

Wisconsin Insurance Benefit Trust

Dental and Vision Plans

Client Administrative Kit



Arranged, Marketed and Billed by:

Cyganiak Planning, Inc.

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Insured by: Delta Dental of Wisconsin

DeltaVision® is offered through Wyssta Insurance Company, Inc.,

A wholly-owned subsidiary of Delta Dental of Wisconsin, in conjunction with EyeMed Vision Care, LLC.

Available through: Wisconsin Insurance Benefit Trust (WIBT)

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Dental

Dental Benefits Make a Difference

According to a U.S. Surgeon General's report on oral health, working Americans lose an estimated 164 million hours annually to dental disease or dental visits. Children lose an additional 51 million hours of school to dental-related illness, causing more lost work time as parents tend to their children's needs.

It is also important to consider the role of oral health in overall health. Dental health affects some of the body's most essential functions, including speaking, chewing, and swallowing. Studies have indicated relationships between periodontal diseases and systemic illnesses, such as cardiovascular disease, respiratory illness, and diabetes. Research also confirms that regular visits to the dentist may help in the early detection of serious physical illnesses, such as diabetes.

With their emphasis on regular, ongoing preventive care and early detection, dental benefits can significantly reduce the possibility of dental emergencies for employees and their families, keeping people on the job rather than in the dentist's chair.

The Nation's Largest Dentist Network

Wisconsin Insurance Benefit Trust dental plans are backed by the largest dentist networks in the nation, Delta Dental's Premier® and Delta Dental PPOSM networks. This provides several important advantages:

Advantages of Delta Dental Network Dentists			
For the most up-to-date information on network participation, visit our website at www.deltadentalwi.com , or call us at 800-236-3712.	Delta Dental PPO Dentists	Delta Dental Premier Dentists	Non-network Dentists
Fee Schedule Savings / Higher Annual Maximum Dentist agrees to a reduced fee schedule. Saves out-of-pocket expenses for the patient. Plus, the plan offers a higher annual maximum benefit if you receive all services from a Delta Dental PPO dentist.	✓		
Agreed-to Fee Ceilings (No-Balance Billing) Dentist agrees to fee ceilings. If his/her normal charge is higher than the fee ceiling, he/she can't pass the balance on to the patient.	✓	✓	
Convenient Claims Processing Dentist is required to file claims on the patient's behalf, which means less hassle for the subscriber. Claim payments go directly to the dentist. <i>(Note: Claim payments for services from non-network dentists are paid directly to the subscriber.)</i>	✓	✓	
Treatment Guarantees Examples: Repair or replace dental restorations or sealants should they fail within 24 months.	✓	✓	

Dental Plan Designs

Rates valid from 3/1/22 through 2/29/24

The summaries below do not cover all plan details. Further information can be found in the dental benefit handbook. That document provides a thorough explanation of the plan, including any limitations or exclusions that might apply. If there are any discrepancies between information found here and the group contract, the group contract shall govern.

PLAN 1	Provider Network Used		
	Delta Dental PPO	Delta Dental Premier	Non-network
Individual Annual Maximum	\$2,000	\$1,000	\$1,000
Deductible (Individual / Family)	\$50/\$150	\$50/\$150	\$50/\$150
Diagnostic & Preventive Services Exams, Cleanings, Fluoride Treatments, X-rays, Space Maintainers, Sealants, Emergency Treatment	100%	90%	80%
Basic Services Fillings, Periodontal Cleanings, Nonsurgical Extractions (Deductible Applies)	80%	80%	80%
Major Services Endodontics, Periodontics, Surgical Extractions, Crowns, Inlays, Onlays, Bridges & Dentures (including repairs/adjustments), Implants (Deductible Applies)	50%	50%	50%
Orthodontic Services Lifetime Maximum Dependents to age	50% \$1,000 19	50% \$1,000 19	50% \$1,000 19

Monthly Premium: Single = \$42.14 Family = \$129.99

Dependents covered on plan to age 26

PLAN 2	Provider Network Used		
	Delta Dental PPO	Delta Dental Premier	Non-network
Individual Annual Maximum	\$1,000	\$500	\$500
Deductible (Individual / Family)	\$50/\$150	\$50/\$150	\$50/\$150
Diagnostic & Preventive Services Exams, Cleanings, Fluoride Treatments, X-rays, Space Maintainers, Sealants, Emergency Treatment	100%	90%	80%
Basic & Major Services Fillings, Endodontics, Periodontics, Extractions, Crowns, Inlays, Onlays, Bridges & Dentures (including repairs/adjustments), Implants (Deductible Applies)	50%	50%	50%
Orthodontic Services Lifetime Maximum Dependents to age	50% \$1,000 19	50% \$1,000 19	50% \$1,000 19

Monthly Premium: Single = \$33.08 Family = \$103.98

Dependents covered on plan to age 26

PLAN 3	Provider Network Used		
	Delta Dental PPO	Delta Dental Premier	Non-network
Individual Annual Maximum	\$1,000	\$750	\$500
Deductible (Individual / Family)	\$50/\$150	\$50/\$150	\$50/\$150
Diagnostic & Preventive Services Exams, Cleanings, Fluoride Treatments, X-rays, Space Maintainers, Sealants	80%	70%	60%
Basic Services Emergency Treatment, Fillings, Nonsurgical Extractions Endodontics, Periodontics, Surgical Extractions (Deductible Applies)	70% 50%	60% 50%	50% 50%
Major Services Crowns, Inlays, Onlays, Bridges & Dentures (including repairs/adjustments), Implants (Deductible Applies)	40%	40%	40%
Orthodontic Services	0%	0%	0%

Monthly Premium: Single = \$27.35 Family = \$82.55

Dependents covered on plan to age 26

Dental Plan Highlights

A Smarter Dental Plan

Wisconsin Insurance Benefit Trust dental plans incorporate several innovative features that promote oral health and overall health.

CheckUp Plus

- CheckUp Plus enables enrollees to obtain diagnostic and preventive dental services without those costs applying to their plan year individual annual maximum.
- All services listed under the diagnostic and preventive services of your plan are included in CheckUp Plus. This includes examinations, routine X-rays, sealants, and cleanings. *(Services are subject to frequency limitations.)*
- The example below shows the impact of CheckUp Plus on an enrollee's individual annual maximum. *(Example assumes two routine checkups, covered at 100%, and a \$1,000 annual maximum. Actual plan benefits and dentist charges vary.)*

	With CheckUp Plus			Traditional Dental Plan		
	Delta Dental Pays	Enrollee Pays	Maximum Remaining	Delta Dental Pays	Enrollee Pays	Maximum Remaining
Two routine check-ups (Exams, X-rays, cleanings)	\$300	\$0	\$1,000	\$300	\$0	\$700

Evidence-Based Integrated Care Plan (EBICP)

- EBICP provides additional benefits for persons with medical conditions that have oral health implications. Conditions include:
 - Diabetes
 - Pregnancy
 - High-risk cardiac conditions
 - Kidney failure or dialysis
 - Weakened immune system
 - Cancer therapy
 - Periodontal disease
- EBICP's unique enrollment mechanism requires no medical claims to be filed.
- EBICP requires self-enrollment by the patient or his/her dentist at Delta Dental's Member Portal, or by calling 800-236-3712.
- Learn more at www.deltadentalwi.com. On your dashboard under "Preventive Care and plan Features" there will be a section for Additional Benefits. Select "Enroll Now."

Choosing a Dentist

Discover the advantages of going to a dentist who belongs to a Delta Dental Network

With two dentist networks available, which one is best? The Delta Dental PPO network delivers the greatest savings, but fewer dentists belong. The Delta Dental Premier network is the largest dentist network, but the savings aren't as significant as with a Delta Dental PPO provider. This illustration shows how both networks save money. Seeing either a Delta Dental PPO dentist or Delta Dental Premier dentist will ensure that treatments are guaranteed, claims are directly paid, and no balance-billing can occur.

Savings Example	Delta Dental PPO Network	Delta Dental Premier Network	Out of Network
Estimated Charge	\$1,200	\$1,200	\$1,200
Maximum Allowed Fees	\$825	\$985	\$925
Percentage Paid by Delta Dental	80%	80%	80%
Amount Delta Dental Pays	\$660	\$788	\$740
Amount Dentist Can Balance Bill	\$0	\$0	\$275
Total Amount You Pay	\$165	\$197	\$460
Your Total Cost Savings	\$375	\$215	\$0

Delta Dental PPO Network	Delta Dental Premier Network	Out of Network
Delta Dental PPO network dentists have agreed to charge \$825 for the \$1,200 service, a savings of \$375. Delta Dental plan covers 80% of the cost. Assuming the deductible for the year has been met, Delta Dental will pay \$660 and member will pay \$165.	Delta Dental Premier network dentists have agreed to charge \$985 – a savings of \$215 compared to the fee the dentist charges non-network patients. Assuming the deductible has been met, Delta Dental will cover 80 percent of that \$985, paying \$788. Member will pay \$197. That's an extra \$32 tacked on to the bill when compared to what you would have been paid with a Delta Dental PPO dentist.	Out-of-network dentists have not agreed to charge a lower fee and can bill the full \$1,200. Delta Dental has set a limit on the accepted amount at \$925, which means Delta Dental's share of the tab is \$740. The dentist can bill the difference between the maximum allowed fee and what they charge. This leaves a bill of \$460, which includes the \$275 the out-of-network dentist can "balance bill."

The most accurate and up-to-date information on Delta Dental PPO and Delta Dental Premier dentists is available on our website at www.deltadentalwi.com, or by calling Delta Dental toll free at 800-236-3712.

Finding a Network Dentist

A simple search tool to help make you smile.

At Delta Dental of Wisconsin, our dentist directories are accessible online, via our mobile app, and by phone.

Delta Dental has more than 145,000 participating dentists in our networks across the United States. More than three-fourths of U.S. dentists belong to a Delta Dental network.

On the Web

- Go to www.deltadentalwi.com and select "Find A Dental Provider."
- Enter your search criteria including network type* and click the "Find Providers" button.
* Log into your account to verify your plan designs and network options.
- You can filter your results by gender and other preferences, or search again.

By Phone

Call 800-236-3712 and follow the automated instructions. Participating dentists are searched by ZIP code.

Mobile App

Delta Dental's mobile app is available for smart phones and tablets using iOS (Apple) or Android. To download and install the app on your device, visit the App Store or Google Play and search for "Delta Dental." Log in to the mobile app and select "Find a Dentist." Choose your network* (Delta Dental PPO or Delta Dental Premier) from the dropdown menu. Search by address or current location. Once you've found a dentist that fits your needs, save your dentist to your contacts, call to schedule a visit, or get directions to their office with the touch of your finger.

* Log into your account to verify your plan designs and network options.

Vision Discount Program

Vision Discount Program Included

- A vision discount program is included, offering discounts on exams, prescription eyewear, and contact lenses from a network of participating providers.

Vision Discount Program	Member Benefit
Exam (with dilation as necessary)	\$5 off Comprehensive exam/ \$5 off Contact-lens exam
Complete pair of glasses The following discounts and fees for frames, lenses, and lens options apply only if a complete pair is purchased in the same transaction. Items purchased separately will be discounted 20% off of the retail price.	
Frames (any frame available at provider location)	35% off retail price
Single Plastic Lenses (including standard scratch coating) Single-Vision Bifocal Trifocal	Member Pays: \$50 \$70 \$105
Lens Options UV Coating Tint (solid and gradient) Standard Polycarbonate Standard Anti-Reflective Coating Standard Progression (add-on to bifocal)	Member Pays: \$15 \$15 \$40 \$45 \$65
Conventional Contact Lenses (materials only)	15% off retail price
Laser Vision Correction (LASIK or PRK)	15% off retail price or 5% off promotional piece
Frequency (Exams, frames, lenses, and contact lenses)	Unlimited

Additional Notes

- After initial purchase, replacement contact lenses may be obtained online at substantial savings and mailed directly to the member. Details are available at eyemedvisioncare.com/deltadental.com.
- Members will receive 20% discount on items purchased at participating providers not included under the program. Twenty percent discount may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed provider's professional services, or contact lenses.
- Retail prices may vary by location.

Plan Limitations/Exclusions

- Orthoptic or vision training, subnormal vision aids, and associated supplemental testing
- Medical and/or surgical treatment of the eye, eyes, or supporting structures
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear
- Services provided as a result of any Worker's Compensation law
- Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount)

Find a Vision Provider

Visit www.deltadentalwi.com/vision (select the Access Network)
or call 866-246-9041

Restore the sounds of your life



Did you know?

1 in 9 Americans have hearing loss
 And by 2030, that number is expected to **DOUBLE**

Source: asha.org

What causes hearing loss?

Common causes of hearing loss include exposure to noise, aging, other health conditions, and certain medications.

When should I get my hearing checked?

Get your hearing checked if you are 55 or older, or are experiencing any of the following:

- **Consistent exposure** to loud noises
- **Difficulty understanding** in noisy environments or in groups
- **Hearing mumbling** or feeling as though people are not speaking clearly
- **Ringling** in your ears

Your hearing is covered

Delta Dental of Wisconsin has teamed up with Amplifon to offer you quality hearing health care.

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
Hearing Aid Features	Standard features	Additional, easy-to-use functions	Designed for work and play	Enhanced to keep you on the go	Leading technology keeps you connected
One Simple Price	\$995	\$1,495	\$1,795	\$2,195	\$2,645
Complimentary Aftercare*	Risk-free trial – find your right fit by trying your hearing aids for 60 days Follow-up care – ensures a smooth transition to your new hearing aids Battery support – battery supply or charging station to keep you powered Warranty – 3 year coverage for loss, repairs, or damage				

To learn more, visit www.amplifonusa.com/deltadentalwi or call 1-888-901-0132.



***Risk-free trial** - 100% money back guarantee if not completely satisfied, no return or restocking fees. **Follow-up care** - for one year following purchase. **Batteries** - two year supply of batteries (80 cells/ear/year) or one standard charger at no additional cost. **Warranty** - Exclusions and limitations may apply. Contact Client Services (1-844-267-5436) for details.

Amplifon Hearing Health Care is solely responsible for the administration of hearing health care services, and its own financial and contractual obligations. Delta Dental of Wisconsin and Amplifon are independent, unaffiliated companies. The Amplifon Hearing Health Care discount program is not approved for use with any 3rd party payor program, including government and private third-party payor programs. Hearing services are administered by Amplifon Hearing Health Care, Corp.

DeltaVision - Why Vision Insurance

Save Money. Protect Your Eyesight.

Why is it essential to visit an eye-care provider regularly?

It's important to get your eyes checked regularly to help prevent and/or treat serious health issues? For example, more than 22 million American aged 40 and older have cataracts, and more than two million Americans aged 40 and older have glaucoma.

Avoid expensive eye-care procedures.

Sixty-one million adults in the U.S. are at high risk for serious vision loss. However, only half visited an eye doctor in the past 12 months. Regular eye exams can help prevent expensive follow-up treatment.

Spot potential health risks.

Regular eye checkups assist in the early detection of diabetes and high blood pressure and can help treat or prevent glaucoma, diabetic retinopathy, and macular degeneration.

Children need to see well to learn well.

Up to 25 percent of school-age children may have vision problems. Children with an undiagnosed eye condition may have disadvantages in classroom settings.

Immediate savings

See how much an exam and eyeglasses** cost without vision insurance and how much can be saved (based on a plan with a \$130 frame allowance with 20% off balance of frames, and \$0 exam/copayment).

Service/Material	Average Retail Cost	DeltaVision Covers	Member Out-of-Pocket Costs
Exams*	\$84	\$84	\$0
Frames (\$130 allowance with 20% off balance of frames)	\$158	\$130 + \$5.60	\$22.40
Eyeglass Lenses Single-Vision**	\$79	\$79	\$0
Lens Options - UV Coating	\$14	\$0	\$14
Standard Scratch Resistance	\$21	\$6	\$15
Anti-Reflective Coating	\$87	\$42	\$45
TOTAL	\$443	\$346.60	\$96.40

*Not all plans include exam coverage. Refer to Your Vision Benefits to see if your plan includes exam coverage. Other plan designs or options may produce different out-of-pocket amounts.

**Contact lenses may be selected in lieu of eyeglass lenses.

DeltaVision & EyeMed

Delta Dental + EyeMed = DeltaVision

Delta Dental asks groups and agents what they value most in a vision plan. And every year Delta Dental delivers on those key attributes:

- **Flexibility.** DeltaVision offers the industry's broadest spectrum of vision plans and network access through EyeMed network providers.
- **Affordability.** Vision insurance is one of the most affordable benefits you can offer your employees – and it's extremely cost-effective, especially in today's computer-centered world, where optimum vision is a must.
- **Savings.** DeltaVision plans offer savings on frames, lenses, exams, and contacts through our insured plans; discounts of up to 35 percent on our most popular lens options; and discounts of up to 40 percent on additional frames, lenses and options once the funded benefit is used.

DeltaVision Saves Money

Eyewear and exams are expensive. Coupons help, but not every provider offers coupons, and the coupon may not always cover what is wanted or needed. DeltaVision has the answer: Savings on the essentials of eye health – exams, frames, lenses, contact lenses, and lens treatments – plus LASIK procedures, from more providers in more places than any coupon can deliver. DeltaVision discounts don't have an expiration date. In fact, even after the funded savings on corrective eyewear you can save 40 percent off a second pair of glasses, 15 percent off contact lenses, and 20 percent off all products and services that the plan doesn't cover.

EyeMed Provider Network

DeltaVision plan is supported by the **EyeMed** provider network. This large network includes private practice optometrists, ophthalmologists, and opticians, as well as many leading optical retailers, including all LensCrafters locations nationwide.

For an up-to-date listing of EyeMed providers in your area, visit our website at www.deltadentalwi.com and select "Find A Vision Provider". Search EyeMed Access Network (network also listed on your vision ID card). Or call EyeMed's Customer Care Center at 844-848-7090. Please contact the provider prior to receiving services to verify his/her participation in the network.

DeltaVision & EyeMed *(CONTINUED)*

DeltaVision Benefit Selections

With DeltaVision, members receive great savings and a wide selection of frames and lenses at EyeMed network provider locations.

- DeltaVision members use the **Access** network through EyeMed Vision.
- DeltaVision members can choose from any frame or contact lenses the provider has available, and use the lens benefit on either contact or eyeglass lenses.† EyeMed network providers offer a wide variety of frames, including frames from the world's leading frame manufacturer, Luxottica. Anne Klein®, Brooks Brothers and Persol® are just a few of the Luxottica brand frames available at most EyeMed independent providers and LensCrafters locations.
- In addition to the great frame selections, there are many options to add to your eyeglass lenses at reduced prices. EyeMed network providers can offer anti-reflective coating to reduce glare and UV coating for extra protection from the sun. Scratch-resistant lenses or polycarbonate lenses are also available.
- EyeMed network providers offer brand name contact lenses, including disposable contact lenses and supplies.
- Spread purchases over two benefit periods. Buy a complete pair of glasses on the first visit, and wait until the next benefit period to purchase contacts. The lens benefit can then be applied to the price of the contact lenses.

Accessing Your DeltaVision Benefit

Receiving vision benefits is as easy as visiting the nearest EyeMed network provider. Before visiting an EyeMed network provider we recommend members do the following:

1. Inform vision care provider that they are a DeltaVision member and give them their name, the name of your plan (EyeMed Vision Care), and member ID number.
2. Identify themselves as a EyeMed Vision Care member when arriving at the appointment, and then present their ID card. Please note: all members will receive their vision ID card directly from EyeMed. Based on the member enrollment, there may be slight delays in receiving the ID card (delivery approximately 2 weeks after enrollment is entered into EyeMed's system).

Customer Service

You can find answers to most DeltaVision customer service questions by contacting EyeMed:

www.eyemed.com | 844-848-7090

DeltaVision is offered through Wyssta Insurance Company, Inc.
a company of Delta Dental of Wisconsin, Inc., and is administered by EyeMed Vision Care.

Vision Plan Designs

Rates valid from 9/1/18 through 2/29/24

The vision summaries offered through the Wisconsin Insurance Benefit Trust below do not cover all plan details. Further information can be found in the vision benefit handbook. That document provides a thorough explanation of the plan including any limitations or exclusions that might apply. If there are any discrepancies between information found here and the group contract, the group contract shall govern.

All DeltaVision plan options use the EyeMed [Access](#) network.

PLAN 1 – Employer Paid PLAN 2 – Voluntary		
	Network Benefit	Non-Network Reimbursement
Exam (Frequency every 12 months) Comprehensive Exam Retinal Imaging Standard Contact Lens Fit & Follow-up Premium Contact Lens Fit & Follow-up	Member pays \$0 copay Member pays \$39 Member pays \$55 10% off retail price	\$35 None \$0 \$0
Frames (Frequency every 12 months)	\$130 allowance, then 20% off balance	50% of the selected in-network allowance
Lenses (Frequency every 12 months) Single, Bifocal, Trifocal Standard Progressive UV Coating, Tinting, Standard Scratch Resistance Standard Polycarbonate Standard Anti-Reflective Coating Other Add-ons and Services	Member pays \$0 copay Member pays \$65 Member pays \$15 Member pays \$40 Member pays \$45 20% off retail price	\$25 Single, \$40 Bifocal, \$55 Trifocal None None None None None
Contact Lenses (in lieu of frames) (Frequency every 12 months) Conventional Disposable Medically Necessary	\$120 allowance, then 15% off balance \$120 allowance Paid in full	80% of selected allowance amount for contacts 80% of selected allowance amount for contacts \$200
Laser Vision Correction (Lasik or PRK)	15% off retail price of 5% off promotional price	None

Additional In-Network Discounts Apply

Plan 1 - Employer Paid Monthly Premium: Employee = \$7.64 Employee +1 = \$14.56 Employee 2+ = \$22.83

Plan 2 - Voluntary Monthly Premium: Employee = \$11.23 Employee +1 = \$21.41 Employee 2+ = \$33.59

PLAN 3 – Employer Paid PLAN 4 – Voluntary		
	Network Benefit	Non-Network Reimbursement
Exam (Frequency every 12 months) Comprehensive Exam Retinal Imaging Standard Contact Lens Fit & Follow-up Premium Contact Lens Fit & Follow-up	Member pays \$10 copay Member pays \$39 Member pays \$55 10% off retail price	\$35 None \$0 \$0
Frames (Frequency every 24 months)	\$130 allowance, then 20% off balance	50% of the selected in-network allowance
Lenses (Frequency every 12 months) Single, Bifocal, Trifocal Standard Progressive UV Coating, Tinting, Standard Scratch Resistance Standard Polycarbonate Standard Anti-Reflective Coating Other Add-ons and Services	Member pays \$10 copay Member pays \$65 Member pays \$15 Member pays \$40 Member pays \$45 20% off retail price	\$25 Single, \$40 Bifocal, \$55 Trifocal None None None None None
Contact Lenses (in lieu of frames) (Frequency every 12 months) Conventional Disposable Medically Necessary	\$120 allowance, then 15% off balance \$120 allowance Paid in full	80% of selected allowance amount for contacts 80% of selected allowance amount for contacts \$200
Laser Vision Correction (Lasik or PRK)	15% off retail price of 5% off promotional price	None

Additional In-Network Discounts Apply

Plan 3 - Employer Paid Monthly Premium: Employee = \$5.88 Employee +1 = \$11.19 Employee 2+ = \$17.57

Plan 4 - Voluntary Monthly Premium: Employee = \$8.02 Employee +1 = \$15.27 Employee 2+ = \$23.96

Vision Plan Designs

Dependent age limitation – Dependents covered to age 26, full-time students covered to age 26.

Additional in-network discounts

- 20% discount on items not covered by the plan at network providers. This discount may not be combined with any other discounts or promotional offers. This discount does not apply to an EyeMed® provider's professional services (i.e. exams) or contact lenses. Retail prices may vary by location.
- 40% discount on complete eyeglass purchases after your plan benefits have been fully used (includes prescription sunglasses).
- 15% discount on conventional contact lenses after your plan benefits have been fully used.
- Members can purchase eyeglasses online and apply their in - network eyeglass benefits at www.glasses.com.
- Members can purchase contact lenses online and apply their in - network contact lenses benefits at www.contactsdirect.com.
- Discounts do not apply for benefits provided by other group benefit plans.

Plan Limitations/Exclusions (Apply to All DeltaVision Plans):

- Orthoptic or vision training, subnormal vision aids, and associated supplemental testing.
- Medical and/or surgical treatment of the eye, eyes or supporting structures.
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan.
- Services provided as a result of any worker's compensation law.
- Plano nonprescription lenses and nonprescription sunglasses (except for 20% discount).
- Aniseikonic lenses.
- Services or materials provided by any other group benefit providing vision care.
- Two pairs of glasses in lieu of bifocals.
- Allowances are one-time use benefits; no remaining balance.
- Lost or broken materials are not covered.



Wisconsin Insurance Benefit Trust Enrollment/Change/Waiver Form - Dental/Vision

PLEASE NOTE THAT COMPLETING THIS FORM DOES NOT GUARANTEE COVERAGE.

Completed forms should be faxed or mailed to : Cyganiak Planning, Inc. - Do Not Send Forms To Delta Dental
3515 North 124th Street, Suite 100, Brookfield WI 53005 | Phone: 262-783-6161 | Fax: 262-783-5956

CYGANIAK PLANNING INC USE ONLY

Probationary
Period

Agent Initials

DENTAL COMPANY NUMBER _____ EFFECTIVE DATE _____
VISION COMPANY NUMBER _____ EFFECTIVE DATE _____

COMPLETE THIS SECTION IF YOU ARE ACCEPTING, CHANGING, OR TERMINATING COVERAGE

EMPLOYEE LAST NAME	FIRST	M.I.	SSN OR EMPLOYER-ASSIGNED ID	DATE OF BIRTH	MO	DAY	YR	SEX	F	M
HOME ADDRESS - STREET			CITY	STATE		ZIP				
EMPLOYER NAME	EMPLOYER ADDRESS		CITY	STATE		DATE OF HIRE	MO	DAY	YR	

PLAN SELECTION (NOTE: You may enroll dependents only in plans that you enroll in)

SELECT PLAN(S) YOU WISH TO ENROLL IN: **DENTAL** **VISION**

LIST ALL ELIGIBLE FAMILY MEMBERS TO BE COVERED

DENTAL	VISION	SPOUSE LAST NAME (IF DIFFERENT)	FIRST	M.I.	RELATIONSHIP		DATE OF BIRTH				
					SON	DAU.	MO	DAY	YR		

REASON FOR SUBMITTING THIS FORM

NEW ENROLLEE **REHIRE** (Date: _____)

IF THIS IS FOR CHANGE, WHAT IS THE REASON?

Date Occurred

- Birth/Adoption (Name: _____) _____
- Marriage / Divorce _____
- Add / Drop Dependent (Name: _____) _____
- Termination of Benefits (Reason: _____) _____
- Loss of Dental/Vision Benefits _____
- Name Change (Former Name: _____) _____
- Address Change (_____) _____
- Group Transfer (From _____ To _____) _____
- COBRA Application _____

COVERAGE TYPE

WHAT TYPE OF DENTAL COVERAGE ARE YOU APPLYING FOR?

Employee Only Entire Family

WHAT TYPE OF VISION COVERAGE ARE YOU APPLYING FOR?

Employee Only Employee +1
Employee 2+

YOUR MARITAL STATUS Single Married

If you are not accepting coverage for your spouse or dependents, are they covered by another dental/vision plan? Yes No

ACCEPT COVERAGE: **DENTAL** **VISION**

X

Signature is Required

Date

COMPLETE THIS SECTION ONLY IF YOU ARE WAIVING COVERAGE

EMPLOYEE LAST NAME	FIRST	M.I.
SSN OR EMPLOYER-ASSIGNED ID	EMPLOYER NAME	
EMPLOYER LOCATION	CITY	STATE

IF WAIVING DENTAL PLEASE CHECK ONE:

- I have dental coverage through my spouse
- I have other dental coverage
- I do not have other dental coverage

IF WAIVING VISION PLEASE CHECK ONE:

- I have vision coverage through my spouse
- I have other vision coverage
- I do not have other vision coverage

WAIVE COVERAGE: **DENTAL** **VISION**

X

Signature is Required

Date

Dental and/or Vision Administrative Information

To Enroll Either a Dental and/or Vision Group

Provide the following to Cyganiak Planning, Inc. by the 25th of the month:

- The Group Application Form and Billing Statement with all requested information completed.
- Completed Enrollment Forms for all enrollees, including those within a group who are waiving coverage.
- Exact premium check payable to: WIBT Delta Dental (for dental) and/or WIBT DeltaVision (for vision).

Send materials to: Cyganiak Planning, Inc. | 3515 North 124th Street, Suite 100 | Brookfield, WI 53005

Marketing Guidelines:

- WIBT dental plans are available to employer groups with 2-25 eligible employees. A group with more than 25 total employees is not eligible for WIBT dental plans, even if less than 25 employees want to enroll. WIBT vision plans are available to employer groups of 2 or more.
- The plan must be sponsored by the employer. The employer will collect premiums via payroll deduction. However, no employer contribution is required. No individual billings will be accommodated.
- In order to enroll dependents, the employee must be enrolled. Retirees are not eligible unless all active employees are eligible for the plan. Domestic partner coverage is available.
- There is an open enrollment period at each renewal. An employee who waived coverage or dropped coverage may enroll only during the open enrollment period or due to a qualifying event.
- Initial and subsequent enrollment data - including additions, changes and terminations - must be sent to Cyganiak Planning for processing. Please do not send anything directly to Delta Dental.
- There is a monthly administrative fee of \$10.00 for dental and \$5.00 for vision. The group can only be billed on a direct monthly basis. At this time, we cannot accept credit/debit card payments, multiple month payments, or bank draft (ACH) payments.
- Cyganiak Planning, Inc. will accept cases up to the last business day of the month, for the following month's coverage.
- The WIBT Administrative Kit should be used for employer presentations and administrative detail. This document contains important information about the program, including benefit summaries, administrative policies and other vital information.

Adding, terminating, and changing status of enrollees

- Complete the Enroll/Change/Waiver form to report any subscriber/member changes. All information on the form must be completed, signed and dated. The waiver of benefits section of the form must be completed if the employee does not wish to enroll or an employee with dependents chooses single coverage.
- New employees must complete an Enroll/Change/Waiver form 30 days prior to the effective date of coverage.
- An employee's coverage will continue until the end of the month, even though she/he may terminate employment during the month.
- At the time you are discontinuing premium for the terminated employee, the Enroll/Change/Waiver form must be completed. Cyganiak Planning, Inc. cannot delete a terminated employee without this form.
- Coverage for some services under WIBT dental plans is subject to frequency and age limitations. These limitations and restrictions are described in the handbook and summary of benefits. Copies of these materials are available by calling Delta Dental of Wisconsin at 800-236-3712.

Continuation of coverage

- Federal law requires WIBT insured employees be advised in writing of their rights to continue group dental insurance coverage. This applies to employer groups of 20 or more full- and part-time employees. WIBT employer groups with under 20 enrolled are subject to State law.

Questions

Administrative: Call your agent or customer service representative at Cyganiak Planning, Inc. - 262-783-6161.

Billing: Call Cyganiak Planning, Inc. at 262-783-6161 and ask for Danah (ext. 502).

Dental Claims: Call Delta Dental's Benefit Center at 800-236-3712.

Vision Benefits/Claims: Contact EyeMed's Customer Care Center for replacement ID cards and questions concerning benefits and claims. EyeMed hours: Mon.-Sat. 8 a.m. to 4:30 p.m. CST, Sun. 10 a.m. to 7 p.m. CST. Call toll-free at 844-848-7090.



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