



Specially Prepared for the Members of *Farmers' Health Coop of WI*

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.

All benefits under this plan are based on a Maximum Allowable Charge (MAC). This is a dollar amount that Delta Dental has established to which your benefits will be applied. Delta Dental will not pay more than the MAC minus your deductible and coinsurance.

Delta Dental PPO network dentists have agreed to charge no more than the MAC for services they provide. If you see a Delta Dental PPO dentist, you'll have the lowest possible out-of-pocket costs. However, if your dentist is not a member of Delta Dental's PPO network, your out-of-pocket costs may be greater, as the dentist will balance bill you for any difference between the MAC payment and the dentist's normal fee.

Benefit Plan Design

Individual Annual Maximum \$1,200

Deductible **Individual** \$50

Dependent Eligibility Dependents are eligible until age 25

Diagnostic & Preventive Services

Exams (one every 6 months)	100%
Cleanings (one every 6 months)	100%
Fluoride treatments (one every 6 months until age 19)	100%
X-rays (bitewing: once every 12 months; full mouth: once every 5 years)	100%
Sealants (once per tooth per lifetime to age 19)	100%
Space maintainers (for retaining space when a primary tooth is prematurely lost)	100%
Deductible applies	No
6 month waiting period applies to all services above unless otherwise noted	No

Basic & Major Services

Emergency treatment to relieve pain (no waiting period applies)	100%
Fillings (no waiting period applies)	50%
Endodontics – nonsurgical (root canal)	50%
Endodontics – surgical (root canal)	50%
Periodontics – nonsurgical (gum disease)	50%
Periodontics – surgical (gum disease)	50%
Extractions – nonsurgical	50%
Extractions - surgical and other oral surgery	50%
Crowns, inlays, onlays	25%
Bridges and dentures	25%
Repairs and adjustments to bridges and dentures	25%
Implants	25%
Deductible applies	Yes
6 month waiting period applies to all services above unless otherwise noted	Yes

2009 Monthly Premiums

Single	\$25.24
2 person	\$49.60
Family	\$96.20

Rates are subject to change each January 1.

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.

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Confirming Your Coverage

If you are not sure of the effective date of your coverage, please call Delta at 800-236-3712 before you have any dental work done.

Also, before scheduling appointments for extensive dental care, you may ask your dentist to send the treatment plan to Delta Dental. The plan will be reviewed by Delta and a **Predetermination of Benefits** form will be returned to you and your dentist. You and your dentist may then discuss the treatment and your out-of-pocket costs. Delta encourages you to be informed about your dental care.

Delta's Website

Delta's website has a lot to offer. You can use it to obtain information about coverage under your plan, check the status of your claims, find a network dentist, and learn ways to improve and protect your oral health.

For eligibility, claims or dentist information, visit our website at: **www.deltadentalwi.com**

Also, our Benefit Advisors are available every weekday from 7:30 a.m. to 5:00 p.m. (Central Time) to answer your questions. Call us at 800-236-3712. We look forward to talking with you!



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