

Dental Benefit Comparison & Premium Rates

Participants may enroll within 31 days from a start/benefit eligibility date or life changing event.

This benefit comparison does not include all exclusions or limitations to the policies. Marshfield Clinic Health System, individually or together with its insurers, reserves the right to revise, supplement, or rescind the policies and benefits described herein from time to time as it deems appropriate, in its sole and absolute discretion. Employees will be notified of changes to the policies or benefits through email and on-line publications.

Delta Dental Plan

Dental insurance options will be changing effective April 1, 2023, under the Delta Dental plan to align with current industry standards to include white fillings and porcelain crowns on the posterior teeth; waiving the 12-month waiting period; allowing employees on the current Dental Com plan, who switch to Delta Dental plan, to be eligible for a new orthodontic maximum

Choice of dentists: May choose any dentist. Reimbursement subject to Delta Dental's Maximum Plan Allowance. (www.deltadentalwi.com , then select Delta Dental PPO or Premier)			
Deductible: Single \$40/plan year Family \$120/plan year Note: Deductible not applicable to diagnostic or preventive services.			
Annual maximum: \$1,500/plan year (per person) (Does not include orthodontia)			
Diagnostic/preventive Covered at 100%			
Dental X-rays	Oral exams and cleanings	Fluoride application	Space maintainers
Regular restorative Covered at 80%			
Emergency treatment for pain	Amalgam/composite restorations	Stainless steel crowns	Endodontics (root canals) Periodontics
Special restorative Covered at 80%			
Inlays	Onlays	Jackets	Crowns
Prosthetics Covered at 80%			
Bridges	Partials	Dentures	Repairs/adjustment
Orthodontics			
Appliances/treatment (no age limit, available to children and adults) Insurance pays 80% of cost up to a \$2,000 lifetime limit. Remaining cost is the responsibility of the patient.			
Fluoride Application			
100% coverage for fluoride application through Delta Dental is only covered as a preventive benefit up to age 19			

Dental Com Plan

- No new enrollees into this plan effective April 1, 2023
- Employees currently participating in the Dental Com plan can remain enrolled in this plan through March 31, 2024.
- The Dental Com plan will no longer be available effective April 1, 2024

Choice of dentists: May choose from among the Dental Clinic of Marshfield, S.C. dentists only located in Marshfield, Neillsville and Stratford, Wisconsin.			
Deductible: \$0 Note: Coinsurance and lab fees must be paid in full on day of service.			
Annual maximum: No Annual Maximum			
Diagnostic/preventive Covered at 100%			
Dental X-rays	Oral exams and cleanings	Fluoride application	Space maintainers
Regular restorative Covered at 90%			
Emergency treatment for pain	Amalgam/composite restorations	Stainless steel crowns	Endodontics (root canals) Periodontics
Special restorative Covered at 90% except lab*			
Inlays	Onlays	Jackets	Crowns
Prosthetics Covered at 90% except lab*			
Bridges	Partials	Dentures	Repairs/adjustment
Orthodontics			
Appliances/treatment (no age limit, available to children and adults) Patient pays 50% of cost until patient has paid \$2,500, then insurance covers 100% of remaining cost			

*Dental laboratory charges are defined to be those actual costs (materials and labor) for making or repairing any prosthetic device (such as bridges, dentures or crowns). Laboratory charges can vary by procedure.

Premium Rates (Level 1) 30+ Hours/week

Plan year: April 1, 2023 – March 31, 2024

Dental Insurance	Employee		Employer Monthly Cost	Total Monthly Cost
	Per Pay Period	Monthly Cost		
Delta Dental Plan				
Single	6.68	13.36	24.80	38.16
Employee +1	13.35	26.70	49.62	76.32
Employee + Children	16.21	32.42	60.19	92.61
Family	25.07	50.14	93.14	143.28
Dental Com Plan				
Single	7.82	15.64	26.07	41.71
Employee +1	15.55	31.10	51.81	82.90
Employee + Children	19.40	38.80	64.65	103.45
Family	27.98	55.96	93.14	149.10

Premium Rates (Level 2) 20 – 29.9 Hours/week

Plan year: April 1, 2023 – March 31, 2024

Dental Insurance	Employee		Employer Monthly Cost	Total Monthly Cost
	Per Pay Period	Monthly Cost		
Delta Dental Plan				
Single	10.26	20.52	17.64	38.16
Employee +1	20.53	41.06	35.26	76.32
Employee + Children	24.91	49.82	42.79	92.61
Family	38.54	77.08	66.20	143.28
Dental Com Plan				
Single	11.63	23.26	18.45	41.71
Employee +1	23.12	46.23	36.67	82.90
Employee + Children	30.33	60.66	42.79	103.45
Family	41.58	83.15	65.95	149.10



**Marshfield Clinic
Health System**