Dental Benefit Comparison & Premium Rates

Participants may enroll within 31 days from a start/benefit eligibility date or life changing event. Participants may switch between plans during the annual enrollment period; effective April 1. Participants who enroll during the annual enrollment period will be eligible for diagnostic/preventive services only for the first 12 months.

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

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.			

Dental Com Plan

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, 2020 – March 31, 2021

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	6.92	13.83	25.69	39.52
Employee +1	13.74	27.48	51.05	78.53
Employee + Children	17.15	34.30	63.70	98.00
Family	24.72	49.44	91.81	141.25

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

Plan year: April 1, 2020 – March 31, 2021

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	10.63	21.26	18.26	39.52
Employee +1	21.12	42.24	36.29	78.53
Employee + Children	26.36	52.72	45.28	98.00
Family	38.00	76.00	65.25	141.25

Marshfield Clinic
Health System

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