



THE ULTIMATE
DENTAL PROGRAM
DESIGNED
SPECIFICALLY FOR

**CITY OF
MILWAUKEE
EMPLOYEES**

CARE-PLUS PREPAID

SUMMARY OF BENEFITS



Ultimate dental plans are those that encourage prevention and reduce the incidence of dental disease. CARE-PLUS PREPAID provides *ultimate* care through Dental Associates, Ltd. whose staff of highly trained dentists and hygienists promote preventative dental care. This approach of early detection and treatment promotes long term dental health for you and your family.

The services listed are covered at 100%. The Plan features an unlimited annual maximum with no waiting periods or front-end deductibles. Orthodontia is covered at 100% of the Usual and Customary fee of all charges in excess of \$750. Coverage is also provided for adults; however, only one complete course of treatment for each covered person is allowed.

To join, simply follow the instructions provided with the open enrollment announcement. You will receive your membership card shortly after enrollment.

On behalf of the staff of both CARE-PLUS and Dental Associates we wish to thank you for considering CARE-PLUS PREPAID. Please contact us for assistance or with questions that you may have at (414) 771.1711 or (800) 318.7007.

CARE-PLUS PREPAID

The Ultimate Dental Program



CITY OF MILWAUKEE PLAN BENEFIT INFORMATION

	PLAN COVERAGE	PATIENT OUT-OF-POCKET COSTS
Annual Maximum	Unlimited per Covered Person	
Deductible per Calendar Year	None	None
Diagnostic Oral Exams, X-rays	100%	None
Preventive Cleanings, Fluoride, Sealants, Space Maintainers	100%	None
Restorative Amalgam and Composite Fillings, Stainless Steel and Acrylic Crowns	100%	None
Crown and Bridgework Porcelain to Metal Crowns, Fixed Bridgework, Crown and Bridge Repair	100%	None
Endodontics Pulpal Therapy Root Canals	100%	None
Periodontics* Scaling and Root Planing, Gingivectomy	100%	None
Oral Surgery* Extractions and Other Surgical Procedures	100%	None
Prosthodontics Full and Partial Dentures, Denture Relines and Repairs	100%	None
Orthodontics Braces	100% of all charges in excess of \$750. Includes adult coverage.	\$750 Lifetime Maximum Per Person

* Does not duplicate medical coverage.

This brochure constitutes a brief description of the program offered. It is subject to all terms and conditions of the master contract.

FREQUENTLY ASKED QUESTIONS

- Q.** We are a family of four. At our dental checkup last month, we were given a fee of \$1000.00 for 4 examinations, x-rays, 4 prophys (cleanings) and 4 fillings. How much of this is covered under CARE-PLUS PREPAID?
- A.** The exams, x-rays, cleanings, and fillings will be covered at 100% subject to the plan maximum.
- Q.** Will an existing dental problem be covered?
- A.** Yes. There are no waiting periods or pre-existing condition exclusions with CARE-PLUS PREPAID. You will receive complete care by the dentists and hygienists at the Dental Associates, Ltd. center of your choice.
- Q.** Will I have to change dentists when I join CARE-PLUS PREPAID?
- A.** Yes, you may have to. Enrollment in CARE-PLUS PREPAID requires that all dental care be provided by a Dental Associates, Ltd. center. If you are presently a patient of Dental Associates, you will continue to see the same dentist.
- Q.** What happens if I have an emergency?
- A.** In the event you are more than 50 miles from a Dental Associates, Ltd. center and you require emergency treatment, CARE-PLUS PREPAID will provide up to \$80.00 in benefits. Simply present an itemized statement to CARE-PLUS PREPAID for payment. All non-emergency treatment must be provided by Dental Associates, Ltd. A dentist is on call 24 hours per day, 7 days per week for in-area emergencies.
- Q.** May I change dental centers or dentists after I make my initial choice?
- A.** Yes. If for any reason you are not completely comfortable with your dentist, let us know. If you wish to transfer from one Dental Associates, Ltd. center to another, simply contact us. Also, if your desire is to have some family members treated at one Dental Associates, Ltd. center and others at a different one, we are prepared to accommodate you.
- Q.** How many dentists will I have to choose from?
- A.** With CARE-PLUS PREPAID, you will have access to the entire Dental Associates, Ltd. staff of over 100 general and specialty dentists who average in excess of 12 years experience per person. To assure the development of a strong doctor-patient relationship, one of the general dentists will become "your dentist", the same as in a private office.
- Q.** Can all of my dental services be provided through Dental Associates?
- A.** Yes. In addition to general dentistry, Dental Associates provides specialty treatment in Orthodontics, Periodontics, Pediatric Dentistry, Endodontics and Major Restorative services. There is no need to be referred elsewhere unless required by your medical insurance plan.

LIMITATIONS & EXCLUSIONS

Benefits shall not include:

- Dental services not specifically described in this Contract as a benefit.
- Dental services with respect to congenital malformations or which are primarily for cosmetic or esthetic purposes, except congenitally missing teeth.
- Any duplicate prosthetic device or any other duplicate appliance, except as otherwise provided.
- The replacement of lost or stolen prosthetic devices or appliances, except as otherwise provided.
- The replacement of an orthodontic appliance, except as otherwise provided.
- Treatment of temporomandibular joint (TMJ) dysfunction.
- Gold foil, gold or other precious metal restorations, except when used as a necessary functional material.
- Implants or transplants.
- Dental Service or Emergency Service: (a) That would be furnished, without charge, to the Participant by any person or entity other than CARE-PLUS; (b) That the Participant would be entitled to have furnished or paid for, fully or partially, under any law, regulation or agency of any government; (c) That the Participant is entitled or would be entitled if he were enrolled, to have furnished or paid for under any voluntary medical or dental insurance plan established by any government if this Contract were not in effect; (d) To the extent that Medicare is the Participant's primary payor, which it is, except where Medicare is secondary by law. Where Medicare is primary payor, no Benefits are available to the extent the Participant would have been entitled to Medicare benefits had the Participant enrolled in Medicare or complied with Medicare requirements; (e) For, or resulting from injuries, disease or conditions for which the Participant receives, or is the subject of, any award or settlement under a Worker's Compensation Act or any Employer Liability Law; (f) Rendered or furnished after the date the Participant ceases to be covered under this Contract, except for: (i) Procedures (other than prosthetic services) commenced prior to, and completed in one visit within thirty-one (31) days following termination of coverage; and (ii) Prosthetic devices that are ordered and fitted prior to, and completed within sixty (60) days following termination of coverage; or (g) Provided at a location other than the offices of the Primary Provider except for Emergency Service.
- Hospital or physician services of any kind whether or not related to covered Dental Services.
- Dental Service and Emergency Service resulting from diseases contracted or injuries sustained as a result of war, declared or undeclared, enemy action or action of the Armed Forces of the United States, or its allies, or while serving in the Armed Forces of any country; or any illness or injury occurring after the effective date of this Contract and caused by atomic explosion whether or not the result of the war.
- Reimbursement to the Participant or any dental office for the cost of Dental Services provided by Dentists, other than the Primary Provider, unless expressly authorized in writing by the Primary Provider or due to an emergency.
- Out of Area Services, unless due to an Emergency and then covered only to the extent of the Emergency Service benefit.
- Dental Service and Emergency Service received from a dental or medical department maintained on behalf of an employer, a mutual benefit association, a labor union, academic institution, trustee or similar person or group.
- Replacement of an existing removable partial denture, full denture, crown or fixed bridge by a new removable partial denture, full denture, crown or a fixed bridge if the existing appliance was provided in the previous five years. The five-year period will be measured from the date on which the existing appliance was last supplied, whether under this Contract or under any other dental coverage.
- If a satisfactory result can be achieved by a conventional removable partial denture in the case of bilateral edentulous areas, but the Participant selects a more complicated treatment (precision attachments or fixed bridgework), Benefits shall be limited to the appropriate procedures necessary to eliminate oral disease and restore missing teeth. The balance of the cost for the more elaborate selected procedure will be the responsibility of the Participant.
- Services or supplies for personalization or characterization of dentures or bridges.
- Posterior composite restoration.
- Crowns to restore diseased or broken teeth when the tooth can be restored by a conventional type filling.
- Any expense arising from or sustained in the course of any occupation or employment for compensation, profit or gain for which: (a) Benefits are provided or payable under any Workers' Compensation, Employer Liability Law or Occupational Disease Act or Law; or (b) the Participant would have been eligible for benefits under any Workers' Compensation, Employer Liability Law, or Occupational Disease Act or Law had such coverage been applied for.
- Any service related to: (a) Altering vertical dimension; (b) Restoration of occlusion; (c) Splinting teeth including multiple abutments or any service to stabilize periodontally weakened teeth; (d) Replacing tooth structures as a result of abrasions, attrition, or erosion; or (e) Bite registration or bite analysis.
- Missed appointment charges.

DENTAL ASSOCIATES, LTD. LOCATIONS

Appleton

4660 W. College Avenue
Appleton, WI 54913-8507
For an appointment call:
(920) 730-0345
(866) 428-2345

Fond du Lac

545 E. Johnson Street
Fond du Lac, WI 54935
For an appointment call:
(920) 924-9090
(800) 398-0672

Greenville

N1737 Lily of the Valley Drive
Greenville, WI 54942
For an appointment call:
(920) 757-0100

Milwaukee Northwest

11711 W. Burleigh Street
Wauwatosa, WI 53222
For an appointment call:
(414) 771-2345
(800) 398-0687

North Appleton

2115 E. Evergreen Drive
Appleton, WI 54913
For an appointment call:
(920) 734-2345

Green Bay

430 Main Street
Green Bay, WI 54301
For an appointment call:
(920) 431-0345
(800) 414-0274

Kenosha

7117 Green Bay Road
Kenosha, WI 53142
For an appointment call:
(262) 942-7000
(866) 811-4619

Milwaukee South Central

1135 S. Cesar Chavez Drive
Milwaukee, WI 53204
For an appointment call:
(414) 645-4540
(866) 346-8098

Office Hours

Monday-Thursday: 7:00am – 6:00pm
Friday: (North Appleton and Greenville closed) 7:00am – 1:30pm
Alternating Saturdays: 7:00am – 12:00pm

After hours on-call emergency care available

