

**DELTA DENTAL OF WISCONSIN, INC.
A NOT-FOR-PROFIT SERVICE CORPORATION
CONTRACT TO PROVIDE DENTAL CARE BENEFITS**

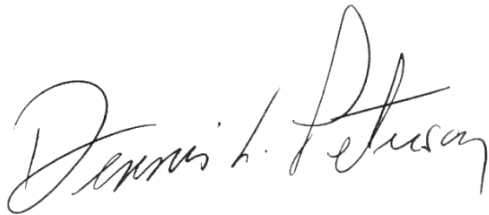
**DELTA DENTAL PPO
Declarations**

The term of this Contract between **County of Dane** and **Delta Dental of Wisconsin, Inc.**, P.O. Box 828, Stevens Point, Wisconsin will be April 1, 2018 through December 31, 2018 and January 1 through December 31 thereafter. This Contract will be automatically renewed, subject to the provisions of Article VIII. This Contract is issued in consideration of the Group's Application and advance payment of initial Premium.

Delta Dental and the above-named Group agree to the obligations and provisions of this Contract. The limit of Delta Dental's liability for Benefits is as stated in this Contract. Delta Dental's obligations are subject to all other terms and conditions of this Contract.

Claim settlement under this Contract is based upon a predetermined methodology, which may be less than the provider's billed charge.

DELTA DENTAL OF WISCONSIN, INC.



BY: _____

Dennis L. Peterson
President & CEO

DATE: March 22, 2018

1. CONTRACT NUMBER(S): 05012 - 00000

2. REQUIRED ENROLLMENT:

(a) Of the Employer Units where the Employer funds 100% of the premium, 100% of all eligible full-time employees must be enrolled. 100% of those employees with dependents must enroll for family coverage. Of the Quasi-governmental units where the Employer funds less than 100% of the premium, that same percentage of all eligible employees must be enrolled and that same percentage of those employees with dependents must enroll for family coverage.

(b) If enrollment drops below 10% of initial enrollment, Delta Dental reserves the right to review the Rates or to terminate coverage.

(c) In addition to this Delta Dental plan, the following Delta Dental Benefit options and/or other dental plans will be offered to this Group's employees: no other dental plans offered.

(d) Changes in enrollment status will be considered during an Open Enrollment Period 30 days prior to the Contract renewal date, with changes becoming effective on the renewal date. Open enrollment will be determined by both the Group and Delta Dental.

3. TERMS OF ELIGIBILITY:

(a) Eligibility begins:

For eligible new employees, eligibility begins the first day of the month following the waiting period.

(b) For eligible new employees, the waiting period is 30 days.

(c) For employees enrolling their Dependents:

Dependent children are eligible through the end of the month in which they attain age 26, regardless of student status, or if age 26 and beyond, to the date they lose eligibility due to the Dependent's inability to meet all of the requirements contained in Section 3.1 (b) of the Master Group Contract.

4. DEDUCTIBLE LIMITATIONS: Delta Dental shall not be obligated to pay any Deductible indicated in the Declarations, in whole or in part, during the term of this Contract.

The Deductible for Dental Procedures provided by Delta Dental PPO Providers is \$25 per Subscriber and per Covered Dependent, per Benefit Accumulation Period; however, no family will pay more than \$75 per Benefit Accumulation Period in Deductibles regardless of the number of family members covered.

The Deductible for Dental Procedures provided by Delta Dental Premier Providers is \$25 per Subscriber and per Covered Dependent, per Benefit Accumulation Period; however, no family will pay more than \$75 per Benefit Accumulation Period in Deductibles regardless of the number of family members covered.

The Deductible for Dental Procedures provided by Noncontracted Providers is \$25 per Subscriber and per Covered Dependent, per Benefit Accumulation Period; however, no family will pay more than \$75 per Benefit Accumulation Period in Deductibles regardless of the number of family members covered.

- 5. MAXIMUM CONTRACT BENEFITS PER PERSON:** The maximum total Benefit payable in any Benefit Accumulation Period is limited to the amount specified below.

The maximum total Benefit per Subscriber and per Covered Dependent, per Benefit Accumulation Period for Dental Procedures provided by Delta Dental PPO Providers is \$2,000, or \$2,000 for Dental Procedures provided by Delta Dental Premier Providers, or \$2,000 for Dental Procedures provided by Noncontracted Providers. In no case will the maximum total Benefit exceed \$2,000 regardless of the network chosen.

- 6. ORTHODONTIC MAXIMUM BENEFIT:** Delta Dental's obligation for orthodontic Benefits is limited to the lifetime maximum specified in this Item of the Declarations.

The maximum lifetime orthodontic Benefit is \$2,000 for each Subscriber and each Covered Dependent. Dependent children are covered to age 26.

- 7. MONTHLY PREMIUM:**

Single Coverage (employee, 1 Party) - \$46.61

Family Coverage (employee and spouse, 2 Party) - \$131.45

Family Coverage (employee and child(ren)) - \$131.45

Family Coverage (full family, 3+ Party) - \$131.45

- 8. SCHEDULE OF BENEFITS, LIMITATIONS AND COVERAGE PERCENTAGE:**

This Contract provides the following Benefits subject to the Coverage percentage listed for each Benefit and subject to any applicable Deductible. The Coverage and Coinsurance percentages may vary based upon the network membership of the treating Provider at the time the Dental Procedure is completed. The application of the Deductible, if any, also may vary based upon the network membership of the treating Provider at the time the Dental Procedure is completed.

For example, if the Coverage percentage shown is “80,” that Benefit is 80% of the Maximum Plan Allowance, after satisfaction of any applicable Deductible. In the same example, the Coinsurance (the amount the patient must pay) would be the remaining 20%.

If the Coverage percentage shown is “0”, that Benefit is not provided in the Group Contract.

The Benefit Accumulation Period begins on January 1, 2018, ends on December 31, 2018 and thereafter shall be the 12 month period beginning on January 1st.

PPO = Delta Dental PPO Provider Premier = Delta Dental Premier Provider NC = Noncontracted Provider

Does Deductible Apply? Yes/No			Coverage Percentage			Benefit
PPO	Premier	NC	PPO	Premier	NC	
N	N	N	100	100	100	Evaluations at six month intervals.
N	N	N	100	100	100	Full mouth series x-rays at thirty six month intervals; either individual images, or panoramic image, including bitewings.
N	N	N	100	100	100	Bitewing x-rays at six month intervals (limited to a set of four images).
N	N	N	100	100	100	Prophylaxis (teeth cleaning) or periodontal maintenance procedure at six month intervals.
Y	Y	Y	80	80	80	Prophylaxis. Periodontal maintenance procedure.
N	N	N	100	100	100	Topical fluoride applications at six month intervals for Covered Dependent children up to age 19.
N	N	N	100	100	100	Space maintainers for retaining space when a posterior primary tooth is prematurely lost.
Y	Y	Y	80	80	80	Emergency treatment to relieve pain.
Y	Y	Y	80	80	80	Topical application of sealants for Covered Dependents up to age 16. Application is limited to the occlusal surface of permanent molars which are free of decay and restorations. Benefits for sealants are limited to one application per tooth per lifetime.
Y	Y	Y	80	80	80	Amalgam (silver) restorations.

Does Deductible Apply? Yes/No			Coverage Percentage			Benefit
PPO	Premier	NC	PPO	Premier	NC	
Y	Y	Y	80	80	80	Composite (tooth colored) restorations for all teeth.
Y	Y	Y	80	80	80	Prefabricated crowns – one per tooth at three year intervals.
Y	Y	Y	80	80	80	Endodontics including root canal treatment.
Y	Y	Y	80	80	80	Surgical endodontic treatment.
Y	Y	Y	80	80	80	Non-surgical periodontics, including procedures necessary for the treatment of diseases of the gums and bone supporting the teeth. Benefit is limited to once per quadrant at 24 month intervals.
Y	Y	Y	80	80	80	Surgical periodontic treatment; benefit is limited to once per quadrant at 36 month intervals.
Y	Y	Y	80	80	80	Non-surgical extractions.
Y	Y	Y	80	80	80	Oral surgery (cutting procedures) and surgical extractions including pre-operative and post-operative care.
Y	Y	Y	80	80	80	Crowns, inlays, or onlays are provided when teeth are broken down by dental decay or accidental injury and may no longer be restored adequately with a filling material. Coverage for the purpose of replacing a defective existing crown, inlay or onlay will be provided only after a five year period from the date on which the defective item was last supplied, whether or not Delta Dental paid for the original Dental Procedure as a Benefit under this Contract. Porcelain veneers on crowns are Benefits on the six front teeth, bicuspid, and upper first molars.

Does Deductible Apply? Yes/No			Coverage Percentage			Benefit
PPO	Premier	NC	PPO	Premier	NC	
Y	Y	Y	80	80	80	<p>Prosthetics, including fixed bridgework, implants, partial dentures, and complete dentures to replace missing permanent teeth. Coverage for the purpose of replacing a defective existing prosthetic will be provided only after a five year period from the date on which the defective item was last supplied, whether or not Delta Dental paid for the original Dental Procedure as a Benefit under this Contract.</p> <p>Porcelain veneers on crowns or pontics are Benefits on the six front teeth, bicuspids, and upper first molars.</p> <p>Fixed bridges, implants, partial/complete dentures are provided where chewing function is impaired due to missing teeth. A fixed bridge or implant and implant related procedures may be a Benefit if no more than two teeth are missing in the dental arch in which the bridge or implant is proposed. Delta Dental will provide for replacement of missing teeth with the least elaborate procedure when three or more teeth are missing in the dental arch.</p> <p>Coverage for initial replacement of teeth is not limited to those lost while a Subscriber or Covered Dependent.</p>
Y	Y	Y	80	80	80	<p>Repairs and adjustments to prosthetic appliances. Denture reline or rebase is a Benefit at three year intervals.</p>

Does Deductible Apply? Yes/No			Coverage Percentage			Benefit
PPO	Premier	NC	PPO	Premier	NC	
Y	Y	Y	50	50	50	<p>Orthodontic appliances, treatment and related services for orthodontic purposes including evaluation, x-rays, extractions, photographs, and study models, subject to the orthodontic maximum benefit.</p> <p>Repair or replacement of orthodontic appliances are not covered.</p> <p>Delta Dental calculates all orthodontic treatment schedules according to the following formula:</p> <ul style="list-style-type: none"> - 25% of the total Maximum Plan Allowance (subject to the Coverage Percentage stated herein and any applicable Deductible) is considered the initial payment to be paid by Delta Dental, subject to the Coverage Percentage, any applicable Deductible and the orthodontic maximum Benefit stated herein. - The remainder of the Maximum Plan Allowance is divided by the months of treatment and the resulting amount is paid monthly by Delta Dental, subject to the Coverage Percentage, any applicable Deductible and the orthodontic maximum Benefit stated herein. <p>If orthodontic treatment is stopped for any reason before it is complete, Delta Dental will suspend all monthly payments.</p> <p>Coverage includes orthodontic treatment in progress. Treatment is in progress if an appliance or banding has been placed and the patient is receiving treatment by the attending orthodontist according to a current treatment plan. Liability for orthodontic treatment in progress shall extend only to the unearned portion of the treatment in progress (that portion occurring after enrollment) and Delta Dental shall be the sole determinant of this unearned amount eligible for coverage. However, there are no Benefits available for Dental Procedures, including orthodontic treatment in progress, after coverage terminates.</p>

OPTIONAL PROCEDURES

Delta Dental will pay the applicable Maximum Plan Allowance for the least expensive Dental Procedure that is adequate to restore the tooth or dental arch to contour and function, but only if the more expensive Dental Procedure is a Benefit of this Contract. The Subscriber or Covered Dependent will be responsible for either the remainder of the Provider's fee if a more expensive covered Dental Procedure is selected or the entire fee if the more expensive Dental Procedure is not a Benefit. The Coinsurance and Deductible will apply regardless of which Dental Procedure is selected.

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POLICY ENDORSEMENT NO. 05012 00000 - 03222018

Endorsement to Declarations

This Endorsement is attached to and forms a part of the Master Group Contract to provide dental care Benefits between **County of Dane** and **Delta Dental of Wisconsin, Inc.** and supersedes any previous endorsement provided to you regarding Evidence-Based Integrated Care Plan, ("EBICP").

This Endorsement modifies the group dental Benefits afforded by your Master Group Contract, Declarations, and any Insuring Agreement Endorsements attached thereto, issued by Delta Dental of Wisconsin, Inc. and must be read in conjunction therewith. All terms and conditions of your Master Group Contract, Declarations, and any Insuring Agreement Endorsements attached thereto remain in effect except as modified by this Endorsement. Please read this Endorsement carefully.

Please be advised that on April 1, 2018, the following Evidence-Based Integrated Care Plan ("EBICP") Benefits are provided under your Policy. To participate in EBICP, eligible dental plan enrollees or their Providers are required to set the appropriate health condition indicator online at deltadentalwi.com or a Delta Dental of Wisconsin representative will assist in setting the EBICP indicator by telephone. The EBICP Periodontal Disease health condition indicator will be automatically updated when non-surgical or surgical periodontal procedures are processed by Delta Dental of Wisconsin.

The EBICP Benefits are as follows:

Periodontal Disease

1. With an indicator of surgical or non-surgical treatment of **Periodontal Disease**, a participant is eligible for up to two additional dental visits in a Benefit year for periodontal maintenance or adult prophylaxis.
2. With an indicator of surgical or non-surgical treatment of **Periodontal Disease**, a participant is eligible for topical fluoride application beyond the age limitation of the Master Group Contract.

Diabetes

1. With an indicator of a **Diabetes** diagnosis, a participant is eligible for up to two additional dental visits in a Benefit year for periodontal maintenance or adult prophylaxis.

Pregnancy

1. With an indicator of **Pregnancy**, a participant is eligible for one additional dental visit for adult prophylaxis or periodontal maintenance during the pregnancy.

High Risk Cardiac Conditions

1. With an indicator for **High Risk Cardiac Conditions**, a participant is eligible for up to two additional dental visits in a Benefit year for periodontal maintenance or adult prophylaxis. High risk cardiac condition indicators are:
 - History of infective endocarditis
 - Certain congenital heart defects (such as having one ventricle instead of the normal two)
 - Individuals with artificial heart valves
 - Heart valve defects caused by acquired conditions like rheumatic heart disease
 - Hyper tropic cardiomyopathy which causes abnormal thickening of the heart muscle
 - Individuals with pulmonary shunts or conduits
 - Mitral valve prolapse with regurgitation (blood leakage)

Suppressed Immune System Conditions

1. With an indicator for **Suppressed Immune System Conditions**, a participant is eligible for up to two additional dental visits in a Benefit year for periodontal maintenance or adult prophylaxis.
2. With an indicator of **Suppressed Immune System Conditions**, a participant is eligible for topical fluoride application beyond the age limitation of the Master Group Contract.

Kidney Failure or Dialysis Conditions

1. With an indicator for **Kidney Failure or Dialysis Conditions**, a participant is eligible for up to two additional dental visits in a Benefit year for periodontal maintenance or adult prophylaxis.

Cancer Related Chemotherapy and/or Radiation

1. With an indicator for **Cancer Related Chemotherapy and/or Radiation**, a participant is eligible for up to two additional dental visits in a Benefit year for periodontal maintenance or adult prophylaxis.
2. With an indicator of **Cancer Related Chemotherapy and/or Radiation**, a participant is eligible for topical fluoride application beyond the age limitation of the Master Group Contract.

THIS ENDORSEMENT IS PART OF THE MASTER GROUP CONTRACT, DECLARATIONS AND INSURING AGREEMENT REFERENCED HEREIN AND SHOULD BE KEPT WITH THOSE DOCUMENTS.