

# AFSCME Council 32

Delta Dental Of Wisconsin  
2019 Enrollment Materials



# Your Dental Enrollment

Follow these steps to enroll in the AFSCME Council 32 Union dental plan.

## 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<sup>SM</sup> 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 Form on page 4 to enroll in the plan.

## STEP 3

### *Complete payment authorization*

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

## STEP 4

### *Return forms*

Please return both forms (pages 4 & 5) to AFSCME Council 32 within 30 days 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

		<b>Option 1</b> (group #10511) <b>Preferred Provider Plan</b> See any dentist, with lower out-of-pocket costs through Delta Dental PPO dentists		<b>Option 2</b> (group #10611) <b>Exclusive Provider Plan</b> Benefits offered <u>only</u> when you see a Delta Dental PPO dentist	
		<b>PPO Benefit</b>	<b>Non-PPO Benefit</b>	<b>PPO Benefit</b>	<b>Non-PPO Benefit</b>
Individual Annual Maximum		\$1,200	\$1,200	\$1,200	Not Applicable
Deductible	Individual	\$25	\$25	\$25	NA
	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](http://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
<b>Complete Pair of Glasses</b> 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
<b>Single Plastic Lenses (including standard scratch coating)</b> Single-Vision Bifocal Trifocal	Member Pays: \$50 \$70 \$105
<b>Lens Options</b> 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](http://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 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 \_\_\_\_\_

## COMPLETE THIS SECTION IF YOU ARE ACCEPTING OR CHANGING COVERAGE

EMPLOYEE'S LAST NAME	FIRST	M.I.	SOCIAL SECURITY NUMBER	DATE OF BIRTH	MO	DAY	YR	SEX <input type="checkbox"/> F <input type="checkbox"/> M		
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 \_\_\_\_\_

Please return form to AFSCME Council 32  
 within 30 days. Send to:

Attn: Dental Department  
 AFSCME Council 32  
 33 Nob Hill Road  
 POBox8003  
 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 \_\_\_\_\_

**Please return form to AFSCME Council 32  
within 30 days. Send to:**

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

# Finding a Network Dentist

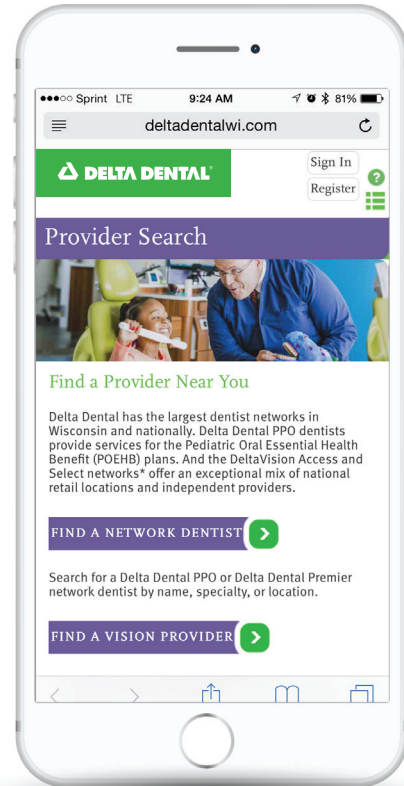
A simple search tool to help make you smile.

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](http://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](http://www.deltadentalwi.com)

SS302-1608

Delta Dental of Wisconsin  
P.O. Box 828  
Stevens Point, WI 54481  
[www.deltadentalwi.com](http://www.deltadentalwi.com)  
800-236-3712



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