

# City of Stevens Point

Voluntary Dental and Vision

Effective Date: 1/1/2021



		Delta Dental Plan				Delta Vision Plan	
General Plan Information				General Plan Information			
		In-Network	Out-of-Network			In-Network	Out-of-Network
<b>Annual Deductible</b> - applies to basic and major services		\$50 Individual \$150 Family		Vision Exam		\$20 Copay	Up to \$35
Plan Annual Maximum - per person		\$1,000 plus the CheckUp Plus benefit - diagnostic & preventative care will not apply to the individual annual maximum		Frequency		Once every 12 months	
<b>Dental Coverage Levels</b>							
Preventive		100%		Frames		\$150 allowance, then 20% off balance	Up to \$75
Basic		80%		Frequency		Once every 12 months	
Major		50%					
Orthodontia		50%					
Lifetime Maximum		\$1,000					
Age Limitation		To age 19					
<b>Dental Services</b>							
Oral Exams		100%	100%	Single Lense		\$20 Copay	Up to \$25
Cleanings		100%	100%	Bifocal Lense		\$20 Copay	Up to \$40
Fluoride Treatment		100%	100%	Trifocal Lense		\$20 Copay	Up to \$55
Bitewing X-rays		100%	100%	Frequency		Once every 24 months	
Full Mouth/Panoramic X-rays		100%	100%				
Space Maintainers		100%	100%	Conventional Contact Lenses		\$150 allowance, then 15% off balance	Up to \$120
Sealants		100%	100%	Disposable Contact Lenses		\$150 allowance	Up to \$120
Extractions (simple and complex)		50%	50%	Medically Necessary Contact Lenses		Paid in Full	Up to \$200
Fillings		80%	80%	Frequency		Once every 12 months	
Endodontics (suraical and nonsuraical)		50%	50%	Provider Website		<a href="http://vevw.deltadentalwi.com/provider-search/vision/">http://vevw.deltadentalwi.com/provider-search/vision/</a>	
Periodontics (suraical and nonsuraical)		50%	50%				
Bridges and Dentures		50%	50%				
Repair and adjustments to bridges and dentures		80%	80%				
Crowns, Inlays, and Onlays		50%	50%				
Implants		0%	0%				
Provider Website		<a href="https://www.deltadental.com/DentistSearch/DentistSearchController.ccl">https://www.deltadental.com/DentistSearch/DentistSearchController.ccl</a>					
Monthly Premium Information				Monthly Premium Information			
Single		\$33.80		Single		\$5.04	
Employee & Spouse		\$68.64		Employee & Spouse		\$10.08	
Employee & Child(ren)		\$96.00		Employee & Child(ren)		\$10.28	
Family		\$140.40		Family		\$15.32	