

City of Stevens Point

Voluntary Dental and Vision

Effective Date: 1/1/2023



		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 the CheckUp Plus benefit - diagnostic & preventative care will not apply to the individual annual maximum		Frequency		Once every 12 months	
Dental Coverage Levels							
Preventive		100%		Frames		\$150 allowance, then 20% off balance	Up to \$75
Basic		80%		Frequency		Once every 24 months	
Major		50%					
Orthodontia		50%					
Lifetime Maximum		\$1,000					
Age Limitation		To age 19					
Dental Services							
Oral Exams		100%	100%	Single Lens		\$20 Copay	Up to \$25
Cleanings		100%	100%	Bifocal Lens		\$20 Copay	Up to \$40
Fluoride Treatment		100%	100%	Trifocal Lens		\$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		http://vevw.deltadentalwi.com/provider-search/vision/	
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				Monthly Premium Information			
Single		\$35.14		Single		\$5.42	
Employee & Spouse		\$71.38		Employee & Spouse		\$10.88	
Employee & Child(ren)		\$99.84		Employee & Child(ren)		\$11.10	
Family		\$146.02		Family		\$16.54	