



YOUR DENTAL BENEFITS

Prepared for the employees of Diocese of La Crosse- Priest Plan

The summary below does not cover all plan details. Further information can be found in the Summary Plan Description or dental benefit handbook. That document provides a thorough explanation of your dental plan, including any limitations or exclusions that might apply. If there are any discrepancies between information found here and the group contract, the group contract shall govern.

	Delta Dental PPO™	Delta Dental Premier® or Out-of-Network *
Individual Annual Maximum	\$1,500	\$1,500
Deductible - Individual / Family	\$0 / \$0	\$0 / \$0
Diagnostic & Preventive Exams, cleanings, X-rays	100%	100%
Basic & Major Services Emergency treatment to relieve pain	100%	100%
Fillings, root canals, treatment of gum disease, repairs and adjustments to bridges and dentures, extractions, oral surgery	80%	80%
Crowns, bridges, dentures, implants	50%	50%
Orthodontic Services Coverage copayment	0%	0%

***Deductible applies ^Age limitations may apply*

Regardless of the provider you see, you will be responsible for your plan's deductible, coinsurance, and fees for services that are not covered benefits under your plan.

*If you visit an out-of-network provider, you will be responsible for the difference between the provider's charges and the amount your Delta Dental plan pays.

Need assistance? Contact Customer Service at 800-236-3712 or claims@deltadentalwi.com. Learn more at www.deltadentalwi.com.