



September 24, 2024

Carmen Winkelman
R & R INSURANCE SERVICES INC
N14 W23900 Stone Ridge Drive
Waukesha WI 53188-0000

Dear Carmen:

Thank you for this opportunity to present a dental plan proposal for City of Whitewater.

As you examine the enclosed proposal, please note the quoted rates are based on 118 eligible employees and a plan effective date on or before January 1, 2025, as requested.

Delta Dental is confident that City of Whitewater and its employees will benefit from the expertise and commitment to customer service and cost savings that define the Delta Difference.

Again, we appreciate this opportunity. Please feel free to contact me if you have any questions.

Sincerely,

Paul Maller
Senior Account Manager
Delta Dental Of Wisconsin

Enclosure



Date: 09/24/2024

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:**
IL WI

- **Enrollment is based on:**
Eligible employees... 118

The rates in this proposal include 8% agent commission.

This proposal includes the sealant option.

This proposal includes the x-ray option.

This proposal includes the Evidence-Based Integrated Care Plan option.

**This proposal includes coverage for white fillings on back teeth
(posterior resins).**

**This proposal includes CheckUp Plus which allows enrollees to
obtain diagnostic and preventive services without those costs applying
to their annual maximum benefit.**

**This proposal includes standard medical primary, dental secondary
coordination of benefits for oral surgery. Any deviations from this may
include a rate adjustment.**



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

Plan design number: Q05D01 (please refer to this number for inquiries about this plan design).
Date: 09/24/2024 Proposal valid through: 01/01/2025

Plan Design

	PPO Benefit	Non-PPO Benefit
Individual Annual Maximum	\$1,500	\$1,500
Deductible		
Individual	\$50	\$75
Family	\$150	\$225
Diagnostic and Preventive Services		
Exams	100%	80%
Cleanings	100%	80%
Fluoride treatments	100%	80%
X-rays	100%	80%
Space maintainers	100%	80%
Sealants	100%	80%
Deductible applies	N	N
Basic Restorative Services		
Emergency treatment to relieve pain	80%	80%
Fillings	80%	80%
Endodontics – nonsurgical	50%	40%
Endodontics – surgical	50%	40%
Periodontics – nonsurgical	50%	40%
Periodontics – surgical	50%	40%
Extractions - nonsurgical	80%	80%
Extractions - surgical and other oral surgery	50%	40%
Deductible applies	Y	Y
Major Restorative Services		
Crowns, inlays, onlays	50%	40%
Bridges and dentures	50%	40%
Repairs and adjustments to bridges and dentures	50%	40%
Implants	50%	40%
Deductible applies	Y	Y
Orthodontic Services		
Coverage coinsurance	70%	50%
Individual lifetime maximum	\$1,500	\$1,500
Dependents eligible to age	19	19
Full-time students eligible to age	19	19
Adult ortho	N	N
Deductible applies	N	N
Dependent Eligibility		
Dependents eligible to age	26	26
Full-time students eligible to age	26	26

Employer Contribution

Single	0%
Family	0%

Participation Minimum

Single	50%
Family	50%

Plan Costs (Rates guaranteed from 01/01/2025 to date(s) noted)

Insured rates (monthly premium)	12/31/2025
Single Coverage (employee, 1 Party)	\$34.53
Family Coverage (employee and spouse, 2 Party)	\$113.31
Family Coverage (employee and child(ren))	\$113.31
Family Coverage (full family, 3+ Party)	\$113.31