



City of Stevens Point

Voluntary Dental and Vision

Effective Date: 1/1/2019

| | Delta Dental Plan | | | Delta Vision Plan | |
|--|---|----------------|------------------------------------|---|----------------|
| General Plan Information | | | General Plan Information | | |
| | In-Network | Out-of-Network | | In-Network | Out-of-Network |
| Annual Deductible - 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 Rollover | | Frequency | Once every 12 months | |
| Dental Coverage Levels | | | | | |
| Preventive | 100% | | Frames | \$150 allowance, then 20% off balance | Up to \$75 |
| Basic | 80% | | | | |
| Major | 50% | | | | |
| Orthodontia | 50% | | Frequency | Once every 12 months | |
| Lifetime Maximum | \$1,000 | | | | |
| Age Limitation | To age 19 | | | | |
| Dental Services | | | | | |
| 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% | | | |
| Full Mouth/Panoramic X-rays | 100% | 100% | | | |
| Space Maintainers | 100% | 100% | Frequency | Once every 24 months | |
| Sealants | 100% | 100% | Conventional Contact Lenses | \$150 allowance, then 15% off balance | Up to \$120 |
| Extractions (simple and complex) | 50% | 50% | | | |
| Fillings | 80% | 80% | | | |
| Endodontics (suraical and nonsuraical) | 50% | 50% | Disposable Contact Lenses | \$150 allowance | Up to \$120 |
| Periodontics (suraical and nonsuraical) | 50% | 50% | | | |
| Bridges and Dentures | 50% | 50% | | | |
| Repair and adjustments to bridges and dentures | 80% | 80% | Medically Necessary Contact Lenses | Paid in Full | Up to \$200 |
| Crowns, Inlays, and Onlays | 50% | 50% | Frequency | Once every 12 months | |
| Implants | 0% | 0% | Provider Website | http://vevw.deltadentalwi.com/provider-search/vision/ | |
| Provider Website | https://www.deltadental.com/DentistSearch/DentistSearchController.ccl | | | | |
| Monthly Premium Information | | | Monthly Premium Information | | |
| Single | \$32.50 | | Single | \$5.04 | |
| Employee & Spouse | \$66.00 | | Employee & Spouse | \$10.08 | |
| Employee & Child(ren) | \$92.32 | | Employee & Child(ren) | \$10.28 | |
| Family | \$135.00 | | Family | \$15.32 | |