

DENTAL WISCONSIN

A Comprehensive Dental Program from EPIC

Easy and Affordable

As a current State of Wisconsin employee, you are eligible for automatic acceptance into one of our new Dental Wisconsin plans from EPIC.

Why Choose Dental Wisconsin?

With Dental Wisconsin, you will have access to the extensive Delta Dental of Wisconsin network. Dental Wisconsin offers two plan options, providing you and your family the opportunity to utilize a broad network, choose a dental benefit that meets your needs, and experience superior customer service.

Keep Your Coverage!

If you enroll now as an active employee and continue your coverage through the date you become an eligible annuitant, you will have the option to keep the Dental Wisconsin plan when you retire – and continue to receive low group rates! If you terminate your employment prior to achieving annuitant status, you may continue the coverage under the law and requirements of COBRA.



EPIC
LIFE INSURANCE

We Take Care of You

DESIGNED EXCLUSIVELY FOR STATE OF WISCONSIN EMPLOYEES

D E N T A L W I S C O N S I N P R O G R A M

	Preferred Provider Plan (PPO)		Select Plan
	In-Network	Out-of-Network	
Diagnostic/Preventative	100%	75%	No Coverage
Basic	75%	55%	75%
Major/Restore – includes implants	50%	25%	50%
Ortho – for children under the age of 19	50%	50%	50%
Ortho Lifetime Maximum	\$1,000		\$1,000
Annual Deductible	\$25	\$50	\$50
Office Visit Copay	None		None
Annual Benefit Maximum	\$1,000		\$1,000
Endodontic & Periodontic	Both Under Major/Restore		Both Under Major/Restore
Waiting Period (if no prior dental insurance)	Prior Similar Coverage Credited:		Prior Similar Coverage Credited:
Basic Services	3 months		3 months
Major Services	3 months		3 months
Ortho	12 months		12 months
Network	Dental PPO Providers	Premier Providers: Out-of-network providers with a participating agreement.	Any Dentist: Utilization of a Participating Provider will eliminate any excess charges over the maximum plan allowance.
WI Providers	1,417	2,344	3,761 Participating

Dental PPO Providers

Through Delta Dental of Wisconsin, members receive access to over 1,400 preferred, in-network Wisconsin providers, along with access to preferred providers in other states. A list of these providers is available through the EPIC website, www.epiclife.com; click on the Wisconsin map for State of Wisconsin Employees.

Premier Providers

(more than 2,300 contracted dentists)

Premier Providers are dentists who have a contract with Delta Dental to provide services within an allowable charge. For services that are paid at the out-of-network level, the customer will not be charged additional amounts over the maximum plan allowance.

Participating Providers

(more than 3,700 contracted dentists)

Participating providers (Delta Dental of Wisconsin PPO providers and Premier Providers combined) are the providers that Select plan members may utilize to avoid charges over the maximum plan allowance.

Waiting Periods

Waiting periods will be waived for any member changing coverage from Anthem Dental Blue, or other comparable dental insurance, to Dental Wisconsin. For new Dental Wisconsin enrollees without prior dental coverage, waiting periods will apply. *Dental coverage provided through your health insurance does not qualify.*

Creditable Coverage

Members with prior dental coverage will be credited for time served under the prior carrier, as long as there is no more than a 63 day lapse in coverage. Proof of prior coverage may be required. [The EPIC Benefits+ plan (formerly known as the EPIC Dental, Excess Medical, and AD&D Plan) does not qualify for creditable coverage.]

HOW TO ENROLL

Take advantage of the Dental Wisconsin program by enrolling now! This is an enrollment opportunity for State of Wisconsin employees (who are eligible to enroll in the State of Wisconsin group health insurance program) and their dependents to enroll in a comprehensive dental plan.

The enrollment opportunity is available to State of Wisconsin employees, provided their employer has elected to offer Dental Wisconsin to their employees. **Applications must be submitted to your payroll office within your eligibility period. Consult your payroll office for enrollment requirements.**

Monthly Dental Wisconsin Rates

	PPO Plan	Select Plan
Rates	2011	2011
Employee	\$25.54	\$16.99
Employee + Spouse/ Domestic Partner	\$54.08	\$34.93
Employee + Child(ren)	\$60.47	\$40.30
Family	\$91.41	\$59.28

OTHER INFORMATION

Automatic Deduction

Premiums will be deducted from your paycheck on a pretax basis automatically when you enroll in these benefits. If you prefer to have your insurance premiums deducted post-tax, you must file an *Automatic Premium Conversion Waiver (ET-2340)* before your benefits begin or prior to the next plan year. If you have your premiums deducted on a pre-tax basis, you must continue the coverage for the entire year, unless you experience a valid change in status event that allows you to change or cancel coverage. Once you file a waiver, it will remain in effect until you revoke it. *NOTE: If you have coverage that includes a domestic partner or non-tax dependent, your premiums will be deducted post-tax from your paycheck.*

The State of Wisconsin requires each employee to identify any family members that are not “tax dependents.” A “tax dependent” is a person that qualifies as your dependent on your income tax for Internal Revenue Code purposes. Your family members, including adult children do not need to be a “tax dependent” to be eligible for coverage. However, if non-tax dependents are enrolled in your policy, your premiums will be deducted post-tax from your paycheck.

Please Note: If there are differences in this document and the Group Policy, the Group Policy is the governing document. This insurance plan has been authorized by the Group Insurance Board for the purpose of permitting premium collection through payroll deductions under authority granted by § 40.03 (6) (b) and pursuant to § 20.921 (1) (a) 3. State Statute. The criteria the Board uses involves meeting several requirements which include, but are not limited to: documentation of financial stability, demonstration of a reasonable ratio of claims paid to the premium level, authority to conduct business in the State of Wisconsin, agreeing to conditions for the rate-making process and other administrative conditions. Employee Trust Funds (ETF) staff and the Board’s actuary review proposals for participation prior to Board approval. However, the Board does not require competitive bids nor a benefit comparison with similar products from other vendors. **Authorization for payroll deduction should not be construed as an endorsement of this plan by either the Group Insurance Board or the Department of Employee Trust Funds.**

Exclusions:

The following aren't covered under the policy. The policy provides no benefits for: Dental services for any illness or injury covered by Worker's Compensation or similar laws, even if a member doesn't choose to claim such benefits. • Dental services furnished by the U.S. Veterans Administration, except for such dental services for which under the policy we are the primary payor and the U. S. Veterans Administration is the secondary payor under applicable federal law. • Dental services furnished by any federal or state agency or a local political subdivision when the member is not liable for the costs in the absence of insurance, unless coverage under the policy is required by any state or federal law. • Dental services covered by Medicare, if a member has or is eligible for Medicare, to the extent benefits are or would be available from Medicare. • Dental services for any injury or illness caused by: (1) atomic or thermonuclear explosion or resulting radiation; or (2) any type of military action, friendly or hostile. • Dental services for cosmetic purposes, unless necessitated as a result of injuries sustained while the member is covered under the policy. • Dental services which aren't dentally necessary or which aren't appropriate to the treatment of an illness or injury as determined by us. • Dental services provided by members of a member's immediate family or anyone else living with him/her. • Dental services which are experimental or investigative. • Dental services not specifically identified as being covered under the policy. • Dental services when not provided by a dentist, physician or a licensed dental professional performing a related service requested by a dentist or physician. • Dental services provided when a member's coverage was not effective under the policy. This includes care provided either prior to the member's effective date of coverage or after his/her coverage terminated under the policy. • Dental services in connection with any illness or injury caused by a member's commission of, or attempt to commit, an assault, battery, felony, or act of aggression, insurrection, rebellion, participation in a riot or engaging in an illegal occupation. • Dental services for replacement of a lost or stolen prosthesis or for a replacement or second prosthesis. • Dental services for oral hygiene, dietary, or plaque control instructions and programs. • Athletic mouth guards.

General Information:

This brochure is only a general outline of benefits, limitations, and exclusions. You can find a more detailed description of coverage in the applicable certificate of insurance. A certificate will be issued to each employee who becomes insured under the plan. The words "charge" and "charges" as used in this brochure mean an amount we determine as reasonable, considering factors such as the amount providers charge for similar services and supplies provided in the same geographic area. Coverage is subject to all terms and conditions of the policy, which is your contract of insurance. The policy consists of the group master policy, including the application and all policy riders and endorsements.

- Any amount billed by a dentist, physician or licensed dental professional because of the patient's failure to appear for a scheduled appointment.
- Dental services received from the dental or medical department of any employer, union, employee benefit association, trustee, or for services of a dentist or clinic contracted for or by any such organization.
- Dental services for dentures, crowns, inlays, onlays, bridgework or appliances for altering vertical dimensions.
- Dental services for denture or bridgework adjustments provided to a member within six months of the placement of a denture or bridgework with that member.
- That portion of the amount billed for a porcelain-veneer crown or pontic on or replacing a tooth or teeth posterior to the second bicuspid, which exceeds our determination of the charge for a full-cast metal crown or pontic.
- Dental services for a temporary denture or bridge that, when combined with the charge for the permanent denture or bridge, exceeds the reasonable charge for the permanent denture or bridge.
- Dental services provided, for, or in connection with, precision or semi precision attachments, denture duplication or other customized attachments.
- Drugs and medicines, other than injectable antibiotics administered by a dentist or physician as a result of dental treatment.
- Orthodontia services except as specifically provided by the policy.
- Dental services or that portion thereof, for which the member has no legal obligation to pay.
- Dental services, including, but not limited to, oral surgical services, or that portion thereof, which are covered expenses under the member's EPIC group health coverage or any other medical coverage that he/she has, or for which benefits are paid under such EPIC coverage or other coverage.
- Dental services provided during any waiting periods.
- Dental services provided in connection with the treatment of the temporomandibular joint, except for oral surgical services.
- That portion of the amount billed for the dental service covered under the policy that exceeds our determination of the charge for such dental service.
- Orthodontia services for other than malocclusion of natural teeth.
- Crowns for the purpose of periodontal splinting.



P.O. Box 8430 | Madison, WI 53708-8430

E-mail: wseeligibility@epiclif.com

www.epiclif.com

1-800-520-5750