AFSCME Council 32

Delta Dental Of Wisconsin
2020 Open Enrollment Materials

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 2020, you do not need to complete these steps. Forms must be returned to ASCME Council 32 by November 15, 2019.

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, 2019 to ensure proper coverage. **Please send forms to:**

Attn: Dental Department
AFSCME Council 32
33 Nob Hill Road
PO Box 8003
Madison, WI 53708-8003

The benefit information provided herein is a brief summary, not a comprehensive description of benefits. Plan benefits and eligibility are subject to the in force contract.

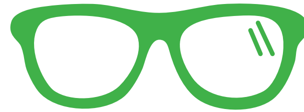
Plan Options

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 only 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	$25	$25	$25	NA
Deductible — Family	$75	$75	$75	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%	100%	0%
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	$36.77		$33.59	
Employee & 1	$72.46		$66.35	
Employee & 2+	$136.84		$126.85	

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)	Member Pays:
Single-Vision	$50
Bifocal	$70
Trifocal	$105
Lens Options	Member Pays:
UV Coating	$15
Tint (solid and gradient)	$15
Standard Polycarbonate	$40
Standard Anti-Reflective Coating	$45
Standard Progressive (add-on to bifocal)	$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 1/1/2020

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

LAST NAME (IF DIFFERENT)	FIRST	M.I.	RELATIONSHIP SON	DAU.	DATE OF BIRTH 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? DATE OCCURRED
❑ MARRIAGE/ ❑ DIVORCE ________
❑ ADD/ ❑ DROP DEPENDENT (Name: ________) ________
❑ NAME CHANGE (Former Name: ________) ________
❑ ADDRESS CHANGE ________
❑ CHANGING PLAN ________

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
			— —

EMPLOYER NAME AND LOCATION

PLEASE CHECK ONE:
❑ I HAVE COVERAGE THROUGH MY SPOUSE
❑ I HAVE OTHER DENTAL COVERAGE
❑ I DO NOT HAVE OTHER DENTAL COVERAGE

❑ Cancel Coverage X ________________________ ________
SIGNATURE IS REQUIRED DATE

Please return form to AFSCME Council 32 before November 15, 2019. Send to:

Attn: Dental Department
AFSCME Council 32
33 Nob Hill Road
PO Box 8003
Madison, WI 53708-8003

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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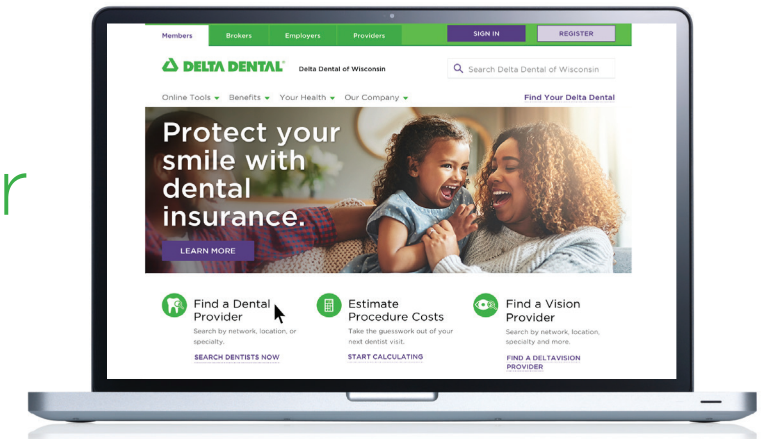
Finding a Network Provider



A simple search tool to help make you smile.

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

Delta Dental has more than 154,000 participating providers in our networks across the United States. In the U.S., 8 out of 10 dentists belong to a Delta Dental network.

on the web

- Go to **www.deltadentalwi.com** and select "Find A Dental Provider."
- Enter your search criteria including network type* and click the "Find Providers" button.
- You can filter your results by gender and other preferences, or search again.

by 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 the app on your device, visit the App Store or Google Play and search for "Delta Dental."

- Log in to the mobile app and select "Find a Dentist."
- Choose your network* (Delta Dental PPO℠ or Delta Dental Premier®) from the dropdown menu.
- Search by address or current location.

Once you've found a dentist, save your dentist to your contacts, call to schedule a visit, or get directions to their office with the touch of your finger.

*Log in to your account at www.deltadentalwi.com to verify your plan designs and network options.

Connect With Us

www.deltadentalwi.com

SS302-1905

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

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