

**2011 Comparison of Dental Wisconsin, Anthem DentalBlue and EPIC Benefits+**

<b>PLAN NAME</b>	<b>DENTAL WISCONSIN PPO</b>		<b>DENTAL WISCONSIN Dental Select</b>	<b>ANTHEM DENTACARE - HMO</b>		<b>ANTHEM PREFERRED - PPO</b>		<b>ANTHEM Supplemental</b>
	<b>In-Network</b>	<b>Out-of-Network</b>				<b>In-Network</b>	<b>Out-of-Network</b>	
<b>Diagnostic / Preventative</b>	100%	75%	No coverage, free to choose any health plan	100%		80%	75%	No coverage. Must select health plan w/ diag/prev dental
<b>Basic</b>	75%	55%	75%	80%		60%	50%	75%
<b>Major/Restore (Includes Endodontic and Periodontic)</b>	50% – includes implants	25% – includes implants	50% – includes implants	60%		40% – includes implants	25% – includes implants	50%
<b>Orthodontia (Lifetime Benefit)</b>	50% up to \$1,000 – for children under the age of 19.		50% up to \$1,000 – for children under the age of 19.	20% discount at participating ortho/\$1000 Benefit		20% discount at participating ortho/\$1000 Benefit		20% discount at participating ortho/\$1000 Benefit
<b>Annual Deductible Per Person</b>	\$25	\$50	\$50	\$0		\$25	\$50	\$50
<b>Office Visit Copay</b>	None		None	\$10 per visit		None		None
<b>Annual Benefit Maximum</b>	\$1,000		\$1,000	\$750 + add'l \$500 for endo/periodo		\$1,000		\$1,000
<b>Waiting Period (if no prior coverage)</b> Basic Services Major Services Orthodontia	3 Months 3 Months 12 Months		3 Months 3 Months 12 Months	None		<b>Prior coverage credited</b> 3 Months 3 Months 12 Months		<b>Prior coverage credited</b> 3 Months 3 Months 12 Months
<b>2011 RATES</b>				<b>Region 1</b>	<b>Region 2</b>			
<b>Employee</b>	\$25.54		\$16.99	\$23.27	\$28.78	\$23.51		\$16.59
<b>Employee + Spouse or Domestic Partner</b>	\$54.08		\$34.93	EE + 1 Dep \$46.55    \$57.56		EE + 1 Dep \$47.01		EE + 1 Dep \$33.19
<b>Employee + Child(ren)</b>	\$60.47		\$40.30	EE & 2+ Deps		EE & 2+ Deps \$77.56		EE & 2+ Deps \$49.80
<b>Family</b>	\$91.41		\$59.28	\$74.47	\$92.10			
<b>Network Requirements</b>	Uses the Delta Dental PPO Provider network	Delta Dental Premier Providers (Out of network providers with a participating agreement.)	Any Dentist Utilization of a Premier provider will eliminate any excess charges over maximum plan allowable.	DentaCare HMO Providers		Preferred PPO Providers		Any Dentist Utilization of a Preferred PPO provider will eliminate any excess charges over maximum plan allowable cost.
<b>WI Providers</b>	1417	2344	3761 (participating)	760		1642		1642 (?)

(over)

<b>EPIC Benefits+</b>																			
<b>Dental</b>		<b>Excess Medical</b>	<b>AD&amp;D</b>	<b>New Vision Option</b>															
<b>Diagnostic / Preventative</b>	No coverage	<b>Annual Deductible</b> \$250/\$500	\$10,000 Employee	<b>See Separate Benefit Summary</b>															
<b>Basic</b>	No coverage																		
<b>Major/Restore (Includes Endodontic and Periodontic)</b>	50% - includes implants	<b>Individual Lifetime Maximum:</b> \$250,000	\$5,000 Spouse/ Domestic Partner																
<b>Orthodontia (Lifetime Benefit)</b>	\$1200 for children under age 19 after applicable waiting period																		
<b>Annual Deductible Per Person</b>	\$75	<b>Inpatient Hospital/ Surgical Services</b> Deductible then 100%	\$2,000 Child																
<b>Office Visit Copay</b>	None																		
<b>Annual Benefit Maximum</b>	\$1,000 if newly eligible If enrolling during special enrollment: Year 1: \$500 Year 2: \$750 Year 3: \$1,000 24-month waiting period for ortho	<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th><b>Rates</b></th> <th><b>Without Vision</b></th> <th><b>With Vision</b></th> </tr> </thead> <tbody> <tr> <td>Single</td> <td>\$16.70</td> <td>\$20.70</td> </tr> <tr> <td>Insured/Spouse or Domestic Partner</td> <td>\$33.40</td> <td>\$40.47</td> </tr> <tr> <td>Insured/Child</td> <td>\$33.40</td> <td>\$40.47</td> </tr> <tr> <td>Family</td> <td>\$50.10</td> <td>\$60.49</td> </tr> </tbody> </table>			<b>Rates</b>	<b>Without Vision</b>	<b>With Vision</b>	Single	\$16.70	\$20.70	Insured/Spouse or Domestic Partner	\$33.40	\$40.47	Insured/Child	\$33.40	\$40.47	Family	\$50.10	\$60.49
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<b>Waiting Period</b> Basic Services Major Services Orthodontia	Not covered None 12 months																		
<b>Network Requirements</b>	Any Dentist This is an excess coverage plan that includes dental benefits, not a dental insurance plan. It always pays its benefits after all other plans have paid.																		
<b>WI Providers</b>	N/A																		