

2025 Physician Dental Benefits Plans Comparison

2025 Dental	State Uniform Dental (Combined with State Group Health Insurance)	Delta Dental Supplemental Preventive Plan (Not Enrolled in State Health Insurance)	State Select Plan	State Select Plus Plan		UW Medical Foundation Delta Dental		
Network	Delta Dental PPO and Delta Dental Premier provider networks		Delta Dental PPO	Delta Dental PPO	Delta Dental Premier	Delta Dental PPO	Delta Dental Premier	Non-Contracted
2025 Premium Rates (monthly)	Optional for 2025*	Optional for 2025**						
Employee	\$4.00*	\$36.10**	\$9.08	\$21.60		\$40.24		
Employee + Spouse	n/a	n/a	\$18.16	\$43.22				
Employee + Child(ren)	n/a	n/a	\$12.24	\$40.12				
Family	\$10.00*	\$90.28**	\$21.76	\$66.20		\$114.39		
Provider Network	In-Network ONLY		In-network ONLY	In-Network ONLY		Delta Dental PPO	Delta Dental Premier	Non-Contracted
Deductible (must be met before benefits are covered)	\$0		\$100/person	\$25/person		\$50 Individual/\$100 Family		
Calendar Benefit Max	Per person		Per person	Per person		Per person		
Maximum amount the benefit will pay in a plan year	\$1,000		\$1,000	\$2,500		\$1,200		
Diagnostic & Preventive	100%		Not covered	Not covered		100%	100%	100%
Routine Evals	2 per year		Not covered	Not covered		2 per year		
Cleanings	2 per year		Not covered	Not covered		2 per year		
Bitewing X-rays	1 set per year		Not covered	Not covered		1 set per year		
Panoramic X-rays	Once every 5 years		Not covered	Not covered		Once every 5 years		
Fluoride	2 per year up to age 19		Not covered	Not covered		2 per year up to age 19		
Basic	See specific services		See specific services	See specific services		See specific services		
Fillings	100%		Not covered	Not covered		100%		
Extractions (non-surgical)	90%		Not covered	Not covered		100%		
Local Anesthesia	80%		50%	80%		100%		
Emergency Palliative Care	80%		Not covered	Not covered		100%		
X-rays (limited)	100%		Not covered	Not covered		100%		
Oral Surgery	Not covered, but may be covered under medical plan		50%	80%		Any oral surgery claims should go to the medical carrier first and then to Delta as a secondary payer		
Major/Restorative	See specific services		See specific services	See specific services		See specific services Coverage amount listed applies after deductible		
Implants	Not covered		50%	60%		80%		
Crowns			50%	60%		80%		
Bridges			50%	60%		80%		
Dentures			50%	60%		80%		
Endodontic			50%	80%		100%		
Periodontic	100% Limited to Periodontal Maintenance		Does not apply to Periodontal Maintenance which is covered under the Uniform benefit or Preventive Plan	80% Does not apply to Periodontal Maintenance which is covered under the Uniform benefit or Preventive Plan		100% after deductible		
Dental Waiting Period	None		None	None		None		
Claim Filing Timeline	15 months		15 months	15 months		15 months		
Orthodontia	50% (under 19 only)		Not covered	50% (Regardless of age)		50% (any age)		
Ortho Lifetime Max	\$1,500		Not covered	\$1,500 (in addition to Uniform Dental)		\$2,000		
Ortho Waiting Period	None		Not covered	None		None		
Website	deltadentalwi.com/state-of-wi		deltadentalwi.com/state-of-wi	deltadentalwi.com/state-of-wi		deltadentalwi.com		

*Must be enrolled in state group health insurance to be elect Uniform Dental. Premiums listed represent the additional cost to the employee to add Uniform Dental coverage to their health insurance. The \$4 or \$10 is added to the health insurance premium for health insurance + uniform dental.

**Cannot be enrolled in state group health insurance to elect Preventive Delta Dental.

DISCLAIMER: Every effort has been made to ensure that this information is correct and current. However, the terms and conditions of UW Health's benefit programs are established by state and federal laws and regulations and the relevant contracts. These sources of authority have control over the information to the extent there are any differences or conflicts.