

DENTAL

DELTA DENTAL PPO Plus Premier DENTAL ASSOCIATES

Deductible		
Single	\$25	\$0
Family	\$75	\$0
Annual Maximum	\$1,250	\$2,000
Preventive Services <i>do not track toward annual maximum</i>		
Oral Exams (2) per year	100%	100%
Bitewing X-Rays (1) per year Delta Dental; (2) per year Dental Associates	100%	100%
Full Mouth or Panoramic X-Rays (1) per (5) years Delta Dental; (1) per (3) years Dental Associates	100%	100%
Cleanings (2) per year	100%	100%
Topical Fluoride to age 19 (2) per year Delta Dental; to age 15 (2) per year Dental Associates	100%	100%
Sealants on molars to age: 19 Delta Dental; 15 Dental Associates	100%	100%
Space Maintainers	100%	100%
Pre-diagnostic testing age 40 and older Delta Dental; (1) per year Dental Associates	100%	100%
Basic Services		
Problem- focused evaluation (emergency)	80%	100%
Palliative (emergency) treatment for pain relief	80%	100%
Fillings	80%	100%
Extractions	80%	100%
Oral Surgery & Drug injections	80%	100%
Periodontal evaluations, maintenance, & Surgery	80%	100%
Pulp Tests & Pulpotomies on primary teeth	80%	100%
Recementation of crowns, bridges, inlays, onlays & veneers	50%	100%
Occlusal guards & adjustments	80%	100%
Stainless Steel Crowns on primary teeth	80%	100%
Major Services		
Crowns (1) per 5 years	50%	80%
Gold Foil Fillings	No Coverage	No Coverage
Inlays or Onlays (1) per 5 years	50%	No Coverage
Implants (1) per 5 years	50%	80%
Porcelain / Ceramic / Resin Material	50%	80%
Veneers (anterior & bicuspid teeth) (1) per 5 years	50%	80%
Endodontics	50%	100%
Prosthodontic Services	50%	80%
<i>Installation and Maintenance/Repairs of Bridgework & Dentures</i>		
Orthodontics (per course or treatment)		
<i>Orthodontic treatment in progress on your effective date will be prorated for the remainder of the treatment period. The plan does not include charges for Orthodontic services started prior to effective date of your coverage.</i>	50% to \$1,500 Max.	50% to \$2,000 Max.
Evidence-Based Integrated Care Plan (EBICP)	Included	Included
<i>Provides enhanced dental benefits for people with specific existing health conditions</i>		

This is a summary of benefits and features offered by the City of De Pere, Delta Dental and Dental Associates (CarePlus).
All benefits are subject to the limitations, and exclusions set forth in the Summary Plan Description.

2024 Rates Based on full-time employment	Non-Represented		Represented	
	Delta Dental Plan	Dental Associates Plan	Delta Dental Plan	Dental Associates Plan
Employee	\$2.01	\$1.68	\$3.02	\$2.52
Family	\$6.12	\$4.79	\$9.18	\$7.18