

**DELTA DENTAL OF WISCONSIN, INC.**  
**A NOT-FOR-PROFIT SERVICE CORPORATION**  
**CONTRACT TO PROVIDE DENTAL CARE BENEFITS**

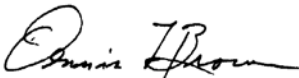
**DELTA DENTAL PPO**  
**Declarations**

The term of this Contract between **Medford Area Public School District** and **Delta Dental of Wisconsin, Inc.**, P.O. Box 828, Stevens Point, Wisconsin will be January 1, 2014 through December 31, 2014. This Contract will be automatically renewed, subject to the provisions of Article VIII. This Contract is issued in consideration of the Group's Application and advance payment of initial Premium.

Delta Dental and the above-named Group agree to the obligations and provisions of this Contract. The limit of Delta Dental's liability for Benefits is as stated in this Contract. Delta Dental's obligations are subject to all other terms and conditions of this Contract.

Claim settlement under this Contract is based upon a predetermined methodology, which may be less than the provider's billed charge. See Article I, Section 1.21 of the Master Group Contract for a more detailed explanation.

**DELTA DENTAL OF WISCONSIN, INC.**

BY:   
\_\_\_\_\_

Dennis L. Brown  
President

DATE: December 12, 2013

**1. CONTRACT NUMBER(S): 11511 - 00000**

**2. REQUIRED ENROLLMENT:**

- (a) 90 % of all Eligible Employees must be enrolled.  
90 % of all Eligible Employees with Dependents must be enrolled for dependent coverage.
- (b) The following percentage of the premium must be employer funded:
  - 90 % Single Coverage (employee, 1 Party)
  - 90 % Family Coverage (employee and spouse, 2 Party)
  - 90 % Family Coverage (employee and child(ren))
  - 90 % Family Coverage (full family, 3+ Party)
- (c) If enrollment drops below 10% of initial enrollment, Delta Dental reserves the right to review the Rates or to terminate coverage.
- (d) In addition to this Delta Dental plan, the following Delta Dental Benefit options and/or other dental plans will be offered to this Group's employees: no other dental plans offered.
- (e) Changes in enrollment status will be considered during an Open Enrollment Period 30 days prior to the Contract renewal date, with changes becoming effective on the renewal date.

**3. TERMS OF ELIGIBILITY:**

- (a) Eligibility begins:  
For eligible new employees, eligibility begins the date of employment.
- (b) For eligible new employees, the waiting period is 0 days.
- (c) For employees enrolling their Dependents:  
Dependent children are eligible through the end of the month in which they attain age 26, regardless of student status, or if age 26 and beyond, to the date they lose eligibility due to the Dependent's inability to meet all of the requirements contained in Section 3.1 (b) of the Master Group Contract.
- (d) Part-time employees are covered; minimum hours worked is defined by the District.
- (e) Any change in coverage selection because of marriage, divorce or death causing a change in enrollment status will be effective the first of the month following the qualifying event.

4. **DEDUCTIBLE LIMITATIONS:** Delta Dental shall not be obligated to pay any Deductible indicated in the Declarations, in whole or in part, during the term of this Contract.

The Deductible for Dental Procedures provided by Delta Dental PPO Dentists is \$50 per Subscriber and per Covered Dependent, per Benefit Accumulation Period; however, no family will pay more than \$150 per Benefit Accumulation Period in Deductibles regardless of the number of family members covered.

The Deductible for Dental Procedures provided by Delta Dental Premier Dentists is \$50 per Subscriber and per Covered Dependent, per Benefit Accumulation Period; however, no family will pay more than \$150 per Benefit Accumulation Period in Deductibles regardless of the number of family members covered.

The Deductible for Dental Procedures provided by Noncontracted Dentists is \$50 per Subscriber and per Covered Dependent, per Benefit Accumulation Period; however, no family will pay more than \$150 per Benefit Accumulation Period in Deductibles regardless of the number of family members covered.

5. **MAXIMUM CONTRACT BENEFITS PER PERSON:** The maximum total Benefit payable in any Benefit Accumulation Period is limited to the amount specified below.

The maximum total Benefit per Subscriber and per Covered Dependent, per Benefit Accumulation Period for Dental Procedures provided by Delta Dental PPO Dentists is \$1,500, and \$1,500 for Dental Procedures provided by Delta Dental Premier Dentists, and \$1,500 for Dental Procedures provided by Noncontracted Dentists. In no case will the maximum total Benefit exceed \$1,500 regardless of the network chosen.

There is a separate lifetime maximum of \$100 for each Subscriber and each Covered Dependent for occlusal adjustments.

6. **ORTHODONTIC MAXIMUM BENEFIT:** Delta Dental's obligation for orthodontic Benefits is limited to the lifetime maximum specified in this Item of the Declarations.

The maximum lifetime orthodontic Benefit is \$1,500 for each Covered Dependent child to age 19.

7. **MONTHLY PREMIUM:**

Single Coverage (employee, 1 Party) - \$45.64  
Family Coverage (employee and spouse, 2 Party) - \$127.06  
Family Coverage (employee and child(ren)) - \$127.06  
Family Coverage (full family, 3+ Party) - \$127.06

**8. SCHEDULE OF BENEFITS, LIMITATIONS AND COVERAGE PERCENTAGE:**

This Contract provides the following Benefits subject to the Coverage percentage listed for each Benefit and subject to any applicable Deductible. The Coverage and Coinsurance percentages may vary based upon the network membership of the treating Dentist at the time the Dental Procedure is completed. The application of the Deductible, if any, also may vary based upon the network membership of the treating Dentist at the time the Dental Procedure is completed.

For example, if the Coverage percentage shown is “80,” that Benefit is 80% of the Maximum Plan Allowance, after satisfaction of any applicable Deductible. In the same example, the Coinsurance (the amount the patient must pay) would be the remaining 20%.

If the Coverage percentage shown is “0”, that Benefit is not provided in the Group Contract.

The Benefit Accumulation Period begins on January 1, 2014 ends on December 31, 2014, and thereafter shall be the 12 month period beginning on January 1, 2015.

**PPO = Delta Dental PPO Dentist Premier = Delta Dental Premier Dentist NC = Noncontracted Dentist**

Does Deductible Apply? Yes/No			Coverage Percentage			Benefit
PPO	Premier	NC	PPO	Premier	NC	
N	N	N	100	100	100	Examinations two times per Benefit Accumulation Period.
N	N	N	100	100	100	Full mouth series x-rays at twenty four month intervals; either individual films, or panoramic film, including bitewings.
N	N	N	100	100	100	Bitewing x-rays no more frequently than two times per Benefit Accumulation Period (limited to a set of four films).
N	N	N	100	100	100	Routine prophylaxis (teeth cleaning) or periodontal maintenance procedure four times per Benefit Accumulation Period.
Y	Y	Y	100	100	100	Routine prophylaxis. Periodontal maintenance procedure.
N	N	N	100	100	100	Topical fluoride applications two times per Benefit Accumulation Period for Covered Dependent children to age 19.
N	N	N	100	100	100	Space maintainers for retaining space when a primary tooth is prematurely lost.
N	N	N	100	100	100	Emergency treatment to relieve pain.

Does Deductible Apply? Yes/No			Coverage Percentage			Benefit
PPO	Premier	NC	PPO	Premier	NC	
N	N	N	100	100	100	Topical application of sealants for Covered Dependents to age 17. Application is limited to the occlusal surface of bicuspids and molars which are free of decay and restorations. Benefits for sealants are limited to one application per tooth per five years.
Y	Y	Y	100	100	100	Amalgam (silver) restorations.
Y	Y	Y	100	100	100	Composite (tooth colored) restorations for all teeth.
Y	Y	Y	100	100	100	Stainless steel crowns – one per tooth in a three year period.
Y	Y	Y	100	100	100	Endodontics including root canal treatment and root canal therapy.
Y	Y	Y	100	100	100	Surgical endodontic treatment.
Y	Y	Y	100	100	100	Non-surgical periodontics including procedures necessary for the treatment of diseases of the gums and bone supporting the teeth – treatment is limited to once per quadrant every 24 months.
Y	Y	Y	100	100	100	Surgical periodontic treatment; treatment is limited to once per quadrant every 36 months.
Y	Y	Y	100	100	100	Non-surgical extractions.
Y	Y	Y	100	100	100	Oral surgery (cutting procedures) and surgical extractions including pre-operative and post-operative care.
Y	Y	Y	100	100	100	Crowns, inlays, or onlays are provided when teeth are broken down by dental decay or accidental injury and may no longer be restored adequately with a filling material. Coverage for the purpose of replacing a defective existing crown, inlay or onlay will be provided only after a five year period from the date on which the defective item was last supplied, whether or not Delta Dental paid for the original Dental Procedure as a Benefit under this Contract. Porcelain veneers on crowns are Benefits on the six front teeth, bicuspids, and upper first molars.

Does Deductible Apply? Yes/No			Coverage Percentage			Benefit
PPO	Premier	NC	PPO	Premier	NC	
Y	Y	Y	50	50	50	<p>Prosthetics, including fixed bridgework, implants, partial dentures, and complete dentures to replace missing permanent teeth. Coverage for the purpose of replacing a defective existing fixed bridge or partial/complete denture will be provided only after a five year period from the date on which the defective item was last supplied, whether or not Delta Dental paid for the original Dental Procedure as a Benefit under this Contract.</p> <p>Porcelain veneers on crowns or pontics are Benefits on the six front teeth, bicuspid, and upper first molars.</p> <p>Fixed bridges, partial/complete dentures or implants are provided where chewing function is impaired due to missing teeth. A fixed bridge or implant and implant related procedures may be a Benefit if no more than two teeth are missing in the dental arch in which the bridge is proposed. Delta Dental will provide for replacement of missing teeth with the least elaborate procedure when three or more teeth are missing in the dental arch.</p> <p>Coverage for initial replacement of teeth is not limited to those lost while a Subscriber or Covered Dependent.</p>
Y	Y	Y	100	100	100	<p>Repairs and adjustments to prosthetic appliances. Denture reline and rebase is a Benefit once in any three year period.</p>

Does Deductible Apply? Yes/No			Coverage Percentage			Benefit
PPO	Premier	NC	PPO	Premier	NC	
N	N	N	50	50	50	<p>Covered orthodontic appliances and treatment, related services for orthodontic purposes to include examination, x-rays, extractions, photographs, and study models, subject to the orthodontic maximum benefit.</p> <p>Repair and replacement of orthodontic appliances are not covered.</p> <p>Delta Dental calculates all orthodontic treatment schedules according to the following formula:</p> <ul style="list-style-type: none"> <li>- 25% of the total Maximum Plan Allowance (subject to the Coverage Percentage stated herein and any applicable Deductible) is considered the initial payment to be paid by Delta Dental.</li> <li>- The remainder of the Maximum Plan Allowance is divided by the months of treatment and the resulting amount is paid monthly by Delta Dental (subject to the Coverage Percentage, any applicable Deductible and the orthodontic maximum Benefit stated herein.)</li> </ul> <p>If orthodontic treatment is stopped for any reason before it is complete, Delta Dental will suspend all monthly payments.</p> <p>Coverage includes orthodontic treatment in progress. Treatment is in progress if an appliance or banding has been placed and the patient is receiving treatment by the attending orthodontist according to a current treatment plan. Liability for orthodontic treatment in progress shall extend only to the unearned portion of the treatment in progress (that portion occurring after enrollment) and Delta Dental shall be the sole determinant of this unearned amount eligible for coverage. However, there are no Benefits available for Dental Procedures, including orthodontic treatment in progress, after coverage terminates.</p>

## **OPTIONAL PROCEDURES**

Delta Dental will pay the applicable Maximum Plan Allowance for the least expensive Dental Procedure that is adequate to restore the tooth or dental arch to contour and function, but only if that Dental Procedure is a Benefit of this Contract. The Subscriber or Covered Dependent will be responsible for the remainder of the Dentist's fee if a more expensive Dental Procedure is selected. The Coinsurance and Deductible will apply regardless of which Dental Procedure is selected.

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