

2025 UWHC Dental Benefits Plans Comparison

2025 Dental	State Uniform Dental (Combined with State Group Health Ins.)	Delta Dental Preventive Plan (Not Enrolled in State Health Insurance)	UWHC Supplemental Delta Dental			State Select Plan	State Select Plus Plan	
Network	Delta Dental PPO and Delta Dental Premier provider networks		Delta Dental PPO	Delta Dental Premier	Non-Contracted	Delta Dental PPO	Delta Dental PPO	Delta Dental Premier
2025 Premium Rates (monthly)	Optional for 2025*	Optional for 2025*						
Employee	\$4.00*	\$36.10**	\$20.92			\$9.08	\$21.60	
Employee + Spouse	n/a	n/a	EE + 1 = \$40.86			\$18.16	\$43.22	
Employee + Child(ren)	n/a	n/a				\$12.24	\$40.12	
Family	\$10.00*	\$90.28**	EE + 2 or more = \$64.54			\$21.76	\$66.20	
Provider Network	In-Network ONLY		Delta Dental PPO	Delta Dental Premier	Non-Contracted	In-network ONLY	In-Network ONLY	
Deductible (must be met before benefits are covered)	\$0		\$50 Individual/\$100 Family			\$100/person	\$25/person	
Calendar Benefit Max	Per person		Per person			Per person	Per person	
Maximum amount the benefit will pay in a plan year	\$1,000		\$1,200			\$1,000	\$2,500	
Diagnostic & Preventive	100%		100%	100%	100%	Not covered	Not covered	
Routine Evals	2 per year		2 per year			Not covered	Not covered	
Cleanings	2 per year		2 per year			Not covered	Not covered	
Bitewing X-rays	1 set per year		2 per year			Not covered	Not covered	
Panoramic X-rays	Once every 5 years		Once every 3 years			Not covered	Not covered	
Fluoride	2 per year up to age 19		2 per year up to age 19			Not covered	Not covered	
Basic	See specific services		See specific services			See specific services	See specific services	
Fillings	100%		100%	80%	50%	Not covered	Not covered	
Extractions (non-surgical)	90%		100%	80%	50%	Not covered	Not covered	
Local Anesthesia	80%		50%	50%	50%	50%	80%	
Emergency Palliative Care	80%		100%	80%	50%	Not covered	Not covered	
X-rays (limited)	100%		100%	100%	80%	Not covered	Not covered	
Oral Surgery	Not covered, but may be covered under medical plan		50%	50%	50%	50%	80%	
Major/Restorative	See specific services		See specific services			See specific services	See specific services	
Implants	Not covered		50%	50%	Not covered	50%	60%	
Crowns			50%	50%	Not covered	50%	60%	
Bridges			50%	50%	Not covered	50%	60%	
Dentures			50%	50%	Not covered	50%	60%	
Endodontic			50%	50%	50%	50%	80%	
Periodontic	100% Limited to Periodontal Maintenance		50%	50%	50%	50% 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	
Dental Waiting Period	None		None	None	None	None	None	
Claim Filing Timeline	15 months		15 months			15 months	15 months	
Orthodontia	50% (under 19 only)		50% (under 19 only)	50% (under 19 only)	Not covered	Not covered	50% (Regardless of age)	
Ortho Lifetime Max	\$1,500		\$1,250	\$1,250	Not covered	Not covered	\$1,500 (in addition to Uniform Dental)	
Ortho Waiting Period	None		None	None	Not covered	Not covered	None	
Website	deltadentalwi.com/state-of-wi		deltadentalwi.com			deltadentalwi.com/state-of-wi	deltadentalwi.com/state-of-wi	

*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 UWHC'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.