

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 October 1, 2024 through December 31, 2024. 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.

DELTA DENTAL OF WISCONSIN, INC.

BY: 

Douglas A. Ballweg
President & CEO

DATE: October 14, 2024

1. CONTRACT NUMBER(S): 11511 - 00000

2. REQUIRED ENROLLMENT:

- (a) 21.5 – 90% of all Eligible Employees must be enrolled.
21.5 – 90% of all Eligible Employees with Dependents must be enrolled for dependent coverage.
- (b) The following percentage of the premium must be employer funded:
 - 21.5 - 90 % Single Coverage (employee, 1 Party)
 - 21.5 - 90 % Family Coverage (employee and spouse, 2 Party)
 - 21.5 - 90 % Family Coverage (employee and child(ren))
 - 21.5 - 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 Providers 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 Providers 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 Providers 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 Providers is \$1,500, or \$1,500 for Dental Procedures provided by Delta Dental Premier Providers, or \$1,500 for Dental Procedures provided by Noncontracted Providers. 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) - \$47.01

Family Coverage (employee and spouse, 2 Party) - \$130.87

Family Coverage (employee and child(ren)) - \$130.87

Family Coverage (full family, 3+ Party) - \$130.87

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 Provider 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 Provider 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, 2024, ends on December 31, 2024 and thereafter shall be the 12 month period beginning on January 1st.

PPO = Delta Dental PPO Provider Premier = Delta Dental Premier Provider NC = Noncontracted Provider

Does Deductible Apply? Yes/No			Coverage Percentage			Benefit
PPO	Premier	NC	PPO	Premier	NC	
N	N	N	100	100	100	Evaluations two times per Benefit Accumulation Period.
N	N	N	100	100	100	Full mouth series x-rays at twenty four month intervals; either individual images, or panoramic image, including bitewings.
N	N	N	100	100	100	Bitewing x-rays two times per Benefit Accumulation Period (limited to a set of four images).
N	N	N	100	100	100	Prophylaxis (teeth cleaning) or periodontal maintenance procedure four times per Benefit Accumulation Period.
Y	Y	Y	100	100	100	Prophylaxis.
						Periodontal maintenance procedure.
N	N	N	100	100	100	Topical fluoride applications two times per Benefit Accumulation Period for Covered Dependent children up to age 19.

Does Deductible Apply? Yes/No			Coverage Percentage			
PPO	Premier	NC	PPO	Premier	NC	Benefit
N	N	N	100	100	100	Space maintainers for retaining space when a posterior primary tooth is prematurely lost.
N	N	N	100	100	100	Emergency treatment to relieve pain.
N	N	N	100	100	100	Topical application of sealants for Covered Dependents up to age 17. Application is limited to the occlusal surface of bicuspid 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	Prefabricated crowns – one per tooth at three year intervals.
Y	Y	Y	100	100	100	Endodontics including root canal treatment.
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. Benefit is limited to once per quadrant at 24 month intervals.
Y	Y	Y	100	100	100	Surgical periodontic treatment; benefit is limited to once per quadrant at 36 month intervals.
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.

Does Deductible Apply? Yes/No			Coverage Percentage			Benefit
PPO	Premier	NC	PPO	Premier	NC	
Y	Y	Y	100	100	100	<p>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.</p> <p>Porcelain veneers on crowns are Benefits on the six front teeth, bicuspid, and upper first molars.</p>
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 prosthetic 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, implants, partial/complete dentures 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 or implant 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 or rebase is a Benefit at three year intervals.</p>

Does Deductible Apply? Yes/No			Coverage Percentage			Benefit
PPO	Premier	NC	PPO	Premier	NC	
N	N	N	50	50	50	<p>Orthodontic appliances, treatment and related services for orthodontic purposes including evaluation, x-rays, extractions, photographs, and study models, subject to the orthodontic maximum benefit.</p> <p>Repair or 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"> - 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, subject to the Coverage Percentage, any applicable Deductible and the orthodontic maximum Benefit stated herein. - 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. <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 the more expensive Dental Procedure is a Benefit of this Contract. The Subscriber or Covered Dependent will be responsible for either the remainder of the Provider's fee if a more expensive covered Dental Procedure is selected or the entire fee if the more expensive Dental Procedure is not a Benefit. The Coinsurance and Deductible will apply regardless of which Dental Procedure is selected.

V7PBNRQASMB10.15.2024

DD PPO Dec (V7) 04.2016

POLICY ENDORSEMENT - 11511 00000 - 10142024

This Policy Endorsement is attached to and forms a part of the Master Group Contract and Declarations to provide dental care benefits between Medford Area Public School District and Delta Dental of Wisconsin, Inc.

This endorsement modifies the group dental benefits afforded by your Master Group Contract and Declarations issued by Delta Dental of Wisconsin, Inc., and must be read in conjunction therewith. All terms and conditions of your Master Group Contract and Declarations remain in effect, except as modified by this endorsement. Please read this endorsement carefully.

This endorsement does not apply to coverage under Section 3.6, Continued Coverage, of your Master Group Contract.

It is understood and agreed that effective October 1, 2024, the Master Group Contract and Declarations will be amended as set forth below:

1. Where the terms "Dependent" and "Covered Dependent" appear in the Master Group Contract and Declarations, those terms will also include "Domestic Partner," as defined in this endorsement, and a Domestic Partner's unmarried children if otherwise eligible under Section 3.1(b)(ii) and (iii) of your Master Group Contract.
2. Where the terms "spouse," "covered spouse," or "parent" appear in the Master Group Contract and Declarations, the term "Domestic Partner," as defined herein, is also included.
3. Where the terms "divorce" or "legal separation" appear in the Master Group Contract and Declarations, the words "failure to meet the requirements of a Domestic Partnership as defined herein" are also included.
4. Section 2.1(d)(ii) the Master Group Contract replaced in its entirety by the following:

"loss of eligibility for coverage of the Subscriber under this Contract due to termination of employment, divorce, death, or failure to meet the requirements of a Domestic Partnership as defined herein."

5. **Article I, DEFINITIONS**, of the Master Group Contract is amended to add the following definition:

"Domestic Partner" means two people who:

- a) are of the same or opposite gender;
- b) are at least 18 years of age and competent to enter into contracts;
- c) have a mutually exclusive relationship that is similar to marriage and intend to stay in that relationship permanently;

- d) have not entered into their relationship for the primary purpose of obtaining health insurance;
- e) have lived together at the same permanent residence for at least 90 consecutive days and intend to continue residing in the same principal residence;
- f) are not blood relatives to a degree that would prohibit their marriage in the state of their primary residence;
- g) neither partner is married or legally separated, and if either partner has been a party to an action or proceeding for divorce or annulment, at least 90 consecutive days have elapsed since the judgment terminating the marriage;
- h) neither partner is currently registered as a domestic partner with a different domestic partner, and if either partner has been registered or been a domestic partner in a domestic partnership, at least 90 consecutive days have elapsed since the effective date of termination of that registration or domestic partnership.
- i) must be jointly responsible for each other's common welfare and financial obligations as demonstrated by proof of at least three (3) of the following:
 - (i) common ownership of real property or a common leasehold interest in real property;
 - (ii) joint ownership of a motor vehicle, bank account, or credit account;
 - (iii) beneficiary designations with either listed as the beneficiary for life insurance benefits on the other person's life, the beneficiary of the other person's retirement benefits, or as a testamentary beneficiary in the other person's Last Will and Testament;
 - (iv) a power of attorney, or a healthcare directive appointing either as the other person's attorney-in-fact or similar representative;
 - (v) driver's licenses listing a common address for both partners.

6. Section 3.1, Eligibility, of the Master Group Contract, is amended to add the following:

- (d) A Domestic Partner. Plan Sponsor is responsible for making the determination as to whether a person qualifies for coverage as a Domestic Partner under this endorsement and will advise Delta Dental when it has made such a determination for an Eligible Employee.

**THIS ENDORSEMENT IS PART OF THE MASTER GROUP CONTRACT AND DECLARATIONS REFERENCED HEREIN
AND SHOULD BE KEPT WITH THOSE DOCUMENTS.**