



For all participants

Step 3: Consider Supplemental Benefits

You may be eligible for even more coverage if your employer chooses to offer dental, vision, and/or accident insurance.

Retirees are eligible for dental and vision insurance.

Dental Insurance

Step 1: Sign up for basic coverage

Get covered for basic procedures such as cleanings, fluoride treatment, fillings, and orthodontia

Uniform Dental

Available to those **enrolled** in health insurance under the State of Wisconsin Group Health Insurance Program

or

Delta Dental PPO Plus Premier™ – Preventive Plan

Available to those **not enrolled** in Uniform Dental

+

Delta Dental PPO™ - Select Plan

or

Delta Dental PPO Plus Premier™ - Select Plus Plan

Things to Note

- Uniform Dental coverage mirrors your health insurance coverage. Example: If you elect family health insurance with dental, you will be enrolled in family dental coverage.
- Enrollment continues each year unless you cancel during the open enrollment period. You cannot cancel the Preventive, Select, or Select Plus plans mid-year without a qualifying event.
- Make sure your dentist is covered. The Select Plan has fewer in-network dentists than the Select Plus, Uniform Dental, and Preventive plans.

Plan Administrator



1-844-337-8383

etf.wi.gov/insurance/dental-insurance

All plans are offered through Delta Dental.

Create an account to find in-network providers, print ID cards, view your claims, and more!

What is Covered

	Uniform Dental & Preventive Plan	Select Plan	Select Plus Plan
In-Network providers (No out-of-network coverage)	Delta Dental PPO & Premier providers	Delta Dental PPO	Delta Dental PPO & Premier providers
Annual deductible	None	\$100 / person	\$25 / person
Annual benefit max	\$1,000 / person	\$1,000 / person	\$2,500 / person
Waiting period	None	None	None
Routine evaluations, dental cleanings, sealants, bitewing and panoramic X-rays, fluoride treatments, pulp vitality tests	100%	No coverage	No coverage
Fillings	100%	No coverage	No coverage
Anesthesia (general and IV sedation)	80%	50%	80%
Emergency pain relief	80%	No coverage	No coverage
Periodontal maintenance	100%	No coverage	No coverage
Crowns, bridges, dentures, implants	No coverage	50%	60%
Surgical extraction, root canal (endodontics), periodontics (except maintenance), oral surgery	No coverage	50%	80%
Non-surgical extractions (above gumline)	90%	No coverage	No coverage
Orthodontics coverage	50% (Under age 19)	No coverage	50% (Any age)
Orthodontics lifetime maximum	\$1,500	No coverage	\$1,500

Monthly Cost (Premium)

The Uniform Dental premium is added to your health insurance premium. Preventive Plan, Select Plan, and Select Plus Plan are separate deductions.

For Employees

	Uniform Dental	Preventive Plan	Select Plan	Select Plus Plan
Individual	\$31.16*	\$34.72	\$9.76	\$20.98
Individual + Spouse	---	---	\$19.52	\$41.96
Individual + Child(ren)	---	---	\$13.16	\$38.96
Family	\$77.90*	\$86.80	\$23.40	\$64.28

*Added to your health insurance premium and may be partially paid by your employer

For Retirees

	Uniform Dental	Preventive Plan	Select Plan	Select Plus Plan
Retiree	\$31.16	\$34.72	\$16.22	\$31.12
Retiree + Spouse	---	---	\$32.96	\$62.24
Retiree + Child(ren)	---	---	\$22.26	\$57.58
Family	\$77.90*	\$86.80	\$39.56	\$94.94

*Medicare Some or Medicare All recipients pay a family rate of \$62.32



Sign up for Navitus' texting program to get occasional messages with valuable tips about your pharmacy benefits. It's easy to get started! Simply text "START" to 35385 to get the enrollment link.

SIGN UP TODAY!

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