

Delta Dental

broker event

20

Virtual Series

Delta Dental of South Dakota

25

CLAIM



Meet the team



Dayna

VP Growth &
Customer Experience



Jodie

Sales &
Account Management



Micah

Sales &
Marketing Coordinator



Ronelle

Group
Administration Manager



Amanda

Contact
Center Manager



Kerri

Group
Administration



Kerrigan

Group
Administration



Berkley

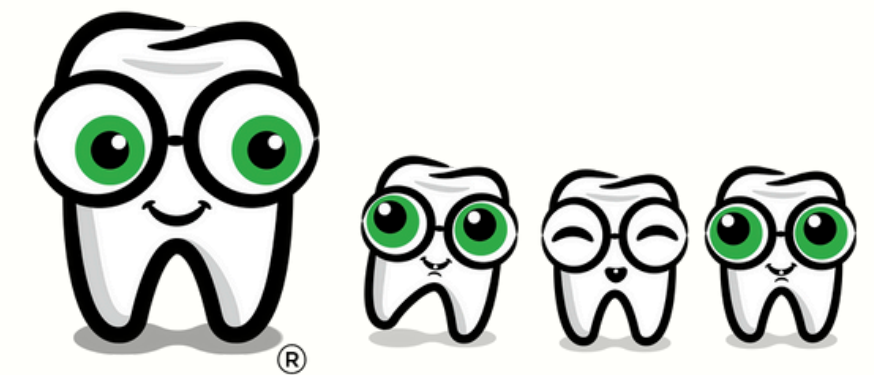
Group
Administration



Holly

Group
Administration

About Delta Dental



A healthy smile can break the ice, brighten a day, and warm your heart. You feel like there's nothing you can't do. At Delta Dental, we believe in the power of your smile.

 **DENTAL**®  **VISION**®



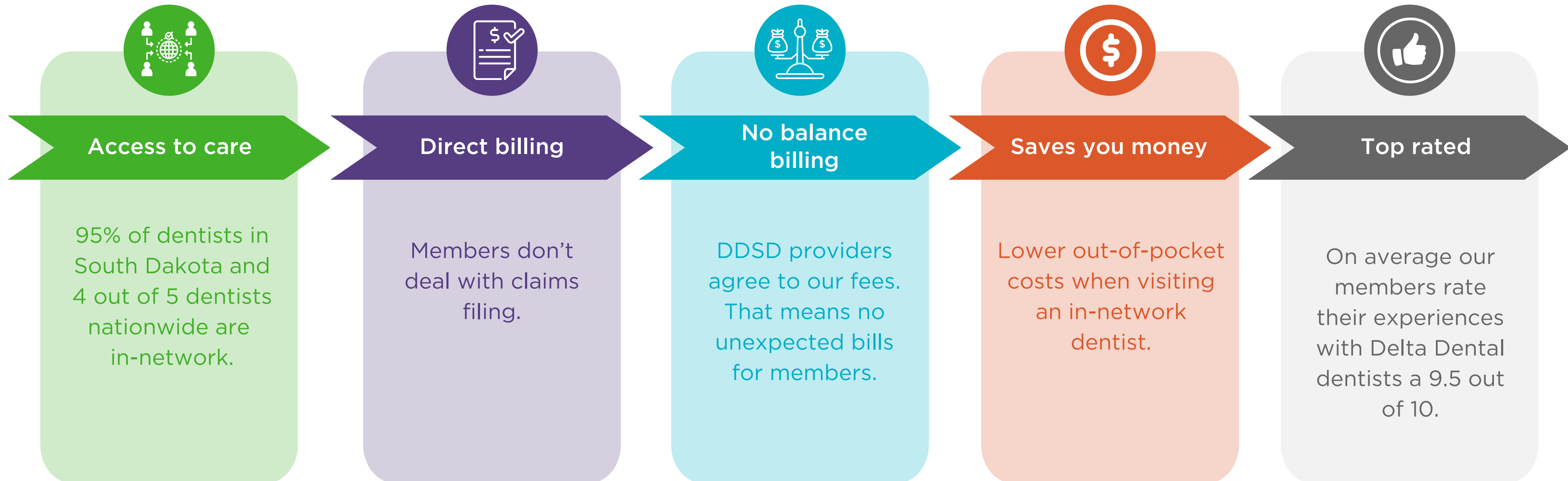
Nonprofit South Dakota company, member of the national Delta Dental Plans Association (DDPA).



Dedicated to advancing and improving oral health.



Delta Dental Network Experience





Benefit offerings

Jodie Longman,
Sales & Account Manager


2026 Individual & Family Plans




2026 Individual & Family Plans™

Everyone deserves a healthy smile, protect yours with Delta Dental.

At Delta Dental of South Dakota, we know how important healthy smiles are to your family, so we make caring for them simple. Families with dental insurance are almost **twice as likely** to receive preventive care as to those without it.¹ This means regular checkups and cleanings happen more consistently, preventing oral diseases before they start. We offer flexible, budget-friendly plans, designed for you and your family giving you peace of mind that your smiles are covered.



Enroll today!
Visit deltadentalsd.com or contact your local broker!




What you need to know

- Who is eligible to apply?**
Permanent South Dakota residents over the age of 19 may purchase a dental plan with us.
- What are my payment choices?**
- ✓ Monthly payment by credit card
 - ✓ Monthly payment by EFT
 - ✓ Annual payment by check
- When will my coverage start?**
Individual plans start on the first day of the month after your application and payment are received, with some services subject to waiting periods. Please refer to the benefits summary for details.

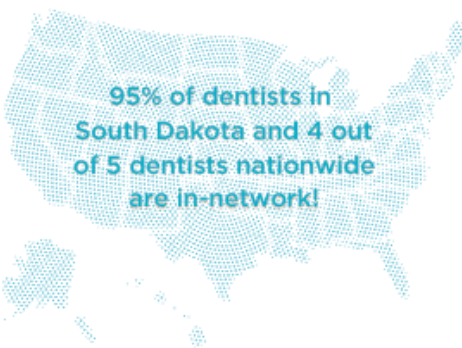
Extra value built in

- 

Health through Oral Wellness®
With Health through Oral Wellness (HTOW), you can unlock additional benefits based on your risk for oral diseases by completing a risk assessment at your regular dental visit. To learn more, visit: deltadentalsd.com/HTOW
- 

Prevention Pays
With our Prevention Pays program, your routine care goes further. Exams, cleanings, and x-rays do not count towards your annual max, so you can save your benefits for future use. To learn more, visit: deltadentalsd.com/shop-dental-plans/features-and-options/prevention-pays/
- 

Find a dentist
Delta Dental's Individual and Family Plan members enjoy the largest network in South Dakota! That means no balance billing and lower out of pocket costs. Find yours using the mobile app or visit: deltadentalsd.com



To learn more about our sources, please visit: southdakota.deltadental.com/references/

2026 Individual and Family Plans benefit summary

	PREVENT 1031	RESTORE 1041	RENEW 1051
Annual maximum benefit Per person per calendar year	\$1,000	\$1,250	\$1,500
Preventive care Checkups and cleanings	100%	100%	100%
Fillings	50%	50%	80%
Root canals and gum disease* Periodontal cleanings	N/A	50%	50%
Extractions, oral surgery, crowns, bridges, dentures and implants*	N/A	50%	50%
One-time deductible Applies to all services	\$50	\$50	\$50
Health through Oral Wellness Unlock additional benefits based on your risk for oral diseases.	✓	✓	✓
Prevention Pays Preventive care does not count toward annual maximum benefit	✓	✓	✓



2026 Monthly rates

Rates are guaranteed through December 31, 2026

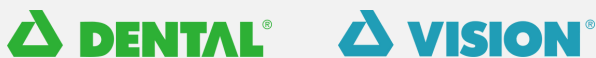
	PREVENT 1031	RESTORE 1041	RENEW 1051
Single	\$45.20	\$66.70	\$72.10
Two people	\$90.40	\$133.40	\$144.20
Three or more people	\$133.40	\$198.00	\$212.00

*One year wait for major services on the Restore and Renew plans.



Dependents will be covered to age 19 or 26 if an unmarried, full-time student. One year wait applies to the following services: root canals, gum disease, extractions, oral surgery, crowns, and prosthetics.

2026 Small business plans




2026 Small Business Plans

Running a small business can be tough, but offering great benefits is easy with Delta Dental.

Delta Dental of South Dakota offers affordable dental plans for teams of 2-50, with employer contributions starting at \$0. Choose from a range of plans designed to fit your team's budget, while giving employees the coverage they value most.

78% of employees say dental coverage is important, yet only 14% of small businesses offer it.² Without coverage, small dental issues can turn into bigger problems, and in the U.S., 92.4 million hours of work and school are lost each year due to emergency dental visits.¹ Helping your team stay on top of preventive care protects their health and keeps them productive. We partner with businesses like yours to provide benefits that fit your needs, and it shows: 98.2% of South Dakota employees renewed their group dental coverage with us in 2025!


Now you can offer vision coverage, too! With DeltaVision® available for small businesses, it's easier than ever to build a benefits package your employees will appreciate.




DeltaVision
To learn more, visit:
deltadentalsd.com/deltavision/

To learn more about our sources, please visit: southdakota.deltadental.com/references/.
DeltaVision is offered in partnership by EyeMed® and Wellness 605, Inc., a wholly owned company of Delta Dental of South Dakota. Delta Dental and DeltaVision are Registered Marks of Delta Dental Plans Association.


Extra value built in




Health through Oral Wellness*
With Health through Oral Wellness (HTOW), you can unlock additional benefits based on your risk for oral diseases by completing a risk assessment at your regular dental visit. To learn more, visit: deltadentalsd.com/HTOW




Prevention Pays
With our Prevention Pays program, your routine care goes further. Exams, cleanings, and x-rays do not count towards your annual max, so you can save your benefits for future use. To learn more, visit: deltadentalsd.com/shop-dental-plans/features-and-options/prevention-pays/



Maximum Bonus Account (MBA)
Available on the premium plan, the MBA lets you roll over up to \$250 of qualifying unused benefits yearly, up to your annual max, for future use. To learn more, visit: deltadentalsd.com/maximum-bonus-account



Find a dentist
Delta Dental's members enjoy the largest network in South Dakota! That means no balance billing and lower out of pocket costs. Find yours using the mobile app or visit: deltadentalsd.com



95% of dentists in South Dakota and 4 out of 5 dentists nationwide are in-network!



2026 Small business plans

	BASE	STANDARD	ENHANCED	PREMIUM
Annual maximum benefit Per person per calendar year	\$1,000	\$1,250	\$1,500	\$2,000
Lifetime orthodontic maximum Per person	N/A	N/A	\$1,500	\$2,000
Preventive care Checkups and cleanings	80%	100%	100%	100%
Fillings and extractions	50%	50%	80%	80%
Root canals and gum diseases* Periodontal cleanings	50%	50%	50%	80%
Crowns and prosthetics* Bridges, dentures, and implants	50%	50%	50%	50%
Braces and teeth alignment*	N/A	N/A	50%	50%
One-time deductible Applies to all services except orthodontics	\$50	\$50	\$50	\$50
Health through Oral Wellness Unlock additional benefits based on your risk for oral diseases.	✓	✓	✓	✓
Prevention Pays Preventive care does not count toward annual maximum benefit	✓	✓	✓	✓
Maximum bonus account \$250 of qualified unused benefits are carried over for future use <small>(see website for details)</small>	N/A	N/A	N/A	✓



2026 Monthly rates

Rates are guaranteed through December 31, 2026

Voluntary rates					Contributory rates				
Employer pays less than 50% of the single cost					Employer pays 50% or more of the single cost				
	BASE 4030	STANDARD 4040	ENHANCED 4050	PREMIUM 4060		BASE 5030	STANDARD 5040	ENHANCED 5050	PREMIUM 5060
Employee	\$46.20	\$55.20	\$61.20	\$67.20	Employee	\$43.70	\$52.70	\$58.20	\$63.90
Family	\$114.00	\$134.00	\$163.00	\$178.90	Family	\$110.00	\$130.00	\$155.50	\$170.60
*One year wait for major services on voluntary plan									

*One year wait for major services on voluntary plan



Groups must have a minimum of two enrolled employees to be eligible for these plans. To be eligible for the 4-rate structure the group must have a medical plan with a 4-rate structure or have 10 or more enrolled employees. All plans include Health through Oral Wellness and Prevention Pays. Dependents are covered to age 26.

Medium & large groups

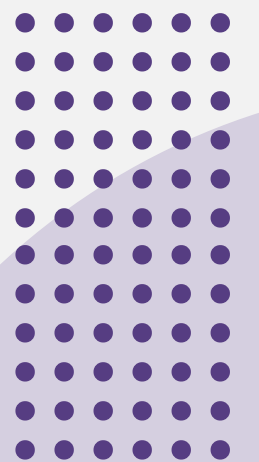


Medium

Custom quote for 50+ enrolled employees

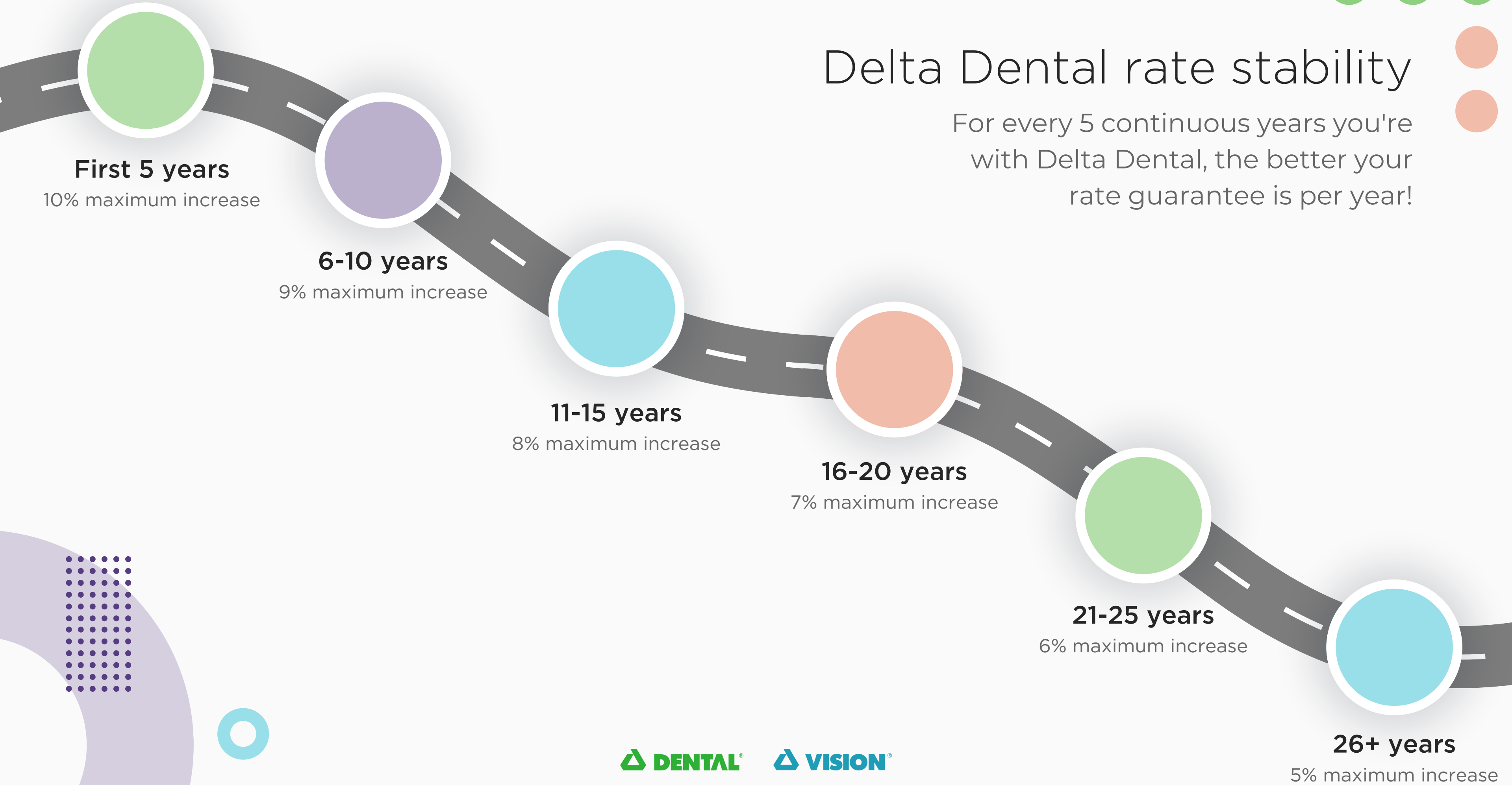
Large

Risk & self-insured options for groups 100+



Delta Dental rate stability

For every 5 continuous years you're with Delta Dental, the better your rate guarantee is per year!



2026 DeltaVision plans


DeltaVision[®] 2026 plans

We've partnered with EyeMed, America's largest vision benefits company, to introduce DeltaVision to small businesses across South Dakota.

DeltaVision makes it easy to keep an eye on your health.

Eye exams do more than check your vision, they can spot early signs of bigger health issues like high blood pressure or diabetes.¹ Finding the care you need is simple thanks to affordable plan options and plenty of providers. After all, seeing clearly helps you be your best.

To learn more, visit: deltadentalsd.com/deltavision/




SCAN ME


75%

of Americans use some sort of vision correction.²


Adults with vision impairment often have lower rates of workforce participation and productivity and higher rates of depression and anxiety.³



Easily pair both **dental** and **vision** benefits to keep things simple for your team




Simplify your experience with one team for enrollment, billing, and support.



Members enjoy extra savings on remaining frame balances, extra glasses, and more!

Why DeltaVision?

Quality vision benefits play an important role in employee satisfaction and retention. Research shows that 87% of employees are more likely to stay with their company when they have access to high-quality vision coverage,⁴ and 86% consider vision benefits an important part of their overall health care budget.⁵



Your Vision, Our Network


Enjoy access to the EyeMed Insight Network plus Walmart - exclusively with DeltaVision!

When it comes to eye care, we know having options matter. That's why our vision network gives you the best of both worlds, local care in South Dakota and access to top national providers. Members can choose from trusted local providers, or go with national brands like LensCrafters[®] and Target Optical[®]. No matter where you are, close to home or traveling, you always have quality care within reach.

To learn more about our sources, please visit: southdakota.deltadental.com/references/

2026 DeltaVision benefit summary


	ESSENTIAL PLAN		CLASSIC PLAN		SUPREME PLAN	
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK
Eye Exam Once per calendar year	\$10 copay	\$30 allowance	\$10 copay	\$30 allowance	\$0 copay	\$30 allowance
Frames	\$130 allowance every other calendar year	\$65 allowance every other calendar year	\$150 allowance every other calendar year	\$75 allowance every other calendar year	\$200 allowance every calendar year	\$100 allowance every calendar year
Eyeglass lenses Once per calendar year <small>*\$25 single vision, \$40 bifocal, \$55 trifocal</small>	\$25 copay	\$25-\$55* allowance	\$25 copay	\$25-\$55* allowance	\$0 copay	\$25-\$55* allowance
Standard progressive lenses	\$90 copay	\$40 allowance	\$90 copay	\$40 allowance	\$0 copay	\$55 allowance
Contact lenses In place of glasses once per calendar year	\$130 allowance	\$104 allowance	\$150 allowance	\$120 allowance	\$200 allowance	\$160 allowance



2026 Monthly rates

Rates are guaranteed through December 31, 2026

	Voluntary rates Employer pays less than 50% of the single cost			Contributory rates Employer pays 50% or more of the single cost		
	ESSENTIAL	CLASSIC	SUPREME	ESSENTIAL	CLASSIC	SUPREME
Employee	\$6.56	\$7.75	\$14.20	\$5.25	\$6.20	\$11.36
Family	\$22.58	\$26.67	\$48.90	\$18.06	\$21.34	\$39.12



Calendar year is defined as January through December when a member has active coverage. Dependents are covered to age 26. The group must have a minimum of two enrolled employees to be eligible. To be eligible for the 4-rate structure the group must have a medical plan with a 4-rate structure or have 10 or more enrolled employees. DeltaVision is offered in partnership by EyeMed[®] and Wellness 605, Inc., a wholly owned company of Delta Dental of South Dakota. Delta Dental and DeltaVision are Registered Marks of Delta Dental Plans Association.

The enrollment experience

Kerrigan Hillmer
Group Administration



Dental & Vision Group Application

Application for small group
Dental and/or Vision coverage
(2-50 enrolled employees)

Delta Dental of South Dakota
PO Box 1157
Pierre, SD 57501
800-627-3961 Fax 605-224-0909
www.deltadentalsd.com

Requested effective date _____

Plans and Payment (Rates are guaranteed until December 31)

Does the employer pay any portion of the employee rate? If so, what percentage? _____

Voluntary Plans
The employer pays less than 50% of the employee rate.

Contributory Plans
The employer pays 50% or more of the employee rate.

A four-rate structure is available for groups with 10+ enrolled employees or groups that have a medical plan with a four-rate structure. Do you want a 2 rate or a 4 rate structure? 2 rate or 4 rate

Employee	\$ _____	Employee	\$ _____	
Family	\$ _____	OR	Emp/Spouse	\$ _____
			Emp/Children	\$ _____
			Family	\$ _____

Your monthly invoice will be available by logging on to Delta Dental's website. List the e-mail address you would like us to use to notify you when your invoice is ready. _____

Delta Dental accepts payment by electronic funds transfer. See the ACH form.

Employee Information

Total number of eligible employees _____ Total number of enrollment forms submitted _____

Waiting period: new employees will be eligible on the first day of the month following _____ month(s) of employment.

Terminated employees will be covered to the last day of the month. Employees may not change coverage for any reason other than death, divorce, or marriage except at open enrollment, January 1. Delta Dental will handle COBRA paperwork for employees at no extra charge unless we are notified otherwise. ID cards will be sent to the employee.

smgrpd&v7/25

1

Application for Small
Group Dental Coverage
(2-50 enrolled employees)

Delta Dental of South Dakota
PO Box 1157
Pierre, SD 57501
800-627-3961 Fax 605-224-0909
www.deltadentalsd.com

Requested effective date _____

Plans and Payment (Rates are guaranteed until December 31)

Does the employer pay any portion of the employee cost? If so, what percentage? _____

Voluntary Plans
(Employer pays less than 50% of the employee rate)

Contributory Plans
(Employer pays more than 50% of the employee rate)

A four-rate structure is available for groups with 10+ employees or groups that have a medical plan with a four-rate structure.

Employee	\$ _____	Employee	\$ _____	
Family	\$ _____	OR	Emp/Spouse	\$ _____
			Emp/Children	\$ _____
			Family	\$ _____

Your monthly invoice will be available by logging on to Delta Dental's website. List the e-mail address you would like us to use to notify you when your invoice is ready: _____

We accept payment by electronic funds transfer. See the attached ACH form.

Employee Information

Total number of eligible employees _____ Total number of enrollment forms submitted _____

Waiting period: new employees will be eligible on the first day of the month following _____ month(s) of employment.

Terminated employees will be covered until the last day of the month. Employees may not change coverage for any reason other than death, divorce, or marriage except at open enrollment, January 1. Delta Dental of South Dakota will handle COBRA paperwork on behalf of Wellness 605, Inc. for separating employees at no extra charge unless we are notified otherwise. ID cards will be sent to the employee.

smgrpd&v7/25

2

Application for Small
Group Vision Group
(2-50 enrolled employees)

Coverage by Wellness 605, Inc.
720 N Euclid Ave, Pierre, SD 57501
800-627-3961 Fax 605-224-0909
www.deltadentalsd.com

Requested effective date _____

Plans and Payment (Rates are guaranteed until December 31)

Does the employer pay any portion of the employee cost? If so, what percentage? _____

Voluntary Plans
(Employer pays less than 50% of the employee rate)

Contributory Plans
(Employer pays more than 50% of the employee rate)

A four-rate structure is available for groups with 10+ employees or groups that have a medical plan with a four-rate structure.

Employee	\$ _____	Employee	\$ _____	
Family	\$ _____	OR	Emp/Spouse	\$ _____
			Emp/Children	\$ _____
			Family	\$ _____

Your monthly invoice will be available by logging on to DDSD's website. List the e-mail address you would like us to use to notify you when your invoice is ready: _____

We accept payment by electronic funds transfer. See the attached ACH form.

Employee Information

Total number of eligible employees _____ Total number of enrollment forms submitted _____

Waiting period: new employees will be eligible on the first day of the month following _____ month(s) of employment.

DeltaVision® is offered in partnership with EyeMed and underwritten by Wellness 605, Inc., a wholly owned subsidiary of Delta Dental of South Dakota (DDSD). DeltaVision and Delta Dental are registered marks of Delta Dental Plans Association. Wellness 605, Inc. contracts with DDSD for certain billing and administrative matters.

Terminated employees will be covered until the last day of the month. Employees may not change coverage for any reason other than death, divorce, or marriage except at open enrollment, January 1. Delta Dental of South Dakota will handle COBRA paperwork on behalf of Wellness 605, Inc. for separating employees at no extra charge unless we are notified otherwise. ID cards will be sent to the employee.


smgrpd&v7/25

3



Group policy payment methods

New joint
ACH form!



**Group Authorization for
Direct Payment via ACH
Dental and Vision**

Delta Dental of South Dakota
PO Box 1157
Pierre, SD 57501
800-627-3961 Fax 605-224-0909
www.deltadentalsd.com

☐ Dental ☐ Vision

Group name: _____ Group #: _____ Loc #: _____

Name: _____

Address: _____

City/State/Zip: _____ Phone number: _____

Email address: _____

Direct payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

Check one: ☐ Begin payment effective _____ ☐ Change information effective _____

I authorize Delta Dental of South Dakota and/or Wellness 605, Inc. to electronically debit my account and, if necessary, to electronically credit my account to correct erroneous debits. Funds will be drawn from your account on or around the 10th of each month.

Select one: ☐ Checking account or ☐ Savings account at the depository financial institution named below ("Depository"). I agree that ACH transactions I authorize comply with the laws of the United States and all applicable law.

Depository name: _____

Routing number: _____ Account number: _____



Name on the account: _____

I agree as the receiver of this authorized entry to be bound by the Nacha Operating Rules. I understand that this authorization will remain in full force and effect until I notify Delta Dental and/or Wellness 605, Inc., in writing, that I wish to revoke this authorization.

Printed name: _____

Signature: _____ Date: _____

DeltaVision is underwritten by Wellness 605, Inc., a wholly owned subsidiary of Delta Dental of SD. Wellness 605, Inc. contracts with Delta Dental of SD for certain billing and administrative matters.



smgrp&v7/25

4



Automatic payment by ACH



Monthly payment by check

Dental & Vision Enrollment Form

Form Visdentalenroll2025

Form uses

01

Enrollments

02

Changes

03

Terminations



Enrollment/Change Form

Delta Dental of South Dakota
720 N Euclid Ave, Pierre, SD 57501
800-627-3961 Fax 605-224-0909
eligibility@deltadentalsd.com

Effective date: _____

Hire date: _____

Group name: _____ Group number: _____

Employee name: _____ SSN: _____

Mailing address: _____ Birth date: _____

City/State/Zip: _____ Gender: ☐ M ☐ F

Cell phone* _____ Email*: _____

Marital status (we do not recognize common law marriage): Single ☐ Married ☐ ☐ Dental ☐ Vision

Add or Drop	First Name	Last Name	Birth Date	Gender	Coverage Type
<input type="checkbox"/> Add Spouse	_____	_____	_____	_____	<input type="checkbox"/> Dental
<input type="checkbox"/> Drop	_____	_____	_____	_____	<input type="checkbox"/> Vision

Cell phone* _____ Email* _____

Add or Drop	First Name	Last Name	Birth Date	Gender	Coverage Type
<input type="checkbox"/> Add Child	_____	_____	_____	_____	<input type="checkbox"/> Dental
<input type="checkbox"/> Drop	_____	_____	_____	_____	<input type="checkbox"/> Vision

Cell phone* _____ Email* _____

Add or Drop	First Name	Last Name	Birth Date	Gender	Coverage Type
<input type="checkbox"/> Add Child	_____	_____	_____	_____	<input type="checkbox"/> Dental
<input type="checkbox"/> Drop	_____	_____	_____	_____	<input type="checkbox"/> Vision

Cell phone* _____ Email* _____

Add or Drop	First Name	Last Name	Birth Date	Gender	Coverage Type
<input type="checkbox"/> Add Child	_____	_____	_____	_____	<input type="checkbox"/> Dental
<input type="checkbox"/> Drop	_____	_____	_____	_____	<input type="checkbox"/> Vision

Cell phone* _____ Email* _____

Change in coverage

Marriage date: _____ Divorce date: _____

Other (explain): _____ Date of change: _____

Signature: _____ Date: _____

DeltaVision is offered to you in partnership with EyeMed and underwritten by Wellness 605, Inc., a wholly owned company of Delta Dental of South Dakota. DeltaVision and Delta Dental are registered marks of the Delta Dental Plans Association.



Visdentalenroll2025

New joint enrollment form!

Dental & Vision Qualifying Event Form

Form QEformD&V9/25

End of employment

Divorce

Reduction of hours

Child age off the plan

Retirement

Military leave

Death of employee

Medicare eligible

New joint
qualifying
event form!



Delta Dental of South Dakota
PO Box 1157 Pierre, SD 57501
1-800-627-3961
Fax (605) 224-0909
www.deltadentalsd.com

Notice of Qualifying Event

(to be completed by the employee)

Completion of this form authorizes Delta Dental
and/or DeltaVision to send a Notice of Rights
for COBRA coverage

Group name: _____ Group number: _____

Employee name: _____ SSN or Alt ID#: _____

Employee address: _____

Last day of coverage: _____ COBRA start date: _____

Date of qualifying event: _____ ☐ Dental ☐ Vision

Check the qualifying event for the employee listed above:

- | | |
|---------------------------------------------------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> End of employment | <input type="checkbox"/> Reduction of hours |
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Military leave |
| <input type="checkbox"/> Death of covered employee | <input type="checkbox"/> Medicare eligible |
| <input type="checkbox"/> Divorce or legal separation (list name of spouse and children losing coverage) | |
| <input type="checkbox"/> Child's loss of dependent status (list child's name below) | |

Name of spouse or child: _____

Address (if different): _____

Completed by: _____ Date: _____

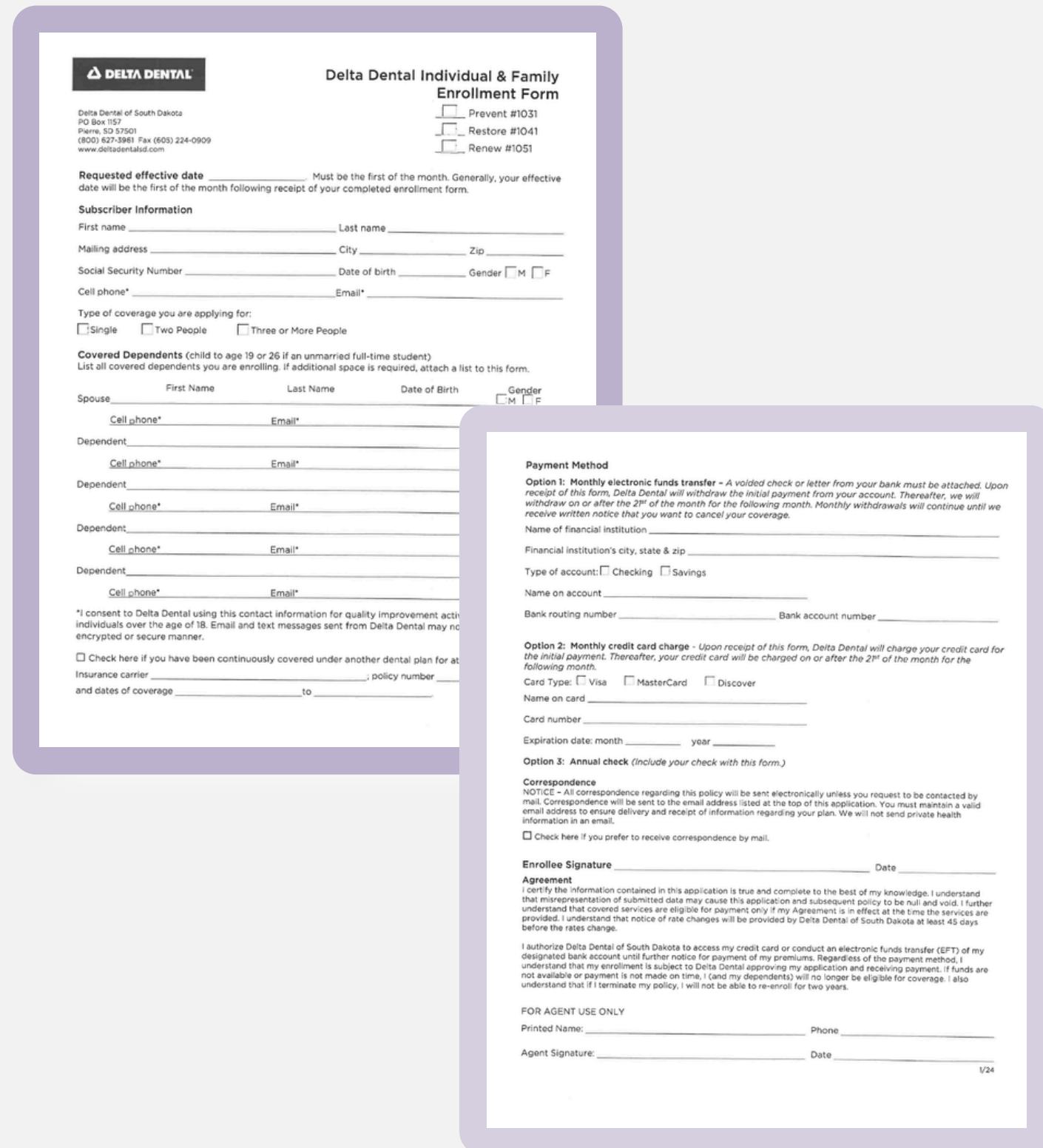
Phone: _____

Please email this form to: eligibility@deltadentalsd.com



QEformD&V9/25

Individual & Family Plan enrollment



DELTA DENTAL

Delta Dental of South Dakota
PO Box 1157
Pierre, SD 57501
(800) 627-3961 Fax (605) 224-0909
www.deltadental-sd.com

Delta Dental Individual & Family Enrollment Form

☐ Prevent #1031
☐ Restore #1041
☐ Renew #1051

Requested effective date _____ Must be the first of the month. Generally, your effective date will be the first of the month following receipt of your completed enrollment form.

Subscriber Information

First name _____ Last name _____
Mailing address _____ City _____ Zip _____
Social Security Number _____ Date of birth _____ Gender ☐ M ☐ F
Cell phone* _____ Email* _____

Type of coverage you are applying for:
☐ Single ☐ Two People ☐ Three or More People

Covered Dependents (child to age 19 or 26 if an unmarried full-time student)
List all covered dependents you are enrolling. If additional space is required, attach a list to this form.

Spouse	First Name	Last Name	Date of Birth	Gender
<input type="checkbox"/>				<input type="checkbox"/> M <input type="checkbox"/> F

Cell phone* _____ Email* _____

Dependent	First Name	Last Name	Date of Birth	Gender
<input type="checkbox"/>				<input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/>				<input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/>				<input type="checkbox"/> M <input type="checkbox"/> F
<input type="checkbox"/>				<input type="checkbox"/> M <input type="checkbox"/> F

Cell phone* _____ Email* _____

*I consent to Delta Dental using this contact information for quality improvement activities for individuals over the age of 18. Email and text messages sent from Delta Dental may not be encrypted or secure manner.

☐ Check here if you have been continuously covered under another dental plan for at least 12 months.

Insurance carrier _____; policy number _____
and dates of coverage _____ to _____

Payment Method

Option 1: Monthly electronic funds transfer - A voided check or letter from your bank must be attached. Upon receipt of this form, Delta Dental will withdraw the initial payment from your account. Thereafter, we will withdraw on or after the 21st of the month for the following month. Monthly withdrawals will continue until we receive written notice that you want to cancel your coverage.

Name of financial institution _____
Financial institution's city, state & zip _____
Type of account: ☐ Checking ☐ Savings
Name on account _____
Bank routing number _____ Bank account number _____

Option 2: Monthly credit card charge - Upon receipt of this form, Delta Dental will charge your credit card for the initial payment. Thereafter, your credit card will be charged on or after the 21st of the month for the following month.

Card Type: ☐ Visa ☐ MasterCard ☐ Discover
Name on card _____
Card number _____
Expiration date: month _____ year _____

Option 3: Annual check (Include your check with this form.)

Correspondence
NOTICE - All correspondence regarding this policy will be sent electronically unless you request to be contacted by mail. Correspondence will be sent to the email address listed at the top of this application. You must maintain a valid email address to ensure delivery and receipt of information regarding your plan. We will not send private health information in an email.
☐ Check here if you prefer to receive correspondence by mail.

Enrollee Signature _____ Date _____

Agreement
I certify the information contained in this application is true and complete to the best of my knowledge. I understand that misrepresentation of submitted data may cause this application and subsequent policy to be null and void. I further understand that covered services are eligible for payment only if my Agreement is in effect at the time the services are provided. I understand that notice of rate changes will be provided by Delta Dental of South Dakota at least 45 days before the rates change.

I authorize Delta Dental of South Dakota to access my credit card or conduct an electronic funds transfer (EFT) of my designated bank account until further notice for payment of my premiums. Regardless of the payment method, I understand that my enrollment is subject to Delta Dental approving my application and receiving payment. If funds are not available or payment is not made on time, I (and my dependents) will no longer be eligible for coverage. I also understand that if I terminate my policy, I will not be able to re-enroll for two years.

FOR AGENT USE ONLY

Printed Name: _____ Phone _____
Agent Signature: _____ Date _____

1/24

Apply online or by paper at any time

Three payment methods


- EFT, card or annual check
 - Annual checks (12 months of premium) required prior to enrollment.

Change coverage during open enrollment

Add or remove members at anytime

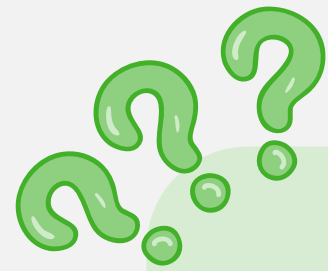
Cancel at anytime

- 2 year waiting period to come back onto an individual plan if not gaining other coverage.



Frequently asked questions





What is a qualifying event?

A qualifying event is a life change that allows you to enroll in or change coverage outside the normal enrollment period.



What is open enrollment?

Open enrollment is the set period each year when members can sign up for, change, or cancel their coverage.



When is my renewal period?

A renewal period is the timeframe your benefits run, which may differ from open enrollment and can vary by plan type or group size.



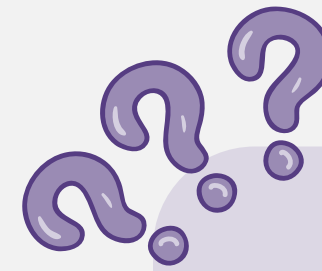
What requires a waiting period & how to waive them?

Major services require a 12 month waiting period. If the member has 12 months or more of continuous credible coverage, they can be waived.



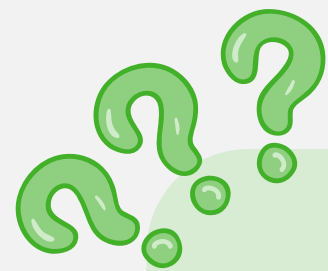
What is a new hire waiting period & how to change it?

A new hire waiting period is the time a new employee must work before becoming eligible for coverage. Simply email us to change it!



Is there anything that doesn't require a form?

Yes! Changes to name, birthdate, address & student status updates do not require a form. Payment updates for credit cards also do not require a form.



When can members make changes to their plans?

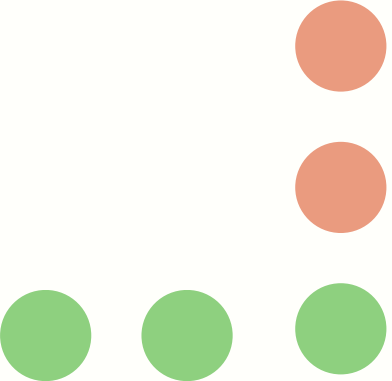
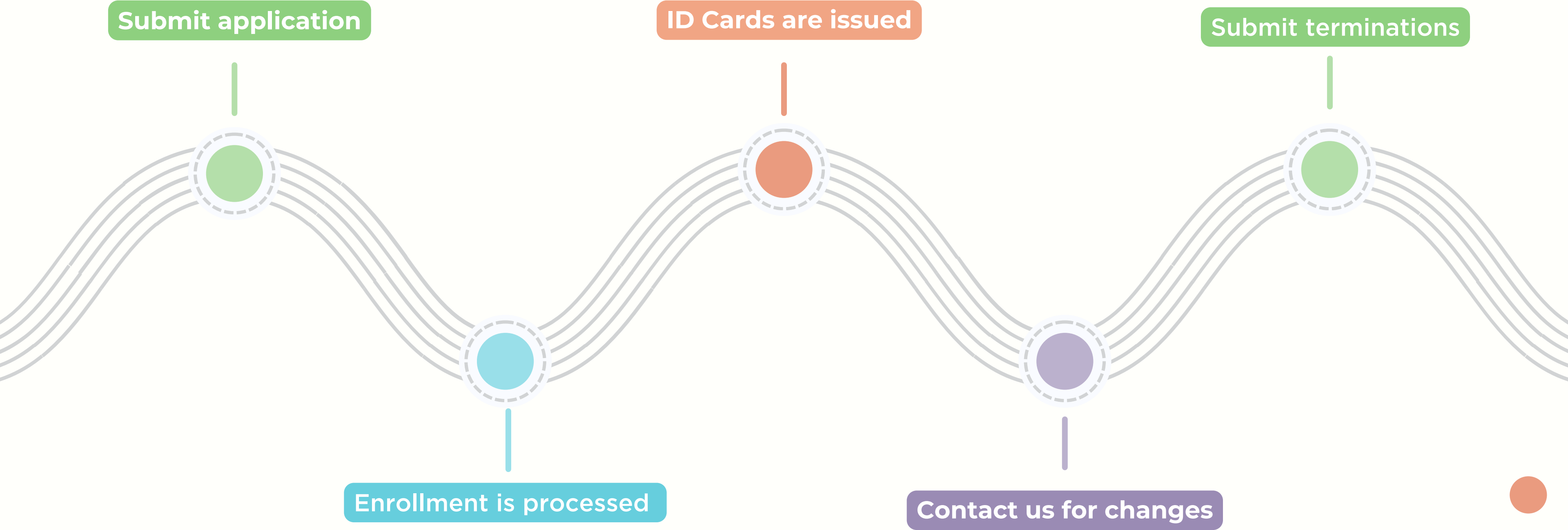
Members can make changes to their plans during open enrollment or the first day of the month following a qualifying event.



How long are dependents able to stay on a plan?

For most plans, children can stay on until 26. Others require dependents to be an unmarried, full time student after the age of 19.

Enrollment process review





Broker tools & resources

Micah Honeywell,
Sales & Marketing Coordinator



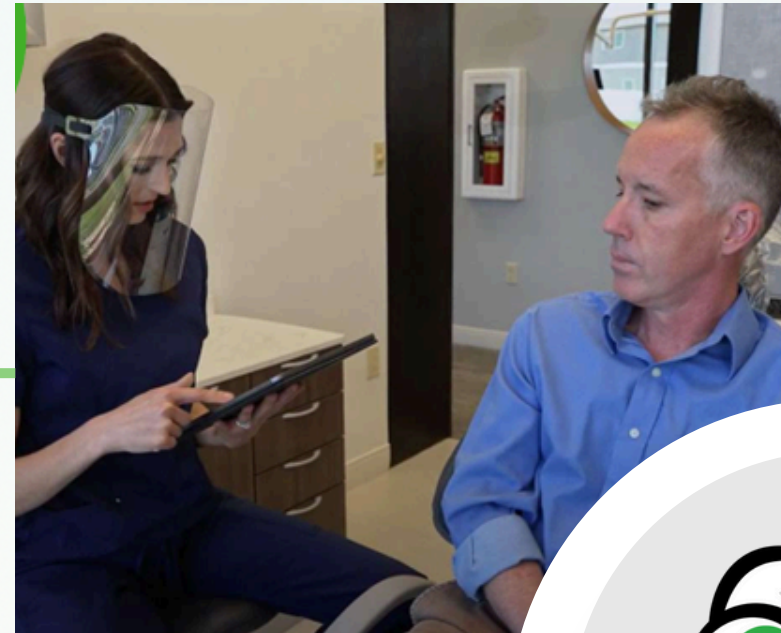
Health *through* Oral Wellness®



Here's how it works

A member goes to the dentist. The clinician performs a Health *through* Oral Wellness risk assessment.

01

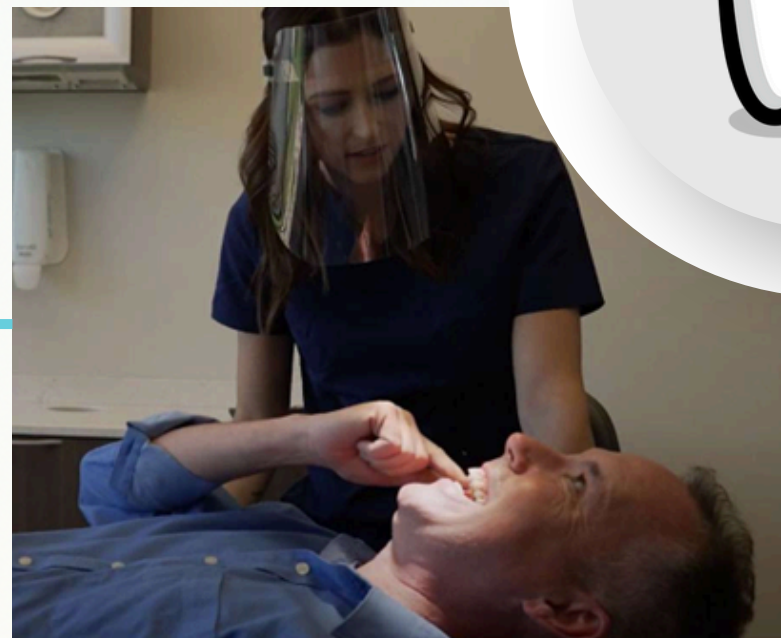


02

Behind the scenes, patented technology predicts patients' risk for oral diseases today and tomorrow.

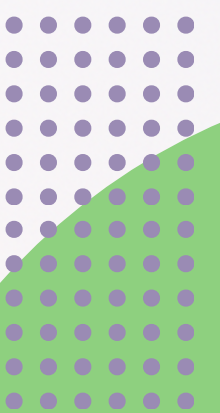
Based on the oral health scores, patients may unlock additional preventive benefits like extra cleanings, fluoride, and more

03



04

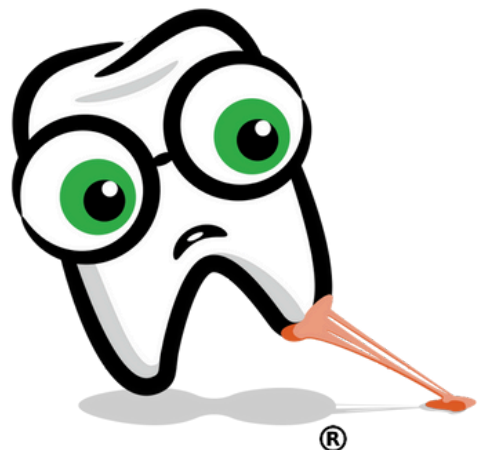
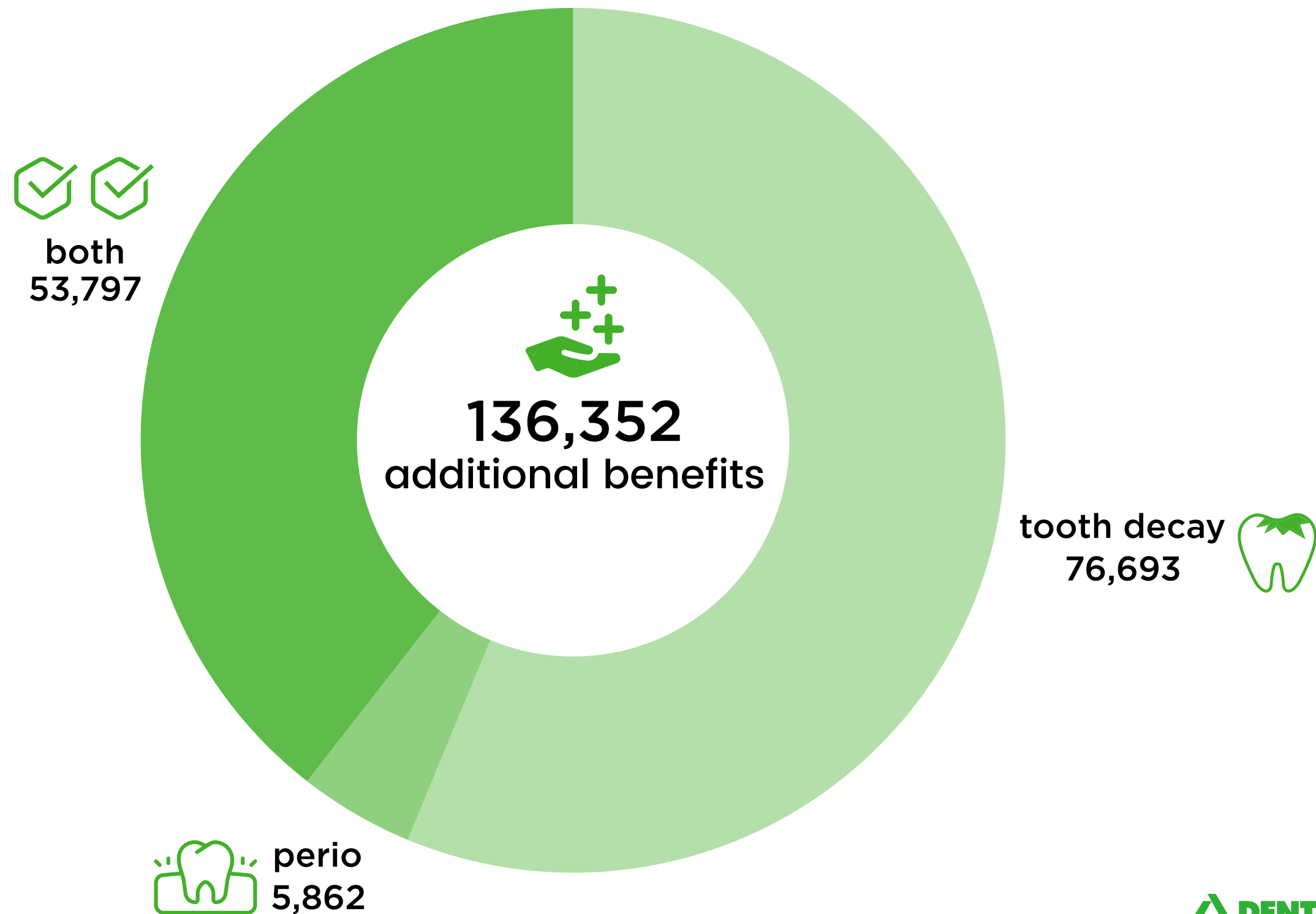
By focusing on prevention, the oral health team can stop diseases from ever happening!



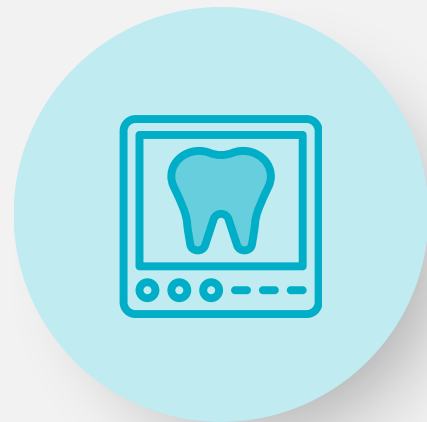
Health *through* Oral Wellness[®]

01/01/2020 to 06/30/2025

✓ **143,225** members with assessments completed



Prevention Pays



Diagnostic & Preventive do not count toward annual max!



Extends an average of \$500 for members annually!



Members always have coverage for their D&P even when they have reached their annual max.





PPO Plus Premier Plan

A new way to save

Get the best of both worlds with Delta Dental's PPO Plus Premier plan! Enjoy the same access you've always had with lower out of pocket costs when you visit a PPO dentist.



Seamless implementation

Adding the PPO Plus Premier network doesn't cost anything and employees won't notice the change, except for those that see a PPO dentist.



How to add it to your plan

Contact us to add the PPO network to your plan and we will send back a new summary of benefits. Changes will take place at your next renewal.



The Delta Dental difference

No matter which Delta Dental network a dentist is in, we provide the same great advantages: no balance billing, easy claims process, local customer service.

MBA- Maximum Bonus Account

Healthy Smiles Have Many Rewards



How much can be carried forward for future use?

\$250 of unused benefits can be carried over every year.

The total amount available in a member's account can grow to an amount equal to their plan's annual maximum. All family members covered under the policy will have their own account.



Who is eligible for the MBA?

Anyone covered under the plan for at least one full benefit year.



Criteria that must be met:

- ✓ Must have coverage for at least one full benefit year.
- ✓ All waiting periods for major services must be satisfied.
- ✓ Must submit at least one claim for a covered (non-orthodontic) service during the benefit year.
- ✗ The total amount paid for claims must be less than 50% of the annual maximum benefit.

Delta Dental Teledentistry



Access your dental benefits from the comfort of your own home.

Use Delta Dental Virtual Visits when you:

- ✓ Are having a dental emergency and do not have a dentist,
- ✓ Need access to a dentist after hours
- ✓ Need to consult a dentist without leaving home, or while traveling.

Our Service For Members

- ✓ 24/7 virtual video consultations. Call or chat with us today!



Contact us. Get Assessed. Receive Care.

Unlock your Delta Dental member benefits anytime, anywhere.



Looking to make the most of your Delta Dental member benefits?

Your member portal contains exclusive features that can help you save money and take control of your oral health. View your personalized benefit information and claims, find a dentist near you, and more.



First time logging in?

Scan here to create an online account and opt in to receive important updates from Delta Dental. You can access the Delta Dental Mobile App, find a dentist near you, view your ID card, and more.



SCAN ME

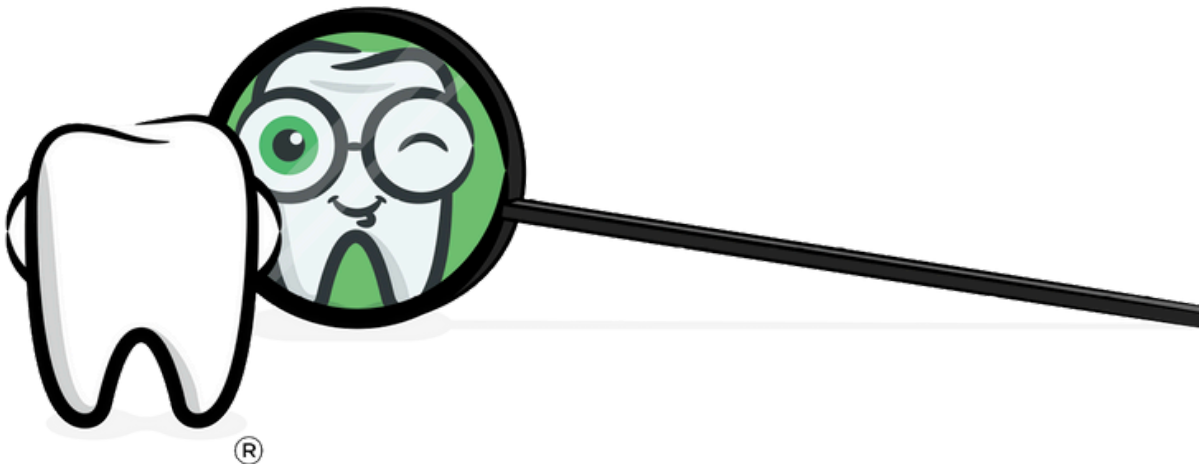


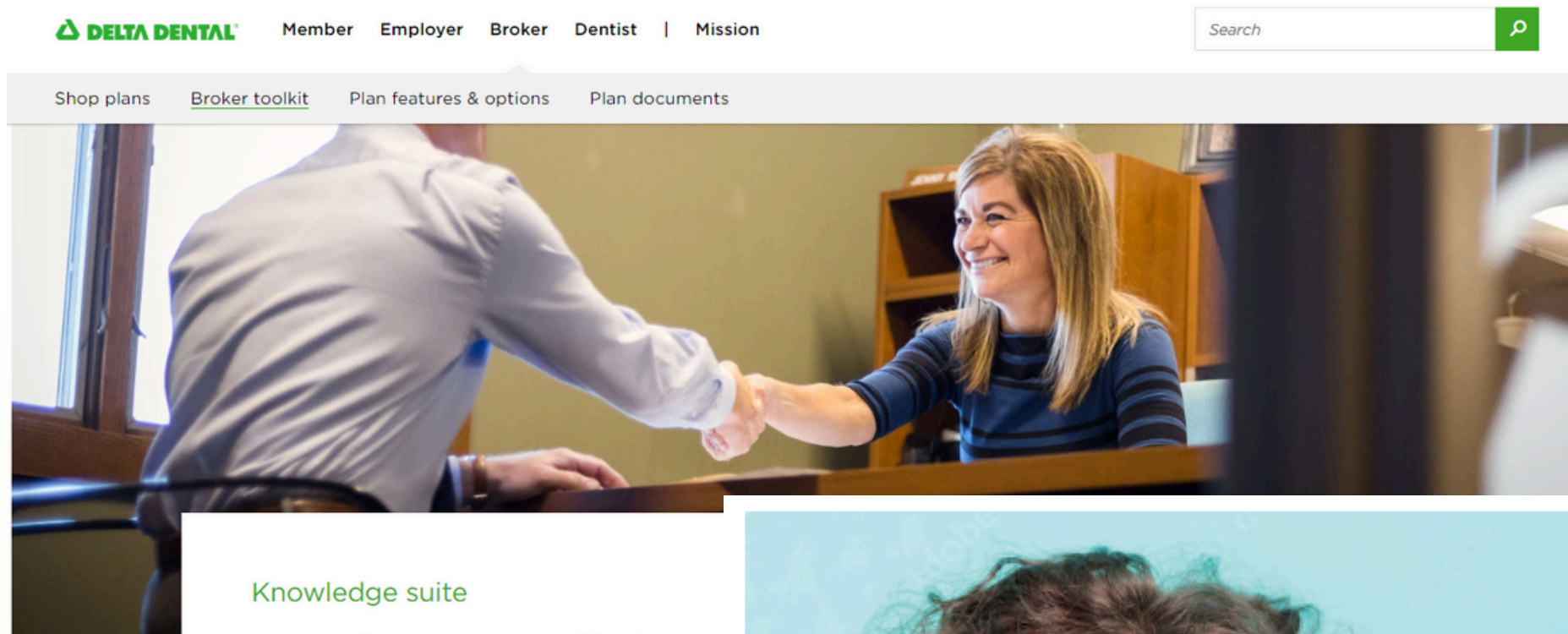
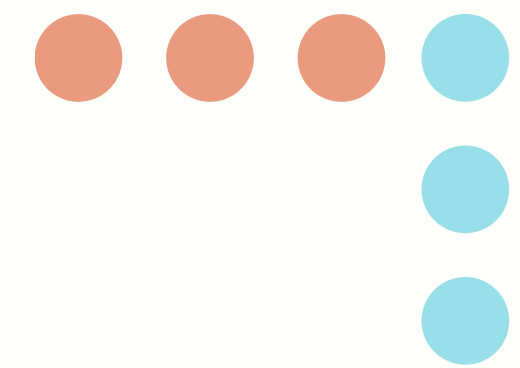
Already have a Delta Dental account?

Scan here to access your secure online account, maximize your benefits, and help us improve your experience at the dentist.



SCAN ME





Knowledge suite

Broker toolkit

Our broker toolkit includes videos and information resources to help you understand your employer's benefit package and the plan features and options.

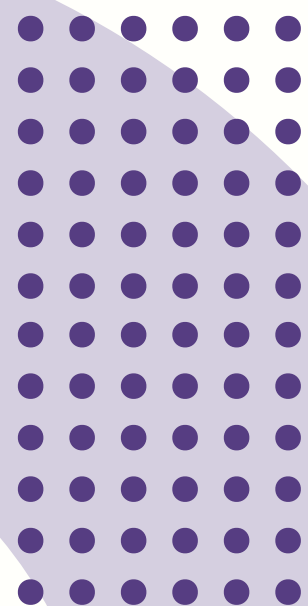
Website resources

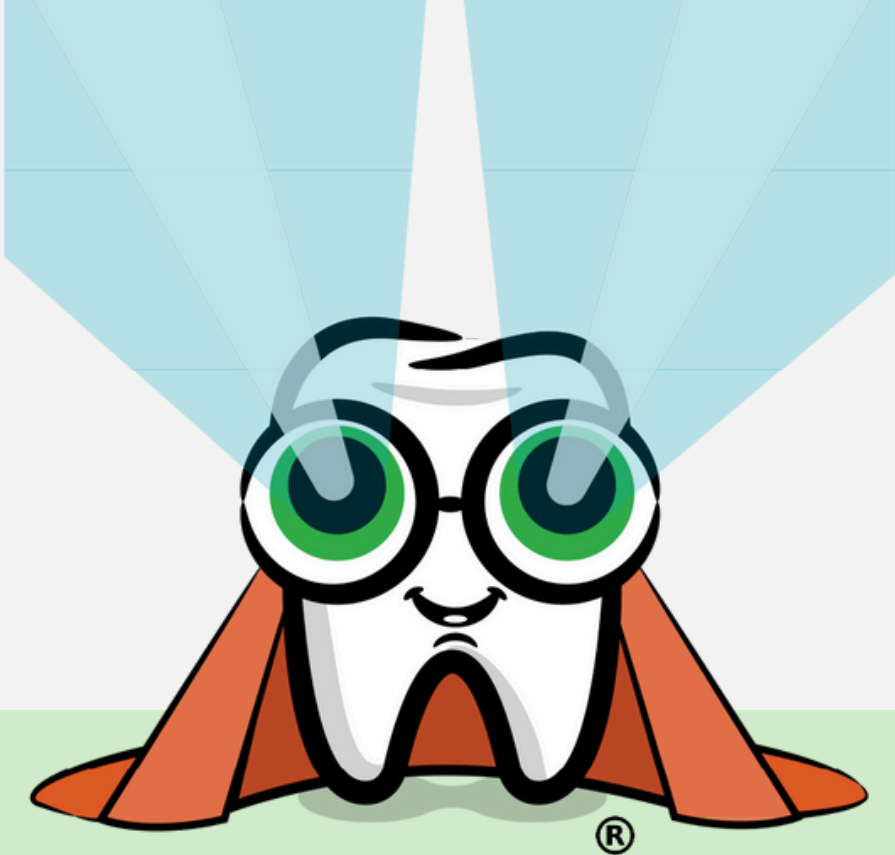


Dental plan proposals may seem similar, but attention to the details can pay off. A lower price may not be the best value.

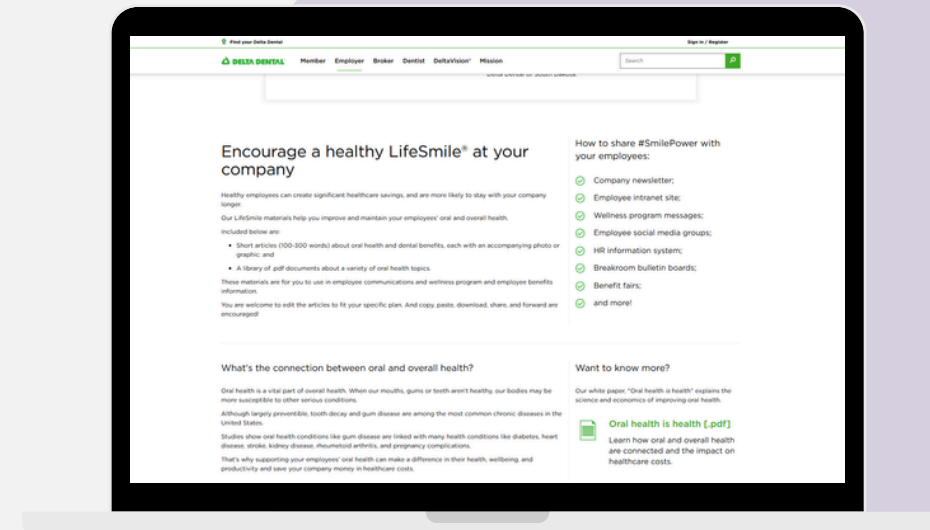
The questions below will help you evaluate plan offers so you'll get the right plan to improve oral health, wellness, and member satisfaction.

We think you'll find that Delta Dental of South Dakota (DDSD) offers bigger networks, better benefits, greater value and local customer service.

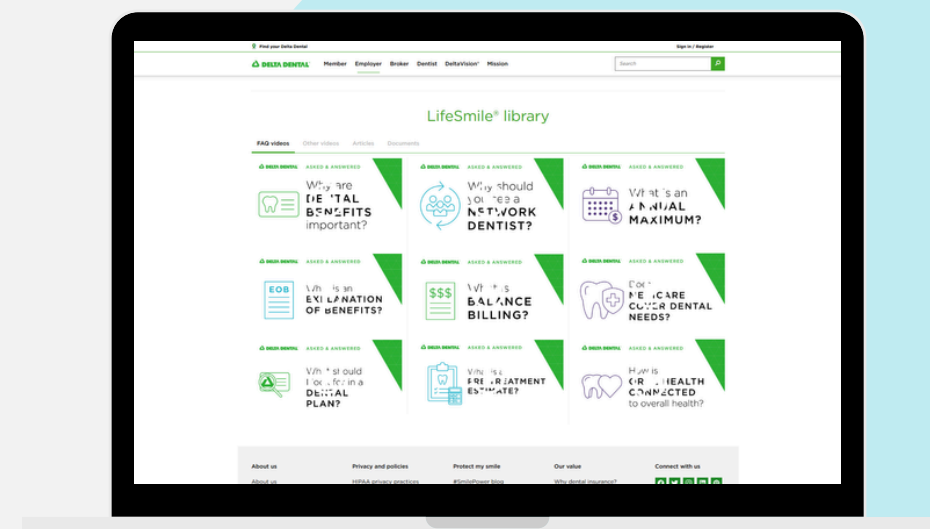
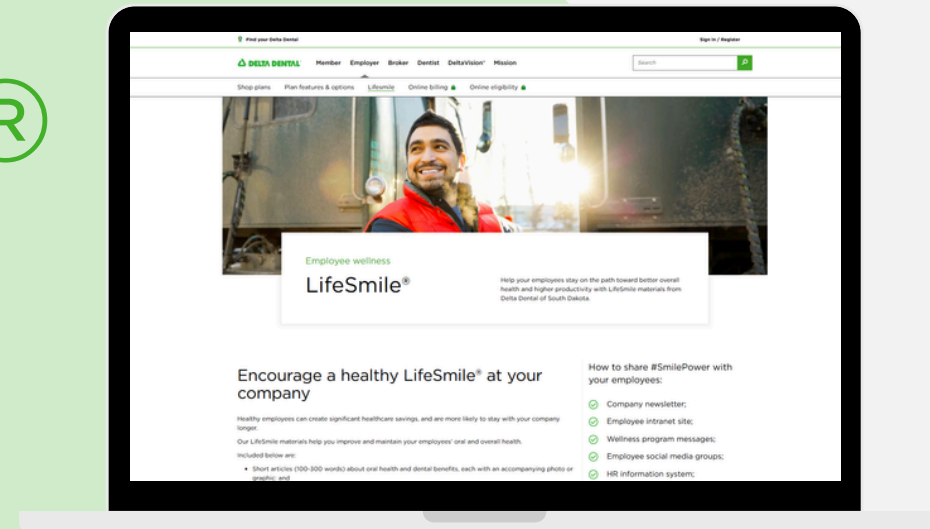




LifeSmile[®] library



Help your employees stay on the path toward better overall health and higher productivity with LifeSmile materials!



Access articles, graphics, and resources for your communications and wellness programs!

DeltaVision sales tool



Why DeltaVision®?



3 out of 4 adults use some form of vision correction.



86% of employees say vision benefits are an important part of their health care budget.



87% of employees are more likely to stay at their company if offered high quality vision benefits.



The average employer gains **\$7 for every \$1 invested** in vision benefits.



Adults with vision impairment often have lower rates of workforce participation and productivity and higher rates of depression and anxiety.



Pair your plans

Easily pair both dental and vision benefits for seamless integration and fewer administrative headaches.



One point of contact

Deal with one dedicated team for everything - enrollment, billing, and support.



Affordable plan options

Choose from three user friendly plan designs tailored to meet the needs of your small business.



Additional features

- ✓ 20% off remaining frame balance
- ✓ 40% off an additional pair of glasses
- ✓ 20% off any noncovered item
- ✓ Up to 64% off Amplifon hearing aids



77% of U.S. adults reported having a vision care exam in the last 24 months.



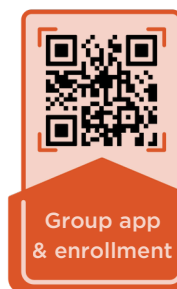
90% of people with vision impairment have a preventable or treatable health condition.



DeltaVision website



Plan options



Group app & enrollment



DeltaVision employer services

• Sales

• Enrollment

• Eligibility

• Billing



EyeMed member services

• ID cards

• Welcome kit

• Member questions

• Claims processing

DeltaVision is offered in partnership by Wellness 605, Inc., a wholly owned company of Delta Dental of South Dakota and EyeMed®. Delta Dental and DeltaVision are Registered Marks of Delta Dental Plans Association.

Network comparison

In a rural state like South Dakota, access to care is essential. That's why EyeMed® and DeltaVision are committed to building and maintaining a specialized provider network, including every Walmart Vision Center across the state. Our partners at EyeMed actively recruit local eye doctors to continue expanding our network.

DeltaVision: the clear choice in South Dakota

	# of Providers	# of Locations	2 in 10 urban/sub.	1 in 20 rural
DeltaVision EyeMed Insight + Walmart	259	106	98.4%	77.6%
Avesis	219	103	98.4%	77.0%
VSP Choice	247	94	98.4%	81.2%

DeltaVision: the clear choice across the country.



99.8% of members have at least 1 provider within 15 miles.



100 frames priced \$130 or lower at every location.



95% of rural Americans have at least 1 provider within 20 miles.



Online in-network providers:

Glasses.com®, ContactsDirect®, LensCrafters®, Oakley®, Ray-Ban®, Target Optical®, and Frames Direct®



Regional in-network providers

Include Shopko Optical, Vision Care Associates, Dakota Vision Center, and more!



National retail providers:

Independent Provider Network, LensCrafters®, Pearle Vision®, and Target Optical®

Visit our website, login to your member portal, find a provider, and more!



Americas largest vision network with 29,222 locations and 183,028 providers!



Benefits are applied consistently at all in-network providers



97% of members are satisfied with their benefits.



98% of clients think our benefits result in low out of pocket costs.



76% average member savings with our benefits versus retail pricing.

Additional savings at in-network locations are available throughout the year, most are stackable with member benefits. Offers are just a click-away on our member portal at www.deltadentalsd.com

DeltaVision sales incentive Update

1. Morgan Merwin-Picard: 4 sales
2. Brandon Miller: 4 sales
3. Carol Sommers: 2 sales



Through December 31st.



Every sale = 1 entry
the more you sell, the better
chances to win!



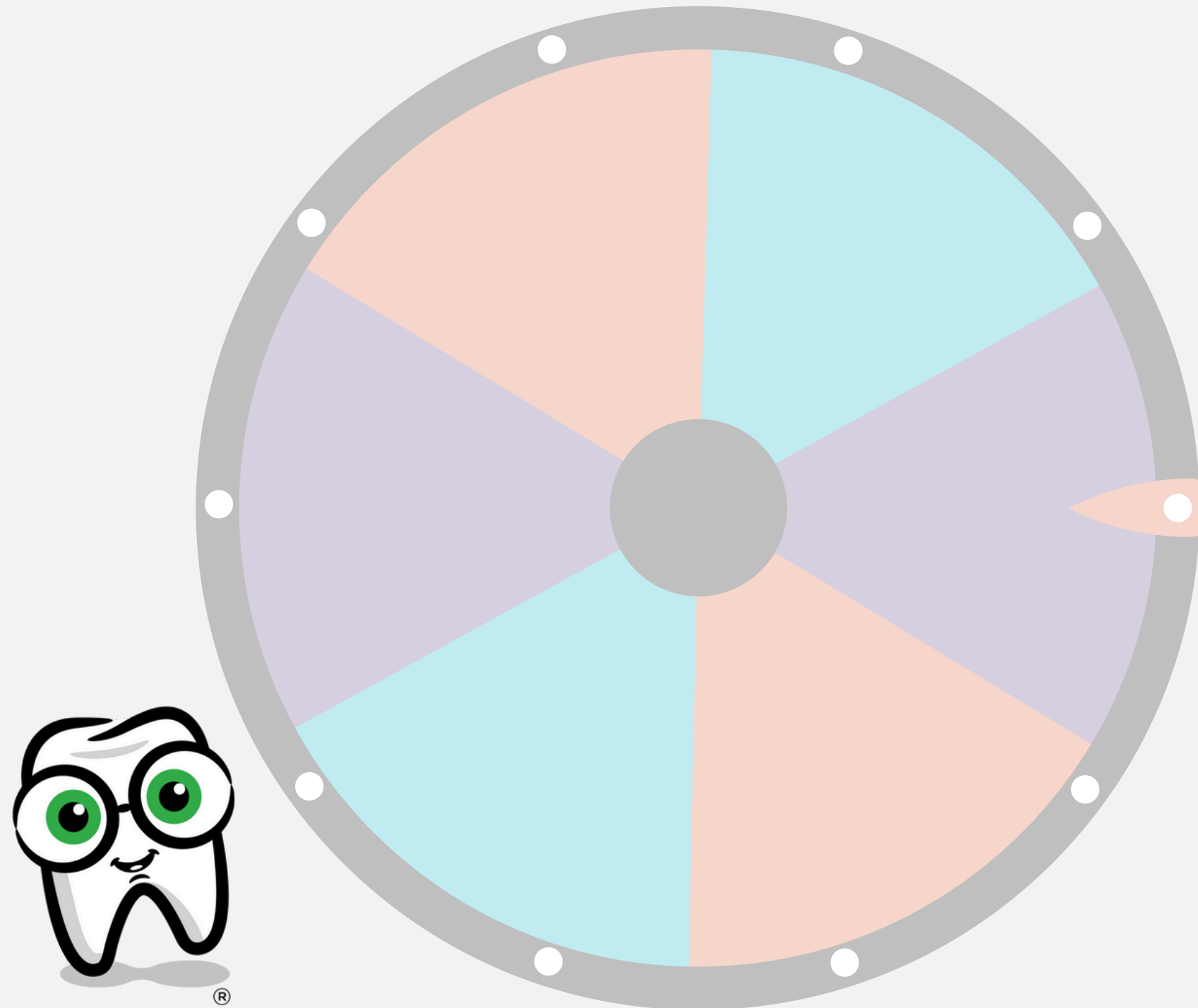
2 prizes will be awarded

- Sharpest seller - broker with the most sales
- luck of the draw - random drawing from remaining names in the pot



Winners will be announced
1/9/2026

Spin that wheel!



Questions & feedback



Contact
Us



deltadentalsd.com



605-224-7345



Jodie.Longman@deltadentalsd.com



Kerrigan.Hillmer@deltadentalsd.com



Micah.Honeywell@deltadentalsd.com

