City of Stevens Point

Voluntary Dental and Vision

Effective Date: 1/1/2022

Delta Dental Plan		
General Plan Information		
	In-Network	**Out-of-Network**
Annual Deductible - *applies to basic and major services*	$50 Individual $150 Family	
Plan Annual Maximum - *per person*	$1,000 plus the CheckUp Plus benefit - diagnosic & preventative care will not apply to the individual annual maximum	
Dental Coverage Levels		
Preventive	100%	
Basic	80%	
Major	50%	
Orthodontia	50%	
Lifetime Maximum	$1,000	
Age Limitation	To age 19	
Dental Services		
Oral Exams	100%	100%
Cleanings	100%	100%
Fluoride Treatment	100%	100%
Bitewing X-rays	100%	100%
Full Mouth/Panoramic X-rays	100%	100%
Space Maintainers	100%	100%
Sealants	100%	100%
Extractions (simple and complex)	50%	50%
Fillings	80%	80%
Endodontics (suraical and nonsuraical)	50%	50%
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	https://www.deltadental.com/DentistSearch/DentistSearchController.ccl	
Monthly Premium Information		
Single	$35.14	
Employee & Spouse	$71.38	
Employee & Child(ren)	$99.84	
Family	$146.02	

Delta Vision Plan		
General Plan Information		
	In-Network	**Out-of-Network**
Vision Exam	$20 Copay	Up to $35
Frequency	Once every 12 months	
Frames	$150 allowance, then 20% off balance	Up to $75
Frequency	Once every 12 months	
Single Lense	$20 Copay	Up to $25
Bifocal Lense	$20 Copay	Up to $40
Trifocal Lense	$20 Copay	Up to $55
Frequency	Once every 24 months	
Conventional Contact Lenses	$150 allowance, then 15% off balance	Up to $120
Disposable Contact Lenses	$150 allowance	Up to $120
Medically Necessary Contact Lenses	Paid in Full	Up to $200
Frequency	Once every 12 months	
Provider Website	http://vevw.deltadentalwi.com/provider-search/vision/	
Monthly Premium Information		
Single	$5.04	
Employee & Spouse	$10.08	
Employee & Child(ren)	$10.28	
Family	$15.32	