

State Annuitants: 2016 Dental Plan Comparisons

2016 Dental	State Uniform Dental	EPIC Benefits +		EPIC Dental WI PPO		EPIC Dental WI Select		Anthem Dentacare HMO		Anthem Preferred PPO		Anthem Supplement			
Annuitant Open Enrollment for 2016	Yes	No	No	NO	No	No		Yes	Yes	Yes		Yes			
Network	Delta Dental PPO and Delta Dental Premier provider networks	Affiliated with Delta Dental nationwide. Member responsible for charges over the allowable amount unless a Delta Premier Provider is used.		Delta Dental PPO Providers	All other recommended Delta Premier Providers	Affiliated with Delta Dental nationwide. Member responsible for charges over the allowable amount unless a Delta Premier Provider is used.		Must use a Dentacare Center		Any Dentist. Benefits are paid at a higher level if a network PPO dentist is used.		Any Dentist			
2016 Premium Rates	Optional for 2016 Employer Contribution *No	Without Vision**	With Vision**	Annuitants and dependents		Annuitants and dependents		Region 1	Region 2						
Employee	\$26.30	\$26.69	\$31.26	\$30.98		\$22.30		\$18.62	\$18.62	\$20.48		\$18.08			
Employee + Spouse or Domestic Partner	n/a	\$53.27	\$61.51	\$65.59		\$45.85		\$37.24	\$37.24	\$40.95		\$36.17			
Employee + Child(ren) [Anthem=Emp + 1 child]	n/a	\$61.90	\$69.68	\$73.34		\$52.90									
Family	\$65.70	\$73.53	\$85.43	\$110.86		\$77.80		\$59.57	\$59.57	\$67.57		\$54.28			
Provider Network	In-network ONLY	Open Network		In Network	Out-of-Network	Open Network		Dentacare Providers ONLY		PPO Dentist	Other Dentist	Open Network			
Deductible	\$0	\$75 Must be met before benefits are covered		\$25 Must be met before benefits are covered	\$50 Must be met before benefits are covered	\$50 Must be met before benefits are covered		\$0		\$25 per member Must be met before benefits are covered	\$50 per member Must be met before benefits are covered	\$50 per member Must be met before benefits are covered			
Calendar Benefit Maximum	\$1,000	\$1,500 For new enrollees, if applicable:		\$1,000		\$1,000		\$750 per member (Diagnostic/Basic/Major) Additional \$500 for Specialty Services		\$1,250 per member		\$1,250 per member			
Diagnostic & Preventative	100%	Not Covered		100%	75%	Not Covered		100%		80%	75%	0%			
Routine Evals	2 per year	Not Covered		1 every 6 months		Not Covered									
Cleanings	2 per year			1 every 6 months						100%	80%	75%	0%		
Bitewing X-rays	1-4 films (image)			1 every 12 months											
Panoramic X-rays	Once every 60 months			Once every 60 months											
Fluoride	2 per year up to age 19			Once per year up to age 16											
Basic	See specific services	50% on covered procedures as related to Major Services		75%	55%	75%		80%		60%	50%	75%			
Fillings	100%	50% on covered procedures as related to Major Services				75%						75%			
Extractions (non-surgical)	Not covered								75%	55%		80%	60%	50%	75%
Local Anesthesia	80%														
Emergency Palliative Care	80%														
X-rays (limited)	100%											100%	80%	75%	Not covered
Oral Surgery	Not covered, but may be covered under medical plan			50%	25%	50%		Limited to certain procedures: 80%	Limited to certain procedures: 60%	Limited to certain procedures: 50%	Limited to certain procedures: 75%				
Major/Restorative	See specific services	50% on covered procedures as related to Major Services		50%	25%	50%		60%		40%	25%	60%			
Implants		50%				50%		Not covered				Not covered			
Crowns	Not covered									60%	40%	25%	60%		
Bridges															
Dentures															
Endodontic												80%	40% Complex 60% Simple	25% Complex 50% Simple	60% Complex 75% Simple
Periodontic	80%: Limited to Periodontal Maintenance			50%	25%	50%		60%: Limited to Periodontal Maintenance	40%: Limited to Periodontal Maintenance	25%: Limited to Periodontal Maintenance	60%: Limited to Periodontal Maintenance				
Dental Waiting Period	None	None		Preventative - None Basic & Major - 3 months		Basic & Major - 3 months		None		3 months Major & Basic		3 months Major & Basic			
Claim Filing Timeline	12 months	120 days		120 days		120 days		15 months		15 months		15 months			
Orthodontia	50% (under 19 only)	50% (under 19 only)		50% if begun before age 19		50% if begun before age 19		50%		50%		50%			
Ortho Lifetime Max	\$1,500	\$1,200		\$1,000		\$1,000		\$1,000		\$1,000		\$1,000			
Ortho Waiting Period	None	24 months		12 months		12 months		None		None		None			
Customer Service Phone	844-337-8383	Billing: 800-236-7610 Claims: 800-343-7615		Billing: 800-236-7610 Claims: 800-343-7615		Billing: 800-236-7610 Claims: 800-343-7615		Open enrollment: 1-866-511-4476 Other questions: 1-866-589-0582		x		x			
Website	http://www.deltadentalwi.com/state-of-wi	http://www.epiclife.com/wi-state-employees/		http://www.epiclife.com/wi-state-employees/		http://www.epiclife.com/wi-state-employees/		http://www.anthem.com/dental-stateofwi/		http://www.anthem.com/dental-stateofwi/		http://www.anthem.com/dental-stateofwi/			

*If you are enrolled in state group health insurance, Uniform Dental Benefits will be added unless you waive Uniform Dental coverage during open enrollment