

2016 Dental Plan Comparisons - State Employees

2016 Dental	State Uniform Dental	EPIC Benefits +		EPIC Dental WI PPO		EPIC Dental WI Select		Anthem Dentacare HMO		Anthem Preferred PPO		Anthem Supplement
Network	Delta Dental PPO and Delta Dental Premier provider networks	Affiliated with Delta Dental nationwide. Member responsible for charges over the allowable amount unless a Delta Premier Provider is used.		Delta Dental PPO Providers	All other recommended Delta Premier Providers	Affiliated with Delta Dental nationwide. Member responsible for charges over the allowable amount unless a Delta Premier Provider is used.		Must use a Dentacare Center		Any Dentist. Benefits are paid at a higher level if a network PPO dentist is used.		Any Dentist
2016 Premium Rates	Optional for 2016*	Without Vision**	With Vision**	Active Employees & COBRA**		Active Employees & COBRA**		Region 1	Region 2			
Employee	\$3.00	\$19.77	\$24.02	\$25.49		\$20.52		\$18.62	\$18.62	\$20.48		\$18.08
Employee + Spouse or Domestic Partner	n/a	\$39.54	\$47.04	\$53.96		\$42.19		\$37.24	\$37.24	\$40.95		\$36.17
Employee + Child(ren) [Anthem = Emp + 1 child]	n/a	\$39.54	\$47.04	\$60.34		\$48.68						
Family	\$8.00	\$59.31	\$70.34	\$91.21		\$71.59		\$59.57	\$59.57	\$67.57		\$54.28
Provider Network	In-network ONLY	Open Network		In Network	Out-of-Network	Open Network		Dentacare Providers ONLY		PPO Dentist	Other Dentist	Open Network
Deductible	\$0	\$75 Must be met before benefits are covered		\$25 Must be met before benefits are covered	\$50 Must be met before benefits are covered	\$50 Must be met before benefits are covered		\$0		\$25 per member Must be met before benefits are covered	\$50 per member Must be met before benefits are covered	\$50 per member Must be met before benefits are covered
Calendar Benefit Max	\$1,000	\$1,500. // For new enrollees, if applicable:		\$1,000		\$1,000		\$750 per member (Diagnostic/Basic/Major) Additional \$500 for Specialty Services		\$1,250 per member		\$1,250 per member
	\$1,000	2015 Max	\$750	\$1,000		\$1,000		See above		\$1,250 per member		\$1,250 per member
		2016 Max	\$1,000									
		2017 Max	\$1,500									
Diagnostic & Preventative	100%	Not Covered		100%	75%	Not Covered		100%	80%	75%	0%	
Routine Evals	2 per year			1 every 6 months								
Cleanings	2 per year			1 every 6 months								
Bitewing X-rays	1-4 films (image)			1 every 12 months		Not Covered		100%	80%	75%	0%	
Panoramic X-rays	Once every 60 months			Once every 60 months								
Fluoride	2 per year up to age 19			Once per year up to age 16								
Basic	See specific services	50% on covered procedures as related to Major Services		75%	55%	75%		80%	60%	50%	75%	
Fillings	100%											
Extractions (non-surgical)	Not covered											
Local Anesthesia	80%			75%	55%	75%		80%	60%	50%	75%	
Emergency Palliative Care	80%											
X-rays (limited)	100%							100%	80%	75%	Not covered	
Oral Surgery	Not covered, but may be covered under medical plan			50%	25%	50%		Limited to certain procedures: 80%	Limited to certain procedures: 60%	Limited to certain procedures: 50%	Limited to certain procedures: 75%	
Major/Restorative	See specific services	50% on covered procedures as related to Major Services		50%	25%	50%		60%	40%	25%	60%	
Implants								Not covered		Not covered		
Crowns												
Bridges												
Dentures	Not covered			50%	25%	50%		60%	40%	25%	60%	
Endodontic												
Periodontic	80%: Limited to Periodontal Maintenance			50%	25%	50%		60%: Limited to Periodontal Maintenance	40%: Limited to Periodontal Maintenance	25%: Limited to Periodontal Maintenance	60%: Limited to Periodontal Maintenance	
Dental Waiting Period	None	None		Preventative - None Basic & Major - 3 months		Basic & Major - 3 months		None		3 months Major & Basic		3 months Major & Basic
Claim Filing Timeline	12 months	120 days		120 days		120 days		15 months		15 months		15 months
Orthodontia	50% (under 19 only)	50% (under 19 only)		50% if begun before age 19		50% if begun before age 19		50%		50%		50%
Ortho Lifetime Max	\$1,500	\$1,200		\$1,000		\$1,000		\$1,000		\$1,000		\$1,000
Ortho Waiting Period	None	24 months		12 months		12 months		None		None		None
Website	http://www.deltadentalwi.com/st	http://www.epicfla.com/wi-state-employees	http://www.epicfla.com/wi-state-employees	http://www.epicfla.com/wi-state-employees	http://www.epicfla.com/wi-state-employees	http://www.epicfla.com/wi-state-employees	http://www.epicfla.com/wi-state-employees	http://www.anthem.com/dental-employees				

*If you are enrolled in state group health insurance, Uniform Dental Benefits will be added unless you waive Uniform Dental coverage. Premiums listed represent the cost to the employee to add Uniform Dental coverage to their health insurance.
 ** Annuitant rates are listed on plan website. Anthem DentalBlue is accepting enrollment from annuitants for 2016.

Updated 10/1/2015

This outline is only an overview of dental benefits, limitations, and exclusions. You can find a more detailed description of coverage in the applicable insurance certificate of coverage. A certificate will be issued to each subscriber once enrolled, or is viewable online via etf.wi.gov. A policy consists of the group master policy, the application, all policy riders and endorsements.