



Date: 08/16/2024

Proposal valid through: 01/01/2025

Underwriting Considerations

This dental plan proposal has been prepared with the following considerations:

- **The group consists of:**
 all eligible full-time employees

- **Employees are located in:**
 WI

- **Enrollment is based on:**
 Eligible employees... 33

Proposal Q08D03 represents your current benefits with a change to the Diagnostic & Preventive Services copay.

The rates in this proposal include 3% agent commission.



**Delta Dental of Wisconsin's Dental Benefits Proposal For
City of Dodgeville**

Plan design number: Q08D03 (please refer to this number for inquiries about this plan design).

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Plan Design			
		PPO Benefit	Non-PPO Benefit
Individual Annual Maximum		\$1,000	\$1,000
Deductible	Individual Family	\$25 \$75	\$25 \$75
Diagnostic and Preventive Services			
Exams		100%	100%
Cleanings		100%	100%
Fluoride treatments		100%	100%
X-rays		100%	100%
Space maintainers		100%	100%
Sealants		100%	100%
Emergency treatment to relieve pain		100%	100%
Deductible applies		N	N
Basic Restorative Services			
Fillings		80%	80%
Endodontics – nonsurgical		80%	80%
Endodontics – surgical		80%	80%
Periodontics – nonsurgical		80%	80%
Periodontics – surgical		80%	80%
Extractions - nonsurgical		80%	80%
Extractions - surgical and other oral surgery		80%	80%
Deductible applies		Y	Y
Major Restorative Services			
Crowns, inlays, onlays		80%	80%
Bridges and dentures		80%	80%
Repairs and adjustments to bridges and dentures		80%	80%
Implants		80%	80%
Deductible applies		Y	Y
Orthodontic Services			
Coverage coinsurance		80%	80%
Individual lifetime maximum		\$1,000	\$1,000
Dependents eligible to age		19	19
Full-time students eligible to age		19	19
Adult ortho		N	N
Deductible applies		Y	Y
Dependent Eligibility			
Dependents eligible to age		26	26
Full-time students eligible to age		26	26

Employer Contribution		Participation Minimum	
Single	100%	Single	100%
Family	100%	Family	100%

Plan Costs (Rates guaranteed from 01/01/2025 to date(s) noted)	
Insured rates (monthly premium)	12/31/2025
Single Coverage (employee, 1 Party)	\$49.69
Family Coverage (employee and spouse, 2 Party)	\$133.40
Family Coverage (employee and child(ren))	\$133.40
Family Coverage (full family, 3+ Party)	\$133.40