

AFFORDABLE **DENTAL** INSURANCE



In-Network Advantages

Delta Dental PPO and Delta Dental Premier network dentists agree to:

Treatment Guarantees: Restorations will be repaired or replaced should they fail within 24 months.

No Balance-Billing: If their normal charge is higher than the maximum fee, they can't pass the balance on to you.

Claims Processing: Claims are filed on your behalf and payments go directly to the dentist.

Special Plan Features

This dental plan includes additional features designed to encourage good oral health and promote overall health:

Evidence-Based Integrated Care Plan: Provides additional benefits for those with certain medical conditions that have oral-health implications. Conditions include: diabetes, pregnancy, cancer therapy, or specific heart conditions.

CheckUp Plus: Diagnostic and preventive services (exams, X-rays, regular cleanings, and other related treatments) don't apply to your individual annual maximum.

A Member Benefit of



WHY YOU NEED DENTAL INSURANCE

FOR YOUR BUDGET: Ward off expensive dental emergencies.

Early-detected cavities, broken fillings, and gum disease are easily treatable. If left untreated, expensive root canals, gum surgery, tooth extractions, or worse may result.

Immediate savings

See how much you'd pay without dental insurance for some typical dental services ... and how much you can save on out-of-pocket costs with one of our comprehensive dental plans.

FOR YOUR HEALTH: Spot potential health risks.

Oral health is directly linked to whole-body health. Dental professionals can spot symptoms of more than 120 diseases elsewhere in the body during a simple dental checkup.

FOR YOUR FAMILY: Start your children on the path to good oral health.

According to the Surgeon General, children miss 51 million school hours each year because of dental-related illnesses. The sooner your children begin learning good dental-health habits, the more likely they are to make going to the dentist part of their health regimen for life.

| Service | Cost without dental insurance* | Value of benefit** | Savings*** |
|--|--------------------------------|--------------------|------------|
| Adult checkup (cleaning with exam, bitewings, and no fluoride application) | \$190 | 100% | \$190 |
| Child checkup (cleaning and fluoride application, exam, and bitewings) | \$200 | 100% | \$200 |
| Full series X-rays | \$100 | 100% | \$100 |
| Filling (adult, three surfaces) | \$128 | 80% | \$102.40 |
| Full crown | \$832 | 50% | \$416 |
| Root canal (molar) | \$803 | 50% | \$401.50 |

Dental insurance from Delta Dental can help you and your family save money every time you see the dentist, whether for preventive checkups and cleanings or unexpected expenses like fillings or crowns.

Delta Dental offers two dental networks: Delta Dental PPO and Delta Dental Premier. Both save you money. Dentists who belong to the Delta Dental PPO network offer the lowest agreed-upon fees. And the Delta Dental PPO network has

more locations for members to access care than any other PPO network.

Dentists who belong to the Delta Dental Premier network also agree to discounts – just not as deep. But the network is much broader; more than 90 percent of Wisconsin's dentists belong to the Delta Dental Premier network – and 81 percent nationally. The Delta Dental Premier network is the nation's largest dentist network.

*Costs represent typical dental fees charged in the state of Wisconsin, from healthcarebluebook.com. Fees may vary by location and dentist.

**Plan design shown has 100/80/50 coverage.

***Savings shown reflect amount paid after deductible has been met. The plan will pay for all services up to your annual maximum.

Delta Dental PPO Plus Premier

The summary below does not cover all plan details. Complete information can be found in the Summary Plan Description or Dental Benefit Handbook. These documents provide a thorough explanation of your dental plan, including any limitations or exclusions that may apply. If there are any discrepancies between information found here and the group contract, the group contract shall govern.

Note: If you want benefits under this plan you must see a → Delta Dental PPO or Delta Dental Premier network dentist.

| | Delta Dental PPO Network | Delta Dental Premier Network |
|---|--|------------------------------|
| Individual Annual Maximum Includes CheckUp Plus™. With CheckUp Plus™, benefits paid for diagnostic and preventive services do not apply to the individual annual maximum. | \$1,000 | \$1,000 |
| Individual Annual Deductible (per person) | \$50 | \$75 |
| Diagnostic & Preventive Services Examinations, teeth cleanings, fluoride treatments once every six months. Bitewing X-rays once every 12 months and full-mouth X-rays once every five years. One-time application of sealants. Space maintainers as needed. | 100% | 80% |
| Basic Services Emergency treatment to relieve pain, fillings, and simple extractions. | 80%* | 50%* |
| Major Services Endodontics and periodontics (root canals and gum-disease treatment), extractions and oral surgery, crowns, complete and partial dentures, implants, fixed bridges, repairs and adjustments. | 50%* | 50%* |
| Orthodontic Services Coverage applies for dependent children to age 19. | 50%* | 50%* |
| Lifetime Orthodontic Maximum | \$1,000 | \$1,000 |
| Evidenced-Based Integrated Care Plan (EBICP) Delta Dental's Evidence-Based Integrated Care Plan provides expanded benefits for persons with diseases and medical conditions that have oral-health implications. These benefits address the unique oral-health challenges faced by persons with these conditions, and can play an important role in the management of an individual's medical condition. | Included | |
| Dependent Age Limit | Age 26, except as noted for orthodontics | |
| Waiting Periods Endodontics (root canals), periodontics (gum-disease treatment), extractions, and oral surgery. Crowns, complete and partial dentures, implants, fixed bridges, repairs and adjustments, orthodontics. | 6 months 12 months | |

*deductible applies

Ready to enroll?

Fill out the enrollment form and fax it to your Bultman Financial Representative, or email it to CBultman@bultmanfinancial.com

Plan Administered by: Bultman Financial Services, Inc.
 13625 Bishop's Drive, Suite 100, Brookfield, WI 53005
 Phone: (262) 782-9949 | Toll Free: (800) 344-7040
 Fax: (262) 782-1454 | www.bultmanfinancial.com

Rates effective April 1, 2016 through December 31, 2016.

| | Monthly Rate |
|---------------------------|--------------|
| Member Only | \$31.33 |
| Member & Spouse | \$63.94 |
| Member & Children | \$79.76 |
| Member, Spouse & Children | \$128.28 |



State Bar of Wisconsin Enrollment/Change Form - Dental

PLEASE NOTE THAT COMPLETING THIS FORM DOES NOT GUARANTEE COVERAGE.

ADMINISTRATOR USE ONLY

GROUP NUMBER 00215 EFFECTIVE DATE _____

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

| | | | | | | | | | | |
|---|-------|------|-------------------|---------------|------|-------|-------|-----|-------------------|---|
| STATE BAR OF WISCONSIN MEMBER LAST NAME | FIRST | M.I. | SSN | DATE OF BIRTH | MM | DD | YR | SEX | F | M |
| HOME ADDRESS - STREET | | | | CITY | | STATE | | ZIP | | |
| PHONE NUMBER | | | EMAIL ADDRESS | | | | | | | |
| GROUP NAME | | | EMPLOYER LOCATION | | CITY | | STATE | | SBW MEMBER NUMBER | |
| State Bar of Wisconsin | | | | | | | | | | |

LIST ALL ELIGIBLE FAMILY MEMBERS TO BE COVERED

| SPOUSE LAST NAME (IF DIFFERENT) | FIRST | RELATIONSHIP | | DATE OF BIRTH | | |
|---------------------------------|-------|--------------------------|--------------------------|---------------|----|----|
| | | SON | DAU. | MM | DD | YR |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |

REASON FOR SUBMITTING THIS FORM

NEW ENROLLEE RE-ENROLL (Date: _____)

IF THIS IS FOR CHANGE, WHAT IS THE REASON?

- | | |
|---|---------------------|
| <input type="checkbox"/> Birth/Adoption (Name: _____) | Date Occurred _____ |
| <input type="checkbox"/> Marriage/ <input type="checkbox"/> Divorce | _____ |
| <input type="checkbox"/> Add/ <input type="checkbox"/> Drop Dependent (Name: _____) | _____ |
| <input type="checkbox"/> Termination of Benefits (Reason: _____) | _____ |
| <input type="checkbox"/> Loss of Dental Benefits | _____ |
| <input type="checkbox"/> Name Change (Former Name: _____) | _____ |
| <input type="checkbox"/> Address Change (_____) | _____ |

COVERAGE TYPE

WHAT TYPE OF COVERAGE ARE YOU APPLYING FOR?

- Member Only Member & Spouse
 Member & Child(ren) Entire Family

YOUR MARITAL STATUS

- Single Married

ACCEPT COVERAGE

X

Signature _____

By typing your name on the signature line, you are signing this agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature and you consent to be legally bound by this agreement's terms and conditions. I have reviewed and been provided a copy of my rights under the federal e-sign act.

Acceptance of Coverage

I accept the insurance provided by the State Bar of Wisconsin's group insurance plan. I authorize deductions from my checking or savings account for the required contributions toward the cost of insurance. I understand that by accepting insurance, I am required to remain enrolled as a covered member and cannot make an elective change in the coverage selected until the next open enrollment period, if there is one provided for in the Master Agreement to Provide Dental Benefits.

FAX THIS FORM TO YOUR BULTMAN FINANCIAL REPRESENTATIVE AT (262) 782-1454 OR EMAIL TO CBULTMAN@BULTMANFINANCIAL.COM