

# DENTAL INSURANCE

Regular dental exams can help you and your dentist detect problems in the early stages when treatment is simpler and costs are lower. Keeping your teeth and gums clean and healthy will prevent most tooth decay and periodontal disease and is an important part of maintaining your physical health.



Briggs & Stratton’s comprehensive dental plan is administered by Delta Dental and features two routine preventive check-ups per person per year covered at 100%, not subject to the annual limit.

BENEFITS HIGHLIGHTS	DELTA DENTAL PPO <i>or</i> DELTA DENTAL PREMIER NETWORK	OUT-OF-NETWORK <i>(Reasonable &amp; Customary Apply)</i>
<b>Deductible</b>	\$25 per member, \$75 per family	
<b>Annual Maximum</b>	\$1,500 per member	
<b>Class I–Preventive</b> <i>Exams, Cleanings, Fluoride<sup>1</sup>, Sealants<sup>2</sup>, Treatments and X-Rays (Bitewing Twice Every 12 months - Full Mouth Once Every 3 Years)</i>	Covered 100%, Deductible Waived <i>(diagnostic and preventive dental services are not applied to the individual annual maximum)</i>	Covered 100%, Deductible Waived
<b>Class II–Basic Fillings</b> <i>Periodontics, Root Canals, Emergency Exams and Simple Extractions</i>	Covered 80% after Deductible	Covered 80% after Deductible
<b>Class III–Major</b> <i>Crowns/Inlays/Onlays, Bridges and Dentures, Implants to Replace Missing Permanent Teeth</i>	Covered 50% after Deductible	Covered 50% after Deductible
<b>Class IV–Orthodontic</b>	Covered at 50%, up to \$1,500 lifetime maximum per employee, spouse and dependent child to age 26	

<sup>1,2</sup> Age limitations apply

## DELTA DENTAL NETWORK PROVIDERS

You may use any provider you wish, but your cost is lower if you use a Delta Dental network provider. Delta Dental provides two preferred networks of dentists from which to choose. Delta Dental pays network providers directly. For the most up-to-date listing of participating dentists in your area, go to <https://www.deltadentalwi.com/s/find-a-provider>.

- **Delta Dental PPO Dentists** – provides the deepest discounts for your dental services. You are responsible for paying any deductible, coinsurance and fees for procedures not covered or that exceed the plan maximums.
- **Delta Dental Premier Dentists** – These providers have agreed to not charge you for any amount that exceeds agreed-upon fees except for expenses you are responsible to pay, such as any deductible, coinsurance and fees for procedures not covered or that exceed the plan maximums.
- **Non-contracted dentists** – If you choose a dentist who is not contracted with Delta Dental, you will be responsible to pay the billed charges for services performed and payment from Delta Dental will be sent directly to you.

## EVIDENCE-BASED INTEGRATED CARE PLAN (EBICP)

If you or your family member is enrolled in the plan and have one of the medical conditions listed below, you may be eligible for additional dental cleanings and/or topical fluoride applications. These services are covered as described as preventive.

Please note that the periodontal cleanings are not considered preventive and are covered under the Basic Restorative benefit of your plan. For more information, contact Delta Dental and advise them of your condition so that they can note your account accordingly.

- High risk cardiac conditions
- Suppressed immune systems
- Kidney Failure or Dialysis
- Cancer Therapy
- Diabetes
- Pregnancy
- Periodontal Disease

## HOW DOES OUR DENTAL PLAN COORDINATE WITH OTHER INSURANCE COVERAGE?

If you are covered by more than one group medical plan, there are “coordination of benefits” (COB) rules that determine which plan is primary (pays benefits first), and which plan is secondary (pays benefits after the primary plan pays). Under our dental plan, our COB provision follows **the traditional rule**. It allows the beneficiary to receive up to 100% of the cost of the claim when you combine both the primary and secondary plans.

Coordination of benefits when the Briggs & Stratton dental plan is the secondary payor.	EXAMPLES BASED ON A \$900 BILL FOR A CROWN		EXAMPLE 1	EXAMPLE 2
	Normal Benefits Paid B&S Plan		\$450	\$450
	Normal Benefits Paid by the Primary Plan		\$300	\$500
	After Coordination of Benefits	B&S Pays	\$450	\$400
You Pay		\$150	\$0	

## YOUR COST FOR DENTAL COVERAGE

Coverage Tier	PER PAYCHECK		ANNUAL CONTRIBUTIONS	
	Hourly (52 periods)	Salaried (24 periods)	EMPLOYEE	EMPLOYER
Single	\$1.68	\$3.65	\$87.57	\$262.71
Employee + Spouse	\$3.71	\$8.03	\$192.69	\$578.07
Employee + Child(ren)	\$3.37	\$7.30	\$175.20	\$525.24
Family	\$5.39	\$11.67	\$280.08	\$840.84