DELTA DENTAL PPO
SUMMARY OF BENEFITS
FOR COVERED EMPLOYEES OF:

County of Dane

(See Dental Benefit Handbook for definitions of capitalized terms.)

GROUP NUMBER: 07805 - 00000

EFFECTIVE DATE OF PROGRAM: January 1, 2006

OPEN ENROLLMENT

An Open Enrollment Period is available only to eligible Dependents who meet the requirements contained in the Eligibility, Covered Dependent, numbers 1 through 4, section of your Handbook. An Open Enrollment Period does not apply to any other Dependents listed under that section.

WAITING PERIOD

Employees and their Dependents who apply for coverage after their initial eligibility period or without a qualifying event (loss of spousal benefits, marriage, divorce, birth or adoption, or the loss of employee coverage through another insurer) will:

Not be eligible for the Plan.

TERMS OF ELIGIBILITY

Eligibility begins:
For eligible new employees, eligibility begins the first day of the month following the waiting period.

For eligible new employees, the waiting period is 30 days.

For employees enrolling their Dependents:
Dependent children are eligible through the end of the month on 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 in the Handbook.

DEDUCTIBLE LIMITATIONS

Delta Dental shall not be obligated to pay any Deductible specified below.

The Deductible for Dental Procedures provided by Delta Dental PPO Dentists is $25 per Subscriber and per Covered Dependent, per Benefit Accumulation Period; however, no family will pay more than $75 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 $25 per Subscriber and per Covered Dependent, per Benefit Accumulation Period; however, no family will pay more than $75 per Benefit Accumulation Period in Deductibles regardless of the number of family members covered.

The Deductible for Dental Procedures provided by Noncontracted Dentists is $25 per Subscriber and per Covered Dependent, per Benefit Accumulation Period; however, no family will pay more than $75 per Benefit Accumulation Period in Deductibles regardless of the number of family members covered.

MAXIMUM BENEFIT

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 $2,000, and $2,000 for Dental Procedures provided by Delta Dental Premier Dentists, and $2,000 for Dental Procedures provided by Noncontracted Dentists. In no case will the maximum total Benefit exceed $2,000 regardless of the network chosen.

ORTHODONTIC MAXIMUM BENEFIT

Delta Dental's obligation for orthodontic Benefits is limited to the lifetime maximum specified below.

The maximum lifetime orthodontic Benefit is $2,000 for each Subscriber and each Covered Dependent. Dependent children are covered to age 26.

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			
PPO	**Premier**	**NC**	**PPO**	**Premier**	**NC**	**Benefit**
N	N	N	100	100	100	Examinations at six month intervals.
N	N	N	100	100	100	Full mouth series x-rays at thirty six month intervals; either individual films, or panoramic film, including bitewings.
N	N	N	100	100	100	Bitewing x-rays no more frequently than at six month intervals (limited to a set of four films).
N Y	N Y	N Y	100 80	100 80	100 80	Routine prophylaxis (teeth cleaning) or periodontal maintenance procedure at six month intervals. Routine prophylaxis. Periodontal maintenance procedure.
N	N	N	100	100	100	Topical fluoride applications at six month intervals 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.
Y	Y	Y	80	80	80	Emergency treatment to relieve pain.
Y	Y	Y	80	80	80	Topical application of sealants for Covered Dependents to age 16. Application is limited to the occlusal surface of permanent molars which are free of decay and restorations. Benefits for sealants are limited to one application per tooth per lifetime.
Y	Y	Y	80	80	80	Amalgam (silver) restorations.
Y	Y	Y	80	80	80	Composite (tooth colored) restorations for all teeth.
Y	Y	Y	80	80	80	Stainless steel crowns – one per tooth in a three year period.
Y	Y	Y	80	80	80	Endodontics including root canal treatment and root canal therapy.
Y	Y	Y	80	80	80	Surgical endodontic treatment.
Y	Y	Y	80	80	80	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	80	80	80	Surgical periodontic treatment; treatment is limited to once per quadrant every 36 months.

Does Deductible Apply? Yes/No			Coverage Percentage			
PPO	**Premier**	**NC**	**PPO**	**Premier**	**NC**	**Benefit**
Y	Y	Y	80	80	80	Non-surgical extractions.
Y	Y	Y	80	80	80	Oral surgery (cutting procedures) and surgical extractions including pre-operative and post-operative care.
Y	Y	Y	80	80	80	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.
Y	Y	Y	80	80	80	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. Porcelain veneers on crowns or pontics are Benefits on the six front teeth, bicuspids, and upper first molars. 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. Coverage for initial replacement of teeth is not limited to those lost while a Subscriber or Covered Dependent.
Y	Y	Y	80	80	80	Repairs and adjustments to prosthetic appliances. Denture reline and rebase is a Benefit once in any three year period.

Does Deductible Apply? Yes/No			Coverage Percentage			
PPO	**Premier**	**NC**	**PPO**	**Premier**	**NC**	**Benefit**
Y	Y	Y	50	50	50	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. Repair and replacement of orthodontic appliances are not covered. Delta Dental calculates all orthodontic treatment schedules according to the following formula: - 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. - 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.) If orthodontic treatment is stopped for any reason before it is complete, Delta Dental will suspend all monthly payments. 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.

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.

SPECIAL CONDITIONS

Oral Surgery may be covered by your health plan. Please refer to your health plan booklet for covered oral surgical services.

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AMENDMENT
TO
SUMMARY OF BENEFITS
FOR

County of Dane
07805 00000

This Amendment modifies the group dental Benefits afforded by the Policy with Delta Dental of Wisconsin, Inc., and must be read in conjunction with the Handbook and Summary of Benefits. All terms and conditions of the Policy remain in effect, except as modified by this Amendment. Please read this Amendment carefully.

Please be advised that on January 1, 2014, the following Evidence-Based Integrated Care Plan ("EBICP") Benefits are provided under your Policy. To participate in EBICP, eligible dental Policy enrollees or their Dentists are required to set the appropriate health condition indicator online at deltadentalwi.com or a Delta Dental of Wisconsin representative will assist in setting the EBICP indicator by telephone. The EBICP Periodontal Disease health condition indicator will be automatically updated when non-surgical or surgical periodontal procedures are processed by Delta Dental of Wisconsin. This Amendment supersedes any previous amendment provided to you regarding EBICP.

The EBICP Benefits are as follows:

Periodontal Disease

1. With an indicator of surgical or non-surgical treatment of **Periodontal Disease**, a participant is eligible for up to two additional dental visits in a Benefit year for periodontal maintenance or adult prophylaxis.

2. With an indicator of surgical or non-surgical treatment of **Periodontal Disease**, a participant is eligible for topical fluoride application beyond the age limitation of the Master Group Contract.

Diabetes

1. With an indicator of a **Diabetes** diagnosis, a participant is eligible for up to two additional dental visits in a Benefit year for periodontal maintenance or adult prophylaxis.

Pregnancy

1. With an indicator of **Pregnancy**, a participant is eligible for one additional dental visit for adult prophylaxis or periodontal maintenance during the pregnancy.

High Risk Cardiac Conditions

1. With an indicator for **High Risk Cardiac Conditions**, a participant is eligible for up to two additional dental visits in a Benefit year for periodontal maintenance or adult prophylaxis. High risk cardiac condition indicators are:

    - History of infective endocarditis
    - Certain congenital heart defects (such as having one ventricle instead of the normal two)
    - Individuals with artificial heart valves
    - Heart valve defects caused by acquired conditions like rheumatic heart disease
    - Hyper tropic cardiomyopathy which causes abnormal thickening of the heart muscle
    - Individuals with pulmonary shunts or conduits
    - Mitral valve prolapse with regurgitation (blood leakage)

Suppressed Immune System Conditions

1. With an indicator for **Suppressed Immune System Conditions**, a participant is eligible for up to two additional dental visits in a Benefit year for periodontal maintenance or adult prophylaxis.

2. With an indicator of **Suppressed Immune System Conditions**, a participant is eligible for topical fluoride application beyond the age limitation of the Master Group Contract.

Kidney Failure or Dialysis Conditions

1. With an indicator for **Kidney Failure or Dialysis Conditions**, a participant is eligible for up to two additional dental visits in a Benefit year for periodontal maintenance or adult prophylaxis.

Cancer Related Chemotherapy and/or Radiation

1. With an indicator for **Cancer Related Chemotherapy and/or Radiation**, a participant is eligible for up to two additional dental visits in a Benefit year for periodontal maintenance or adult prophylaxis.

2. With an indicator of **Cancer Related Chemotherapy and/or Radiation**, a participant is eligible for topical fluoride application beyond the age limitation of the Master Group Contract.

THIS AMENDMENT IS PART OF THE SUMMARY OF BENEFITS AND HANDBOOK REFERENCED HEREIN AND SHOULD BE KEPT WITH THOSE DOCUMENTS.

POLICY AMENDMENT - 07805 00000 - 11152011

This Policy Amendment is attached to and forms a part of the Handbook and Summary of Benefits to provide dental care benefits between County of Dane and Delta Dental of Wisconsin, Inc.

This amendment modifies the group dental benefits afforded by your Handbook and Summary of Benefits attached thereto, issued by Delta Dental of Wisconsin, Inc., and must be read in conjunction therewith. All terms and conditions of your Handbook and Summary of Benefits attached thereto remain in effect, except as modified by this amendment. Please read this amendment carefully.

This amendment does not apply to coverage under Continued Coverage (COBRA) of your Handbook.

It is understood and agreed that effective January 1, 2014, the Handbook and Summary of Benefits will be amended as set forth below:

1. Where the terms “Dependent” and “Covered Dependent” appear in the Handbook and Summary of Benefits those terms will also include a “Domestic Partner,” as defined in this amendment,, and a Domestic Partner’s unmarried children if otherwise eligible under the Eligibility section of your Handbook and under the Terms of Eligibility in the Summary of Benefits.

2. Where the terms “spouse,” “covered spouse,” or “parent” appear in the Handbook and Summary of Benefits, the term “Domestic Partner,” as defined herein, is also included.

3. Where the terms “divorce" or “legal separation” appear in the Handbook and Summary of Benefits, the words “failure to meet the requirements of a Domestic Partnership,” as defined herein, are also included.

Definitions

The Definitions section of the Handbook is hereby 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 at 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.

The Eligibility section of the Handbook is amended to add the following:

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

THIS AMENDMENT IS PART OF THE HANDBOOK AND SUMMARY OF BENEFITS REFERENCED HEREIN AND SHOULD BE KEPT WITH THOSE DOCUMENTS.

AMENDMENT
TO
HANDBOOK

This Amendment modifies the Group dental benefits afforded by the dental policy with Delta Dental of Wisconsin, Inc. and must be read in conjunction with the Handbook. All terms and conditions of your policy remain in effect, except as modified by this amendment. Please read this amendment carefully.

Effective January 1, 2014, the section entitled **Eligibility**, **Covered Dependents,** in your dental Handbook will be deleted and replaced with the following language:

Covered Dependents. If you are enrolled for family coverage, the following persons may be covered under your Group's Contract as your Dependents:

1. Your lawful spouse.

2. Your children (including any children's children until Your child is 18), including step and adopted children and children placed for adoption with you, who are less than 26 years of age.

3. Notwithstanding 1 and 2 above, your adult Dependent children, including step and adopted children and children placed for adoption with you may be covered under this policy if the adult child satisfies all of the following:

    (a) The child is a full-time student, regardless of age; and

    (b) The child was under 26 years of age when he or she was called to federal active duty in the National Guard or in a reserve component of the U.S. armed forces while the child was attending, on a full-time basis, an institution of higher learning; and

    (c) The child re-enrolled as a full-time student within 12 months of returning from active duty.

4. A Dependent child over age 26 who is financially dependent on the Eligible Employee because of physical or mental incapacity that commenced while covered under this policy and prior to the Dependent child reaching age 26, provided a physician's certificate of disability is submitted within six months following the Dependent child's 26th birthday. The Company reserves the right to request proof of continued disability from time to time, but not more often than annually after the two-year period immediately following the Dependent child's attainment of the limiting age.

Dependents in military service are not covered by your Group's Contract.

Dependents no longer meeting the above requirements because of divorce or separation from an Eligible Employee, or the end of a child's dependency status may elect to continue coverage. Please see the **Continued Coverage (COBRA)** section of this Dental Benefit Handbook.

THIS AMENDMENT IS PART OF THE HANDBOOK REFERENCED HEREIN AND SHOULD BE KEPT WITH THAT DOCUMENT.