

# **Wabash County Government**

## **Dental and Vision**

**7/1/2025-3/31/2026**

**Special Open Enrollment**





**Delta Dental of Indiana**

**Plan Pays:**

In-network		Out-of-network
Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Nonparticipating Dentist

**Diagnostic & Preventive**

Diagnostic & Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%	100%
Sealants - to prevent decay of permanent teeth	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%

**Basic Services**

Minor Restorative Services - fillings and crown repairs	80%	80%	80%
Non-Surgical Periodontic Services - non-surgical services to treat gum disease	80%	80%	80%
Periodontal Maintenance - cleanings following periodontal therapy	80%	80%	80%
Simple Extractions - non-surgical removal of teeth	80%	80%	80%
Relines and Repairs - to prosthetic appliances	80%	80%	80%
Other Basic Services - misc. services	80%	80%	80%

**Major Services**

Endodontic Services - root canals	50%	50%	50%
Surgical Periodontic Services - surgical services to treat gum disease	50%	50%	50%
Surgical Extractions - surgical removal of teeth	50%	50%	50%
Other Oral Surgery - dental surgery other than extractions	50%	50%	50%
Major Restorative Services - crowns	50%	50%	50%
Prosthodontics Services - bridges, implants, and dentures	50%	50%	50%



## Delta Dental of Indiana

\* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference.

### Maximum Payment

\$1000 per person total per calendar year on Diagnostic & Preventive, Basic Services, and Major Services.

### Maximum Carryover

- If at least one Covered Service is paid in a calendar year and the total benefit paid does not exceed \$500 in that calendar year, \$250 will be added to the next calendar year carryover maximum. This amount will accumulate from one calendar year to the next, but will not exceed \$1000. If no Covered Services are paid during a calendar year, all accumulated carryover amounts from previous calendar years will be forfeited.

### Deductible

\$50 deductible per person total per calendar year limited to a maximum deductible of \$150 per family per calendar year on all services except Diagnostic & Preventive.

## RATES

Rate per subscriber per pay	Group number 10599
Employee Only Rate	\$14.47
Employee and Spouse Rate	\$28.39
Employee and Child(ren) Rate	\$38.59
Employee, Spouse and Child(ren) Rate	\$53.01



## Stay in Network and Save Money With Delta Dental

With your Delta Dental PPO™ (Point-of-Service) plan, you may save more money and receive higher levels of coverage when visiting a Delta Dental PPO dentist. Our PPO dentists have agreed to accept lower fees as full payment for covered services. However, if you go to a dentist who doesn't participate in Delta Dental PPO, you can still save money if your dentist participates in Delta Dental Premier®. Like our PPO dentists, Delta Dental Premier dentists agree to accept Delta Dental's fee determination as full payment for covered services.

DELTA DENTAL NETWORKS	Delta Dental PPO	<ul style="list-style-type: none"> <li>No balance billing on covered services</li> <li>Most significant network discounts with more than 368,000 office locations nationwide*</li> <li>Dentists file claims for member</li> </ul>
	Delta Dental Premier	<ul style="list-style-type: none"> <li>No balance billing on covered services</li> <li>Significant network discounts with the most office locations nationwide—more than 434,000*</li> <li>Dentists file claims for member</li> </ul>
OUT OF NETWORK	Out-of-network dentist	<ul style="list-style-type: none"> <li>May be balance billed</li> <li>No discounts</li> <li>May need to file own claims</li> </ul>

\*National network statistics: Delta Dental Plans Association, March 2021

### Example of how it works

As shown below, your lowest out-of-pocket costs result from going to either a Delta Dental PPO or Delta Dental Premier dentist.

		DELTA DENTAL PPO DENTIST	DELTA DENTAL PREMIER DENTIST	OUT-OF-NETWORK DENTIST
ADULT CLEANING	Submitted fee	\$180	\$180	\$180
	Maximum allowed fee	\$54	\$77	\$63
	Coverage level	100%	100%	100%
	Amount Delta Dental pays	\$54	\$77	\$63
	AMOUNT YOU PAY	\$0	\$0	\$17
CROWN	Submitted fee	\$1,100	\$1,100	\$1,100
	Maximum allowed fee	\$754	\$989	\$799
	Coverage level	50%	50%	50%
	Amount Delta Dental pays	\$377	\$494.50	\$399.50
	AMOUNT YOU PAY	\$377	\$494.50	\$700.50

NOTE: Payment examples above are illustrative only. Fees and reimbursements can vary by location and dentist. They do however represent how payment is determined.

[www.deltadentalmi.com](http://www.deltadentalmi.com)

[www.deltadentaloh.com](http://www.deltadentaloh.com)

[www.deltadentalin.com](http://www.deltadentalin.com)



# DeltaVision<sup>®</sup>

**vsp**  
vision care

Exam/lens/frame frequency (months)	12/12/24
Contacts (instead of glasses) frequency (months)	12

## In-network coverage

Exam copay	\$10
Materials copay	\$25
Single vision, lined bifocal, lined trifocal or lenticular lenses	Covered in full after copay
Frames allowance	\$130
Elective contact lenses allowance	\$130
Necessary contact lenses	Covered in full after copay
Contact lens fit and evaluation copay	Up to \$60
Diabetic Eyecare Plus	Included

## Out-of-network allowances

Exam	Up to \$45
Single vision lenses	Up to \$30
Bifocal lenses	Up to \$50
Trifocal lenses	Up to \$65
Progressive lenses	Up to \$50
Lenticular lenses	Up to \$100
Frames	Up to \$70
Elective contact lenses	Up to \$105
Necessary contact lenses	Up to \$210

## Most popular lens enhancements (member cost)<sup>2</sup>

All lens enhancements are covered after a copay saving members 30% on average

	Single	Multifocal
Standard anti-reflective coating	\$41	\$41
Premium anti-reflective coating	\$68	\$68
Custom anti-reflective coating	\$85	\$85
Polycarbonate lenses (adult)	\$35	\$35
Polycarbonate lenses (child)	Covered	Covered
Standard progressive lenses	N/A	Covered
Premium progressive lenses	N/A	\$95 or \$105
Custom Progressive lenses	N/A	\$150 or \$175
Photochromic lenses	\$75	\$75
Scratch resistant coating	\$17	\$17

## RATES

Rate per subscriber per pay	Group number V10599
Employee Only Rate	\$2.69
Employee and Spouse Rate	\$5.37
Employee and Child(ren) Rate	\$5.75
Employee, Spouse and Child(ren) Rate	\$9.18



# Stay Informed About Your Dental Benefits With Member Portal

## Get started today

1. Visit [www.memberportal.com](http://www.memberportal.com).

2. Log in.

**NOTE:** Member Portal has replaced Consumer Toolkit®.

If you currently have a Consumer Toolkit account, your username and password for Consumer Toolkit will work for Member Portal.

- If you have already registered, enter your credentials and click the "Login" button.
- If you are new to Member Portal, click the "Sign up!" link to register.

**NOTE:** You will need the subscriber's (the person whose name is on the benefit package) member ID. The member ID is an assigned number unique to the subscriber. In most cases, the member ID is the same as the subscriber's Social Security number.

3. Complete required fields and follow the on-screen instructions.

4. Select your own username and password to access the site.

Additional help can be accessed through the Help menu within Member Portal. If you need further assistance, call Toolkit Support at 866-356-0301.



## Member Portal features

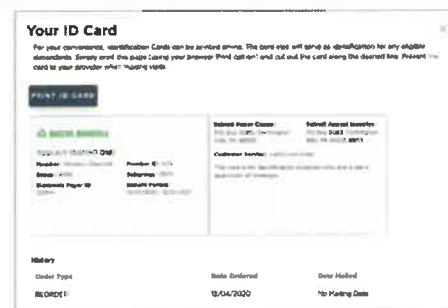
### Find your benefits

Confirm eligibility and review benefits by clicking the **Coverage** link at the top.



### Print ID card

View and print your ID card 24/7 by following the **Print ID Card** link.



### If a member signs on to Member Portal, will they also be able to view DeltaVision information (benefits, EOBs, etc....)?

- When a member signs into [memberportal.com](http://memberportal.com) they will be able to see their enrollment in DeltaVision, however, they will not be able to see claim or benefit-specific information.
- To access claim-specific or more detailed information, they will need to login to their VSP member account which can be done by visiting [www.vsp.com](http://www.vsp.com) or through a single sign on (SSO) through Member Portal.