



DELTA DENTAL

Delta Dental Individual Plans				
Family Size	Ultimate Plan	Enhanced Plan	Clear Plan	Basic Plan
Single	\$64.00	\$50.93	\$39.00	\$29.30
Single & Spouse	\$128.00	\$101.86	\$78.00	\$58.60
Single 1 Child	\$121.00	\$83.87	\$74.00	\$58.60
Single +Children	\$178.00	\$133.23	\$109.00	\$99.68
Family 1 Child	\$185.00	\$134.81	\$113.00	\$86.78
Family + Children	\$242.00	\$184.16	\$148.00	\$129.00

Dentist Search: [CLICK HERE \(https://www2.deltadentalcoversme.com/dentistsearch\)](https://www2.deltadentalcoversme.com/dentistsearch)

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Broker Name: Select Mike Dietz

HUMANA

Humana Individual Dental Plans			
Family Size	Complete Dental	Loyalty Plus	Bright Plus
Single	\$50.99	\$39.99	\$32.93
Single & Spouse	\$92.99	\$76.98	\$65.86
Single 1 Child	\$92.99	\$76.98	\$70.80
Single +Children	\$125.99	\$114.97	\$108.67
Family 1 Child	\$125.99	\$114.97	\$103.73
Family + Children	\$214.99	\$190.95	\$179.47

Dentist Search: [CLICK HERE \(https://idv.humana.com/humanaonenetwork/search-providers-generic.aspx\)](https://idv.humana.com/humanaonenetwork/search-providers-generic.aspx)

Apply Online: [CLICK HERE \(https://www.humana.com/agent/health-insurance-Agents/AOALanding?SANID=1303798&isMarketpointAgent=false\)](https://www.humana.com/agent/health-insurance-Agents/AOALanding?SANID=1303798&isMarketpointAgent=false)



Comparison of Key Benefits Under Delta Dental Individual and FamilySM Plans

Plan benefit	Ultimate Plan A step plan, this is the percent you pay after 3 years of coverage with us*	Enhanced Plan The percent you pay after your deductible (where required)*	Clear Plan SM You pay the fixed dollar amount shown below when covered services are provided by a network dentist*	Basic Plan The percent you pay after your office visit copay (no deductible)*
Office Visit Copay	\$0	\$0	\$0	\$15
Cleanings	0%	0%	\$65	0%
Exams	0%	0%	included in cleaning	0%
Bitewing X-rays	0%	0%	included in cleaning	0%
Fluoride	0%	0%	included in cleaning	50%
Fillings	20%	50% (no waiting period)	\$115	50% (6-month waiting period may apply)
Root Canals	20%	50% (12-month waiting period may apply)	\$535	N/A
Non-Surgical Extractions	20%	50% (12-month waiting period may apply)	\$115	50% (6-month waiting period may apply)
Crowns	50%	50% (12-month waiting period may apply)	\$740	N/A
Implants	50%	50% (12-month waiting period may apply)	\$2,600	N/A
Veneers	50%	N/A	N/A	N/A
Tooth Whitening	50%	N/A	N/A	N/A
Annual Maximum (per person per policy year)	Unlimited	\$1,000	None	\$1,000
Deductible (per person per policy year, unless otherwise noted)	\$50 (lifetime) (does not apply to routine procedures like cleanings, exams, X-rays, and topical fluoride)	\$50 (does not apply to routine procedures like cleanings, exams, X-rays, and topical fluoride)	None	None
Annual Contract Required	Yes	Yes	Yes	Yes

Please Note: This brochure shows certain plans offered on DeltaDentalCoversMe.com. You may be able to view and purchase Health Insurance Marketplace (Exchange) certified plans on this site or by submitting a paper application. Please visit DeltaDentalCoversMe.com or call 1-888-899-3736 for the latest plan information and rates. Monthly premiums may be different based on plan choice, age, location, number of people insured, their age and relationship to you. Plan designs and rates are subject to change. Waiting periods may be waived when transferring over from another qualifying dental plan. There may be limits on how many times you can use certain services in a year.

*For the Enhanced and Basic Plans, your out-of-pocket costs are likely to be greater when covered services are provided by a dentist who is not a network dentist because the amount we will pay toward out-of-network services is generally less than for in-network services, and because we can limit the fees of network dentists but not non-network dentists. The Clear Plan does not cover services received from non-network dentists.

Delta Dental of Wisconsin complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.



Humana Individual Dental plans

WISCONSIN

When visiting an in-network provider, members receive the following benefits:

	PPO			
	Complete Dental (off exchange)	Loyalty Plus (off exchange)	Bright Plus (off exchange)	Preventive Value (off exchange)
Deductible (ded)	Annual ded: \$50 (individual) \$150 (family)	One-time ded: \$150 (individual) \$300 (individual +1) \$450 (family)	Annual ded: \$50 (individual) \$150 (family)	One-time ded: \$50 (individual) \$100 (individual +1) \$150 (family)
Annual maximum (Maximum amount the plan will pay during the calendar year ¹)	\$1,250 (1st year) \$1,500 (subsequent years)	\$1,000 (1st year) \$1,250 (2nd year) \$1,500 (subsequent years)	\$1,250	No annual maximum
Preventive services (includes services, such as oral exams, cleanings and x-rays ²)	100% no ded	100% no ded	100% no ded	100% after lifetime ded
Basic services (includes services, such as fillings)	80% after ded (6-month waiting period) ³	40% after ded (1st year) 55% after ded (2nd year) 70% after ded (subsequent years)	60% after ded (90 day waiting period) Includes a Teeth Whitening Allowance	50% after lifetime ded
Major services (includes services, such as crowns, root canals, dentures, etc.)	50% after ded (12-month waiting period) ³	20% after ded (1st year) 30% after ded (2nd year) 50% after ded (subsequent years)	Not covered	Not covered
Enrollment Fee	Yes	Yes	No	No
	→ Benefit summary	→ Benefit summary	→ Benefit summary	→ Benefit summary

1 LOYALTY PLUS: Maximum amount the plan will pay during the plan year.

2 May vary by plan; see benefit summary for more specific coverage details.

3 Policy-holders who provide proof of 12 months prior coverage are exempt from this waiting period. Prior coverage is defined as an insurance plan that offered coverage and benefits. Discount plans are not considered prior coverage.

[For additional information or to learn about out-of-network benefits, view the benefit summary linked above or contact your Humana sales representative.](#)

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