

Proposed Changes to Delta Dental Plan for Employees

	# of Employees	2024 Monthly \$	2025 Proposed Monthly \$	2024 Monthly Cost to City	2025 Monthly Cost to City	Monthly Difference	Annual Difference
Single	9	\$44.67	\$49.69	\$402.03	\$447.21	\$45.18	\$542.16
Family	25	\$118.29	\$133.40	\$2,957.25	\$3,335.00	\$377.75	\$4,533.00
Total	34	\$162.96	\$183.09	\$3,359.28	\$3,782.21	\$422.93	\$5,075.16
Average Increase/ Employee							\$149.27

Primary Proposed Plan Changes

1. Diagnostic and preventative services are covered 100% (vs. 80%)
2. Orthodontics is covered at 80% (vs 50%)



**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).

Date: 08/16/2024 Proposal valid through: 01/01/2025

Plan Design

	PPO Benefit	Non-PPO Benefit
Individual Annual Maximum	\$1,000	\$1,000
Deductible		
Individual	\$25	\$25
Family	\$75	\$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