Types of Dental Providers:

- **In-Network Dental Provider** – Services as provided in the grid below.

- **Designated Out-of-Network Dental Provider** – A health plan may designate and authorize out-of-network providers so that at least one dentist is available in each county or major city, if applicable. Services as provided in the grid below.

- **Other Out-of-Network Dental Provider** – When a health plan has an existing network of providers in a particular county or major city, if applicable, and the dental provider that you want to see is neither an In-Network Dental Provider nor a Designated Out-of-Network Dental Provider as described above, services for other Out-of-Network Dental Providers will be paid at 0%. If you are uncertain about whether your preferred dental provider is an in-network provider, designated out-of-network provider, or other out-of-network provider, contact your health plan.

<table>
<thead>
<tr>
<th>Key Plan Provisions</th>
<th>In-Network Provider</th>
<th>Designated Out-of-Network Provider*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible:</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Annual Benefit Max:</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Diagnostic / Preventive:</td>
<td>100%</td>
<td>75%</td>
</tr>
<tr>
<td>Restorative:</td>
<td>100%</td>
<td>50%</td>
</tr>
<tr>
<td>Periodontic:</td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td>Adjunctive Services:</td>
<td>80%</td>
<td>50%</td>
</tr>
<tr>
<td>Ortho:</td>
<td>50% (children only)</td>
<td>50% (children only)</td>
</tr>
<tr>
<td>Ortho Lifetime Max:</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
</tbody>
</table>

**Diagnostic/Preventative:**

Routine Oral Evaluation - exams are limited to two per year. Note that comprehensive exams are not done multiple times in a year.

- D0120 Periodic oral evaluation.
- D0145 Oral evaluation for patient under three years of age.
- D0150 Comprehensive oral evaluation – new/established patient or a patient who has been absent from dental care for more than three years; included as one of the two exams per year.
- D0160 Detailed & extensive oral evaluation.
- D0180 Comprehensive perio evaluation – new/established patient; included as one of the two exams per year.
Limited Oral Evaluation
• D0140 Limited oral evaluation - problem focused.

Complete Series or Panoramic Film: limited to one (either D0210 or D0330) once every 60 months.
• D0210 Intraoral - Complete including bitewings.
• D0330 Panoramic radiographic image.

Other X-rays
• D0220 Intraoral periapical first radiographic image.
• D0230 Intraoral periapical additional radiographic image.
• D0240 Intraoral occlusal radiographic image.
• D0250 Extraoral first radiographic image.
• D0260 Extraoral each additional radiographic image.

Bitewing Films - limited to two sets per year.
• D0270 Bitewing single radiographic image.
• D0272 Bitewings two radiographic images.
• D0273 Bitewings three radiographic images.
• D0274 Bitewings four radiographic images.
• D0277 Vertical bitewings 7 to 8 radiographic images.

Prophylaxis: D1110, D1120
• D1110 Prophylaxis (cleaning) – Adult; limited to twice per year.
• D1120 Prophylaxis (cleaning) – Child; limited to twice per year.

Fluoride - limited to twice per year up to age 19.
• D1206 Topical application of fluoride varnish.
• D1208 Topical application of fluoride.

Sealant
• D1351 Sealant - per tooth; limited to once per lifetime up to age 16, first and second molars only.

Space Maintainers - limited to primary teeth lost prematurely
• D1510 Space maintainer fixed unilateral.
• D1515 Space maintainer fixed bilateral.
• D1520 Space maintainer removable unilateral.
• D1525 Space maintainer removable bilateral.
• D1550 Recementation space maintainer.
• D1555 Removal of fixed space maintainer.
Restorative:

Amalgam Restoration
- D2140 Amalgam filling - one surface.
- D2150 Amalgam filling - two surfaces.
- D2160 Amalgam filling - three surfaces.
- D2161 Amalgam filling – four/more surfaces.

Resin Restorations
- D2330 Resin filling - one surface anterior.
- D2331 Resin filling - two surfaces anterior.
- D2332 Resin filling - three surfaces anterior.
- D2335 Resin filling – four/more surfaces anterior.
- D2390 Resin Crown anterior.
- D2391 Resin filling - one surface posterior; benefits limited.
- D2392 Resin filling - two surfaces posterior; benefits limited.
- D2393 Resin filling - three surfaces posterior; benefits limited.
- D2394 Resin filling – four/more surfaces posterior; benefits limited.

Miscellaneous Restorative
- D2940 Sedative filling; limited to once per lifetime per tooth.
- D2951 Pin retention per tooth; limited to once per tooth.
- D2999 Unspecified restorative procedure by report.

Periodontic:
- D4910 Periodontal maintenance. Coverage is limited to two procedures per one benefit period.

Oral Surgery:
Please note that eligible oral surgical procedures are covered under the medical plan when furnished by a Plan Provider.

Adjunctive Services:
- D9110 Emergency treatment/palliative.
- D9210 Local anesthesia not in conjunction with operative or surgical procedures.
- D9215 Local anesthesia used in conjunction with operative or surgical procedures.
- D9610 Therapeutic parenteral drug, single administration
- D9612 Therapeutic parenteral drugs.
- D9910 Application of Desensitizing.
- D9911 Apply desensitizing resin.
• D9930 Treatment of complications.
• D9999 Unspecified adjunctive procedure.
• D9220 General anesthesia – 30 minutes.
• D9221 General anesthesia – 15 minutes.
• D9230 Nitrous oxide sedation.
• D9241 Intravenous sedation analgesia – 30 minutes.
• D9242 Intravenous sedation analgesia – 15 minutes.

Orthodontic Services - limited to age 19, 50% coverage.
• D8010 Limited orthodontic treatment of primary dentition.
• D8020 Limited orthodontic treatment of transitional dentition.
• D8030 Limited orthodontic treatment of adolescent dentition.
• D8040 Limited orthodontic treatment of adult dentition.
• D8050 Interceptive orthodontic treatment of primary dentition.
• D8060 Interceptive orthodontic treatment of transitional dentition.
• D8070 Comprehensive orthodontic treatment of transitional dentition.
• D8080 Comprehensive orthodontic treatment of adolescent dentition.
• D8090 Comprehensive orthodontic treatment of adult dentition.
• D8660 Pre-orthodontic treatment visit; may also be billed out as any combination of D0330, D0340, D0350, and D0470.
• D8680 Orthodontic retention (removal of appliances, construction/placement).
• D8690 Orthodontic treatment (alternative billing to a contract fee).
• D8999 Unspecified orthodontic procedure, by report.
• D9310 Consultation – diagnostic services other than requesting provider.
WHERE TO GET MORE INFORMATION

If you need additional information regarding:

- Benefits
- Participating Providers
- Exclusions
- Limitations

Contact the health plan or Pharmacy Benefit Manager (PBM) directly. Addresses, websites*, and telephone numbers are listed on the Inside Back Cover of the It’s Your Choice: Decision Guide.

* When using health plan websites for benefit and provider data, ensure that you are accessing State of Wisconsin program specific information. If you are not sure, call the plan.

If you need additional information regarding:

- Applications
- Enrollment
- Eligibility
- General Information

Contact your benefits/payroll/personnel office. If you are an annuitant or are on continuation coverage, contact:

Employee Trust Funds (ETF)
PO Box 7931
Madison, WI 53707-7931
1-877-533-5020 (toll free)
(608) 266-3285 (local Madison)
Fax (608) 267-4549

- All changes in your subscriber information, family status or providers must be made through your benefits/payroll/personnel office, and may be submitted electronically or via paper on approved ETF forms. Annuitants and Continuants should submit to ETF.

- Additional information is available on ETF’s Internet site at etf.wi.gov.

- Comments and suggestions regarding the It’s Your Choice booklets should be directed to the Program Manager—Health Plans, Division of Insurance Services.
Stay Informed
Get free ETF E-mail Updates

Look for the red envelope at etf.wi.gov

Wisconsin Department of Employee Trust Funds
801 W. Badger Road (visitor address)
PO Box 7931 (mailing address)
Madison, WI 53707-7931

1-877-533-5020 (toll free)
(608) 266-3285 (local to Madison)
Fax (608) 267-4549