

AFSCME Council 32

Delta Dental Of Wisconsin
2018 Open Enrollment Materials



 **DELTA DENTAL®**

It's Open Enrollment Time!

Follow these steps to edit your current coverage or enroll in the plan. If you are currently enrolled and do not have changes for 2018, you do not need to complete these steps. Forms must be returned to ASCME Council 32 by November 15, 2017.

STEP 1

Choose the right plan

Option 1: Preferred Provider Plan

- See any dentist, with advantages for seeing a Delta Dental network dentist
- Bigger savings with Delta Dental PPO dentists: Dentists in the Delta Dental PPO network have agreed to a reduced fee schedule, thereby lowering your out-of-pocket costs

Option 2: Exclusive Provider Plan

- Provides benefits **only** when you see a dentist in the Delta Dental PPO network
- Lower cost
- Includes adult orthodontic coverage

STEP 2

Complete the enrollment form

Use the Enrollment/Change/Cancellation Form on page 4 to enroll in the plan, update your existing coverage, or cancel coverage. If you currently have coverage and would like to add or remove dependents, you can do so on this form.

STEP 3

Complete payment authorization

The Payment Authorization Form on page 5 must be completed and returned to obtain coverage.

STEP 4

Return forms

Both forms (pages 4 & 5) **must** be returned to AFSCME Council 32 no later than November 15, 2017 to ensure proper coverage. **Please send forms to:**

Attn: Shannon Linde
AFSCME Council 32
8033 Excelsior Dr., Suite B
Madison, WI 53717-0000

Plan Options

Summary of Benefits

	Option 1 (group #10511) Preferred Provider Plan See any dentist, with lower out-of-pocket costs through Delta Dental PPO dentists		Option 2 (group #10611) Exclusive Provider Plan Benefits offered <u>only</u> when you see a Delta Dental PPO dentist	
	PPO Benefit	Non-PPO Benefit	PPO Benefit	Non-PPO Benefit
Individual Annual Maximum	\$1,200	\$1,200	\$1,200	Not Applicable
Deductible	Individual Family	\$25 \$75	\$25 \$75	NA NA
Diagnostic & Preventive Services				
Exams	100%	100%	100%	0%
Cleanings	100%	100%	100%	0%
Fluoride treatments	100%	100%	100%	0%
X-rays	100%	100%	100%	0%
Space maintainers	100%	100%	No	NA
Deductible applies	No	No	No	NA
Basic & Major Services				
Sealants	70%	70%	70%	0%
Emergency treatment to relieve pain	70%	70%	70%	0%
Fillings	70%	70%	70%	0%
Extractions - nonsurgical	70%	70%	70%	0%
Endodontics - nonsurgical	50%	50%	50%	0%
Endodontics - surgical	50%	50%	50%	0%
Periodontics - nonsurgical	50%	50%	50%	0%
Periodontics - surgical	50%	50%	50%	0%
Extractions - surgical and other oral surgery	50%	50%	50%	0%
Crowns, inlays, onlays	50%	50%	50%	0%
Bridges and dentures	50%	50%	50%	0%
Repairs and adjustments to bridges and dentures	50%	50%	50%	0%
Deductible applies	Yes	Yes	Yes	NA
Orthodontic Services				
Coverage copayment	50%	50%	50%	0%
Individual lifetime maximum	\$1,000	\$1,000	\$1,000	
Dependents eligible to age	19	19	25	
Full-time students eligible to age	19	19	25	
Adult orthodontics	No	No	Yes	
Deductible applies	Yes	Yes	Yes	
Dependent Eligibility	Dependents eligible to age 26, except as noted for orthodontics		Dependents eligible to age 26, except as noted for orthodontics	
Rates				
Single		\$35.02		\$31.99
Employee & 1		\$69.01		\$63.19
Employee & 2+		\$130.32		\$120.81

Both dental plan options also include CheckUp Plus™ and a vision care discount program. With CheckUp Plus™, diagnostic and preventive services don't count against your annual maximum. Regular checkups at your dentist can help reduce the need for more expensive restorative dental services. The vision care discount is available through a nationwide network of providers administered by EyeMed Vision Care. Under the plan, dental plan enrollees are eligible for savings up to 35% on exams, eyewear, and contact lenses offered by participating providers. This is not insurance.

Vision Care Discount



Both dental plan includes a vision discount program offered through EyeMed Vision Care. Receiving your vision care discount is easy. Simply:

1. Locate an EyeMed provider by using the provider locator at www.deltadentalwi.com/visionproviders, or call EyeMed at 866-246-9041 (toll-free).
2. When scheduling your appointment, inform the office that you are an EyeMed member with a Delta Dental discount plan.
3. When you arrive for your appointment, present your enrollee card to receive services.

With your EyeMed Vision Care discount plan, you can save up to 35% on frames, lenses and lens options. Please take a few minutes to review the benefit description below. You can use this program as often as you wish.

Vision Discount Program	Member Benefit
Exam (with dilation as necessary)	\$5 off comprehensive exam/ \$5 off contact-lens exam
Complete Pair of Glasses The following discounts and fees for frames, lenses, and lens options apply only if a complete pair is purchased in the same transaction. Items purchased separately will be discounted 20% off of the retail price.	
Frames (any frame available at provider location)	35% off retail price
Single Plastic Lenses (including standard scratch coating) Single-Vision Bifocal Trifocal	Member Pays: \$50 \$70 \$105
Lens Options UV Coating Tint (solid and gradient) Standard Polycarbonate Standard Anti-Reflective Coating Standard Progressive (add-on to bifocal)	Member Pays: \$15 \$15 \$40 \$45 \$65
Conventional Contact Lenses (materials only)	15% off retail price
Laser Vision Correction (LASIK or PRK)	15% off retail price or 5% off promotional price
Frequency (Exams, frames, lenses, and contact lenses)	Unlimited

additional notes:

- After initial purchase, replacement contact lenses may be obtained online at substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com/deltadental.
- Members will receive 20 percent discount on items purchased at participating providers not included under the program. Twenty percent discount may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed provider's professional services, or contact lenses.
- Retail prices may vary by location.

plan limitations/exclusions:

- Orthoptic or vision training, subnormal vision aids, and associated supplemental testing
- Medical and/or surgical treatment of the eye, eyes, or supporting structures
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear
- Services provided as a result of any Worker's Compensation law
- Plano non-prescription lenses and non-prescription sunglasses (except for 20 percent discount)

ENROLLMENT/CHANGE/CANCELLATION FORM

PLEASE NOTE THAT COMPLETING THIS FORM DOES NOT GUARANTEE COVERAGE.
 ** YOU MUST BE A UNION MEMBER TO BE ELIGIBLE FOR DENTAL COVERAGE.



FOR AFSCME COUNCIL 32 USE ONLY

GROUP NUMBER _____ EFFECTIVE DATE 1/1/2018

COMPLETE THIS SECTION IF YOU ARE ACCEPTING, CHANGING, OR CANCELLING COVERAGE

EMPLOYEE'S LAST NAME	FIRST	M.I.	SOCIAL SECURITY NUMBER	DATE OF BIRTH	MO	DAY	YR	SEX
HOME ADDRESS - STREET			CITY	STATE	ZIP			
EMPLOYER NAME AND LOCATION (CITY & STATE)				DATE OF HIRE	MO	DAY	YR	
LIST ALL ELIGIBLE FAMILY MEMBERS TO BE COVERED				RELATIONSHIP	DATE OF BIRTH			
LAST NAME (IF DIFFERENT)	FIRST	M.I.	SON	DAU.	MO	DAY	YR	
SPOUSE								

Plan Chosen

Option 1 - Preferred Provider Plan
 #10511

Option 2 - Exclusive Provider Plan
 #10611

REASON FOR SUBMITTING THIS FORM

NEW ENROLLEE

IF THIS IS FOR CHANGE, WHAT IS THE REASON?

MARRIAGE/ DIVORCE

ADD/ DROP DEPENDENT (Name: _____)

NAME CHANGE (Former Name: _____)

ADDRESS CHANGE

CHANGING PLAN

DATE OCCURRED

WHAT TYPE OF COVERAGE ARE YOU APPLYING FOR?

SINGLE EMPLOYEE & 1 EMPLOYEE & 2+

YOUR MARITAL STATUS SINGLE MARRIED

Accept Coverage

X

SIGNATURE IS REQUIRED

DATE

COMPLETE THIS SECTION ONLY IF YOU ARE CANCELLING COVERAGE

EMPLOYEE'S LAST NAME	FIRST	M.I.	SSN OR EMPLOYER-ASSIGNED	PLEASE CHECK ONE:
EMPLOYER NAME AND LOCATION				<input type="checkbox"/> I HAVE COVERAGE THROUGH MY SPOUSE
				<input type="checkbox"/> I HAVE OTHER DENTAL COVERAGE
				<input type="checkbox"/> I DO NOT HAVE OTHER DENTAL COVERAGE

Cancel Coverage

X

SIGNATURE IS REQUIRED

DATE

Please return form to AFSCME Council 32
 before November 15, 2017. Send to:

Attn: Shannon Linde
 AFSCME Council 32
 8033 Excelsior Dr., Suite B
 Madison, WI 53717-0000

****A completed Payment Authorization form
 must be submitted to obtain coverage****

Payment Authorization Form AFSCME Council 32

You must be a union member to be eligible for dental coverage.

Name _____

Phone Number _____ Email _____

Please complete the following for CREDIT CARD payment:

Choose Payment Method: Credit Card Electronic Funds Transfer

Type of Card: Visa Master Card Discover American Express

Name on Card _____

Card Number _____

Expiration Date _____ Security Code _____

Billing Address _____

Please complete the following for ELECTRONIC FUNDS TRANSFER payment:

Name of Financial Institution _____

City, State & ZIP _____

Type of Account: Checking Savings

Name on Account _____

Bank Routing Number _____

Bank Account Number _____

*I hereby authorize Delta Dental of Wisconsin, Inc. to initiate debit entries for payment for my chosen dental insurance premiums (outlined below). **Payment will be deducted the first of each month.** I understand that any EFT transaction that is dishonored by my financial institution intended for payment to Delta Dental of Wisconsin may be assessed a \$25.00 service charge by Delta Dental of Wisconsin.*

Signed _____ Date _____

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before November 15, 2017. Send to:**

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Finding a Network Dentist

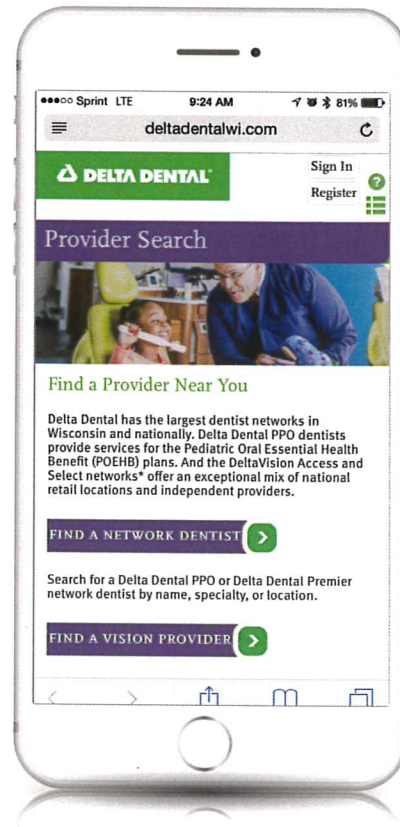
A simple search tool to help make you smile.

At Delta Dental of Wisconsin, our dentist directories are accessible online, via our mobile app, and by phone.

Delta Dental has more than 145,000 participating dentists in our networks across the United States. More than three-fourths of U.S. dentists belong to a Delta Dental network.

on the web

- Go to www.deltadentalwi.com and select “Find A Network Dentist” from the “Provider Search” tab. Enter your city and state, or ZIP code. Additional search criteria allows you to search for dentists by their last name or practice name, and ZIP code.
- Dentist listings will appear, with network affiliation (Delta Dental PPO or Delta Dental Premier) noted. You can then narrow your search to Delta Dental PPO or Delta Dental Premier network dentists only, and narrow or broaden your search radius.
- You can also refine your search by specialty, gender, language spoken, and hours of operation.
- Your search results can be sorted by distance, name, city, or zip code. This list can be printed, emailed, or saved as a PDF.



by phone

From a touch-tone phone, call **800-236-3712** and follow the automated instructions. Participating dentists are searched by ZIP code.

mobile app

Delta Dental’s mobile app is available for smart phones and tablets using iOS (Apple) or Android. To download and install the app on your device, visit the App Store or Google Play and search for “Delta Dental.” Once you’ve found a dentist that fits your needs, save your dentist to your contacts, call to schedule a visit, or get directions to their office with the touch of your finger.

Connect With Us



www.deltadentalwi.com

Delta Dental of Wisconsin
P.O. Box 828
Stevens Point, WI 54481
www.deltadentalwi.com
800-236-3712



10% post-consumer fiber

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