or other surgical or treatment facility, or any additional fees charged by a dentist for treatment in any such facility.
6. Charges for treatment of, or services related to, temporomandibular joint dysfunction.
7. Services that are determined to be partially or wholly cosmetic in nature.
8. Appliances, restorations or procedures for increasing vertical dimension; for restoring occlusion; for correcting harmful habits; for replacing tooth structure lost by attrition; for correcting congenital or developmental malformations, including replacement of congenitally missing teeth, unless restoration is needed to restore normal bodily function; for temporary dental procedures; for implantology techniques or for splints, unless necessary as a result of accidental injury.
9. Treatment by other than a **Plan Provider**, his or her employees, or his or her agents
10. Dental care injuries or diseases caused by war or act of war, riots or any form of civil disobedience; injuries sustained while committing a felony; injuries intentionally inflicted; injuries or diseases caused by atomic or thermonuclear explosion or by the resulting radiation.
11. Claims not submitted to **Plan Provider** within 90 days from the date the procedure was provided.
12. Dental procedures in cases where, in the professional judgment of the attending dentist, a satisfactory result cannot be obtained.
13. Procedures and services not specifically provided under this **Certificate of Coverage and** procedures and services excluded by **Plan Provider**.

**State of Wisconsin – Uniform Dental Plan Design**  
**Schedule of Benefits - DRAFT**

Services for which benefits are paid under the State of Wisconsin Group Health Insurance Program offered through **this Insurance Company**.

**Covered Codes** – coverage includes only the codes listed below subject to the benefit maximums.

<b>Code</b>	<b>Description</b>	<b>Coverage</b>	<b>Notes</b>
D0120	PERIODIC ORAL EVALUATION	100%	Exams are limited to 2 per year
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	100%	
D0145	ORAL EVALUATION - PATIENT UNDER 3 YRS	100%	Exams are limited to 2 per year
D0150	COMPREHENSIVE ORAL EVALUATION - NEW/ESTABLISHED PATIENT	100%	Exams are limited to 2 per year
D0160	DETAILED & EXTENSIVE ORAL EVALUATION	100%	Exams are limited to 2 per year
D0180	COMPREHENSIVE PERIO EVALUATION - NEW/ESTABLISHED PATIENT	100%	Exams are limited to 2 per year
D0210	INTRAORAL IMAGES - COMPLETE INCLUDING BITEWINGS	100%	Limited to once every 36 months
D0220	INTRAORAL PERIAPICAL FIRST RADIOGRAPHIC IMAGE	100%	
D0230	INTRAORAL PERIAPICAL ADDITIONAL RADIOGRAPHIC IMAGE	100%	
D0240	INTRAORAL OCCLUSAL RADIOGRAPHIC IMAGE	100%	
D0250	EXTRAORAL FIRST RADIOGRAPHIC IMAGE	100%	
D0260	EXTRAORAL EACH ADDITIONAL RADIOGRAPHIC IMAGE	100%	
D0270	BITEWING SINGLE RADIOGRAPHIC IMAGE	100%	Limited to two sets per year
D0272	BITEWINGS TWO RADIOGRAPHIC IMAGES	100%	Limited to two sets per year
D0273	BITEWINGS THREE RADIOGRAPHIC IMAGES	100%	Limited to two sets per year
D0274	BITEWINGS FOUR RADIOGRAPHIC IMAGES	100%	Limited to two sets per year
D0277	VERTICAL BITEWINGS 7-8 RADIOGRAPHIC IMAGES	100%	Limited to two sets per year
D0330	PANORAMIC RADIOGRAPHIC IMAGE	100%	Limited to once every 36 months

**State of Wisconsin – Uniform Dental Plan Design**  
**Schedule of Benefits - DRAFT**

D0460	PULP VITALITY TESTS	100%	
D1110	PROPHYLAXIS (CLEANING) - ADULT	100%	Limited to twice per year
D1120	PROPHYLAXIS (CLEANING) - CHILD	100%	Limited to twice per year
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	100%	Limited to twice per year up to age 19
D1208	TOPICAL APPLICATION OF FLUORIDE	100%	Limited to twice per year up to age 19
D1351	SEALANT - PER TOOTH	100%	Limited to once per lifetime up to age 16, first and second molars only
D1510	SPACE MAINTAINER FIXED UNILATERAL	100%	Limited to primary teeth lost prematurely
D1515	SPACE MAINTAINER FIXED BILATERAL	100%	Limited to primary teeth lost prematurely
D1520	SPACE MAINTAINER REMOVABLE UNILATERAL	100%	Limited to primary teeth lost prematurely
D1525	SPACE MAINTAINER REMOVABLE BILATERAL	100%	Limited to primary teeth lost prematurely
D1550	RECEMENTATION SPACE MAINTAINER	100%	Limited to primary teeth lost prematurely
D1555	REMOVAL OF FIXED SPACE MAINTAINER	100%	Limited to primary teeth lost prematurely
D2140	AMALGAM FILLING - ONE SURFACE	100%	
D2150	AMALGAM FILLING - TWO SURFACES	100%	
D2160	AMALGAM FILLING - THREE SURFACES	100%	
D2161	AMALGAM FILLING - FOUR/MORE SURFACES	100%	
D2330	RESIN FILLING - ONE SURFACE ANTERIOR	100%	
D2331	RESIN FILLING - TWO SURFACES ANTERIOR	100%	
D2332	RESIN FILLING - THREE SURFACES ANTERIOR	100%	
D2335	RESIN FILLING - FOUR/MORE SURFACES ANTERIOR	100%	

**State of Wisconsin – Uniform Dental Plan Design**  
**Schedule of Benefits - DRAFT**

D2390	RESIN CROWN ANTERIOR	100%	
D2391	RESIN FILLING - ONE SURFACE POSTERIOR	100%	Benefits limited
D2392	RESIN FILLING - TWO SURFACES POSTERIOR	100%	Benefits limited
D2393	RESIN FILLING - THREE SURFACES POSTERIOR	100%	Benefits limited
D2394	RESIN FILLING - FOUR/MORE SURFACES POSTERIOR	100%	Benefits limited
D2930	PREFABRICATED STAINLESS STEEL CROWN PRIMARY TOOTH	100%	Limited to once every 3 years per tooth
D2931	PREFABRICATED STAINLESS STEEL CROWN PERMANENT TOOTH	100%	Limited to once every 3 years per tooth
D2932	PREFABRICATED RESIN CROWN	100%	Limited to once every 3 years per tooth
D2933	PREFABRICATED STAINLESS STEEL CROWN RESIN WINDOW	100%	Limited to once every 3 years per tooth
D2934	PREFABRICATED STAINLESS CROWN - ESTHETIC COAT (PRIMARY)	100%	Limited to once every 3 years per tooth
D2940	SEDATIVE FILLING	100%	Limited to once per lifetime per tooth
D2951	PIN RETENTION PER TOOTH	100%	Limited to once per day
D2999	UNSPECIFIED RESTORATIVE PROCEDURE BY REPORT	100%	
D3110	PULP CAP DIRECT	100%	
D3120	PULP CAP INDIRECT	100%	
D3220	THERAPEUTIC PULPOTOMY	100%	
D3221	PULPAL DEBRIDEMENT PRIMARY AND PERMANENT TEETH	100%	
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS	100%	
D3230	PULPAL THERAPY ANTERIOR PRIMARY TOOTH	100%	
D3240	PULPAL THERAPY POSTERIOR PRIMARY TOOTH	100%	
D7111	CORONAL REMNANTS - DECIDUOUS TOOTH	100%	If done for orthodontic purposes, covered at 50% to age 19
D7140	EXTRACT ERUPTED TOOTH/EXPOSED ROOT	100%	If done for orthodontic purposes, covered at 50% to age 19

**State of Wisconsin – Uniform Dental Plan Design**  
**Schedule of Benefits - DRAFT**

D7210	SURGICAL REMOVAL ERUPTED TOOTH	100%	If done for orthodontic purposes, covered at 50% to age 19
D7220	REMOVAL IMPACTED TOOTH SOFT TISSUE	100%	If done for orthodontic purposes, covered at 50% to age 19
D7230	REMOVAL IMPACTED TOOTH PARTIAL BONY	100%	If done for orthodontic purposes, covered at 50% to age 19
D8010	LIMITED ORTHODONTIC TREATMENT OF PRIMARY DENTITION	50%	Limited to age 19
D8020	LIMITED ORTHODONTIC TREATMENT OF TRANSITIONAL DENTITION	50%	Limited to age 19
D8030	LIMITED ORTHODONTIC TREATMENT OF ADOLESCENT DENTITION	50%	Limited to age 19
D8040	LIMITED ORTHODONTIC TREATMENT OF ADULT DENTITION	50%	Limited to age 19
D8050	INTERCEPTIVE ORTHODONTIC TREATMENT OF PRIMARY DENTITION	50%	Limited to age 19
D8060	INTERCEPTIVE ORTHODONTIC TREATMENT OF TRANSITIONAL DENTITION	50%	Limited to age 19
D8070	COMPREHENSIVE ORTHODONTIC TREATMENT OF TRANSITIONAL DENTITION	50%	Limited to age 19
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT OF ADOLESCENT DENTITION	50%	Limited to age 19
D8090	COMPREHENSIVE ORTHODONTIC TREATMENT OF ADULT DENTITION	50%	Limited to age 19
D8660	PRE-ORTHODONTIC TREATMENT VISIT	50%	Limited to age 19, may also be billed out as any combination of D0330, D0340, D0350, and D0470
D8680	ORTHODONTIC RETENTION(REMOVAL OF APPLIANCES, CONSTRUCTION/PLACEMENT)	50%	Limited to age 19
D8690	ORTHODONTIC TREATMENT(ALTERNATIVE BILLING TO A CONTRACT FEE)	50%	Limited to age 19
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	50%	Limited to age 19
D9110	EMERGENCY TREATMENT/PALLIATIVE	100%	
D9220	GENERAL ANESTHESIA-30 MIN	50%	Covered in association with orthodontics up to age 19
D9221	GENERAL ANESTHESIA-15 MIN	50%	Covered in association with orthodontics up to age 19
D9230	NITROUS OXIDE SEDATION	50%	Covered in association with orthodontics up to age 19

**State of Wisconsin – Uniform Dental Plan Design**  
**Schedule of Benefits - DRAFT**

D9241	INTRAVENOUS SEDATION ANALGESIA-30 MIN	50%	Covered in association with orthodontics up to age 19
D9242	INTRAVENOUS SEDATION ANALGESIA-15 MIN	50%	Covered in association with orthodontics up to age 19
D9310	CONSULTATION – DIAGNOSTIC SERVICES OTHER THAN REQUESTING PROVIDER	50%	Covered in association with orthodontics up to age 19
D9612	THERAPEUTIC PARENTERAL DRUGS	100%	
D9910	APPLICATION OF DESENSITIZING	100%	
D9911	APPLY DESENSITIZING RESIN	100%	
D9930	TREATMENT OF COMPLICATIONS	100%	
D9999	UNSPECIFIED ADJUNCTIVE PROCEDURE	100%	

***To be eligible for benefits under this Certificate of Coverage, dental services must be received from a Plan Provider.***