

TriSelect Voluntary Plus

Delta Dental of Wisconsin Madison VA 1732

TriSelect Voluntary Plus is a triple-choice option that allows you to select any one of the three plans listed below, or none at all, if you choose. When choosing coverage, you must select **one** of the three available plans during the enrollment period. Your entire family must select the same plan. Coverage is included for important preventive care, and also for treatment needed as a result of dental disease or accidental injury.

The summary below does not cover all plan details. Further information can be found in the summary plan description or dental benefit handbook. That document provides a thorough explanation of your dental plan, including any limitations or exclusions that might apply. If there are any discrepancies between information found here and the group contract, the group contract shall govern.

Summary of Benefits

	Delta PPO <i>When you see a Delta Dental PPO dentist</i>	Delta Premier <i>When you see a Delta Dental Premier or non-network dentist</i>	DeltaCare <i>Use only a Wisconsin DeltaCare facility</i>	
Individual Annual Maximum	\$1,000	\$1,000	Unlimited	
Deductible	Individual Family	\$25 \$75	\$50 N/A	None None
Diagnostic & Preventive Services				
Exams	80%	80%	100%	
Cleanings	80%	80%	100%	
Fluoride treatments	80%	80%	100%	
X-rays	80%	80%	100%	
Space maintainers	80%	80%	100%	
Deductible applies?	No	No	N/A	
Basic & Major Services				
Sealants	50%	50%	100%	
Emergency treatment to relieve pain	50%	50%	100%	
Fillings	50%	50%	75%	
Endodontics – nonsurgical	50%	50%	75%	
Endodontics – surgical	50%	50%	75%	
Periodontics – nonsurgical	50%	50%	75%	
Periodontics – surgical	50%	50%	75%	
Extractions – nonsurgical	50%	50%	75%	
Extractions – surgical and other oral surgery	50%	50%	75%	
Crowns, inlays, onlays	50%	25%	50%	
Bridges and dentures	50%	25%	50%	
Repairs and adjustments to bridges and dentures	50%	25%	50%	
Deductible applies?	Yes	Yes	N/A	
Orthodontic Services				
Coverage copayment	50%	0%	50%	
Individual lifetime maximum	\$1,000	\$0	\$1,500	
Dependents children eligible to age	19	N/A	25	
Full-time students eligible to age	25	N/A	25	
Adult orthodontics	No	N/A	Yes	
Deductible applies?	Yes	N/A	No	
Dependent Eligibility				
Dependents eligible to age:	19	19	25	
Full-time students to age:	25	25	25	

Monthly Premiums

	<i>Delta PPO Option</i>	<i>Delta Premier Option</i>	<i>DeltaCare Option</i>
Single	\$17.87	\$26.70	\$18.93
2 Person	\$35.20	\$51.80	\$37.10
3+ Person	\$60.97	\$81.56	\$64.81

Above rates valid from 1/1/2006 - 12/31/2006

Vision Care Discount Program: Your dental plan also includes a vision care discount program. The vision care discount is available under a nationwide network of providers administered by EyeMed Vision Care. Under the plan, dental plan enrollees are eligible for savings up to 35% on exams, eyewear, and contact lenses offered by participating providers. For a benefit summary and provider directory, go to www.eyemedvisioncare.com/deltadental. This is not insurance.