

Q3 2026 Broker Event

Delta Dental of South Dakota



To receive credit >>>



To receive CE credit, please enter your **name** and
National Provider Number (NPN) using the link in the chat.

If you're watching the recording on or before Friday, October 2nd, please email your
NPN to Jodie.Longman@deltadentalsd.com to receive credit.



Learning objectives

After today's session, you will be able to:

- Explain who Delta Dental of South Dakota is and the value we provide.
- Identify our dental and vision sales offerings.
- Understand the latest DeltaVision updates and opportunities.
- Complete the Delta Dental enrollment process with confidence.

Meet the team >>>



Dayna
VP Growth &
Customer Experience



Amanda
Director of
Customer Experience



Jodie
Sales &
Account Management



Bronson
Underwriting
Manager



Micah
Sales &
Marketing Coordinator



Kerrigan
Vision Sales &
Marketing Coordinator



Kerri
Group
Administration



Berkley
Group
Administration

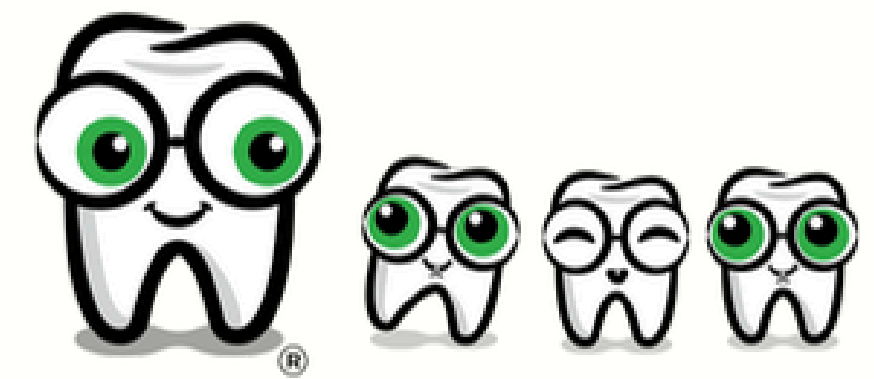


Holly
Group
Administration



Krista
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**®



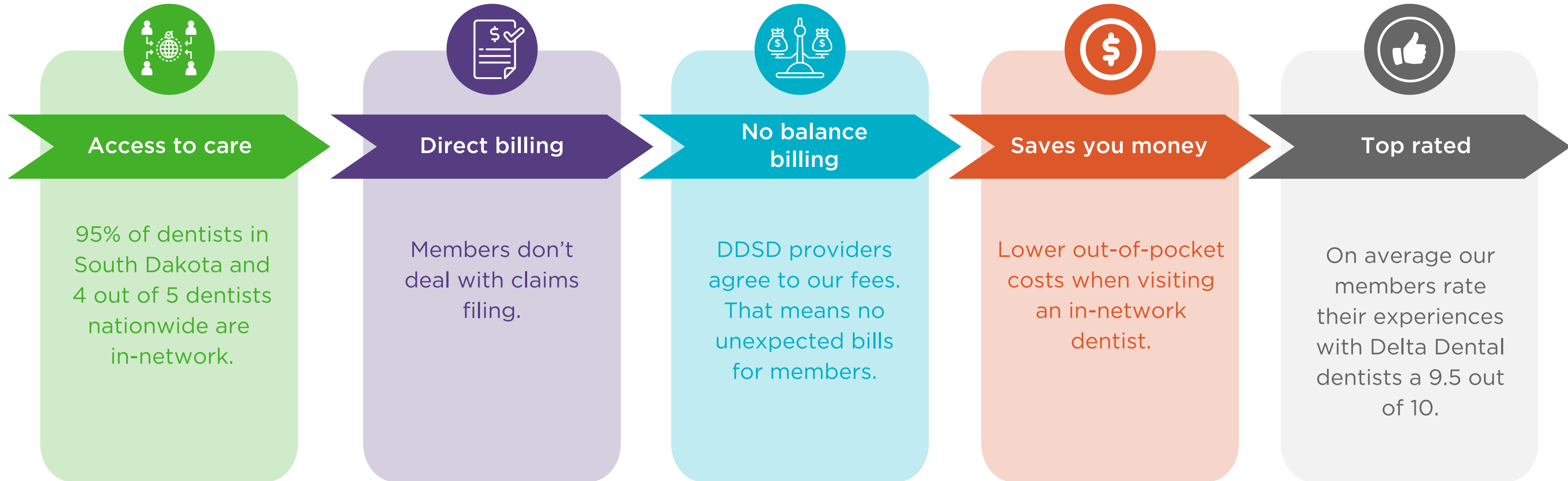
Nonprofit South Dakota company, member of the national Delta Dental Plans Association (DDPA).



Dedicated to advancing and improving oral health.



Delta Dental Network Experience



Benefit offerings

Jodie Longman
Sales & Account Manager



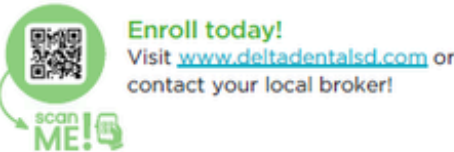
2027 Individual & Family Plans



2027 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 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 knowing your smiles are covered.



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: www.deltadentalsd.com/HTOW
-  **Prevention Pays**
With our Prevention Pays program, diagnostic and preventive care doesn't count toward your annual max, adding about \$500 in value each year and ensuring coverage even if you reach your annual max. To learn more, visit: www.deltadentalsd.com/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: www.deltadentalsd.com



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

2027-VI

2027 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	✓	✓	✓



2027 Monthly rates

Rates are guaranteed through December 31, 2027

	PREVENT 1031	RESTORE 1041	RENEW 1051
Single	\$46.50	\$68.70	\$74.20
Two people	\$93.00	\$137.40	\$148.40
Three or more people	\$137.40	\$203.90	\$218.30

*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.

2027 Small business plans



2027 Small Business Plans

Running a small business can be tough - 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: 98.8% of South Dakota employees renewed their group dental coverage with us in 2026!

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:
www.deltadentalsd.com/deltavision

 **scan ME!**

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: www.deltadentalsd.com/HTOW



Prevention Pays
With our Prevention Pays program, diagnostic and preventive care doesn't count toward your annual max, adding about \$500 in value each year and ensuring coverage even if you reach your annual max. To learn more, visit: www.deltadentalsd.com/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: www.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: www.deltadentalsd.com



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

2027 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 (see website for details)	N/A	N/A	N/A	✓



2027 Monthly rates

Rates are guaranteed through December 31, 2027

	Voluntary rates Employer pays less than 50% of the single cost				Contributory rates 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	\$45.20	\$54.20	\$59.70	\$65.40
Family	\$114.00	\$134.00	\$163.00	\$178.90	\$113.70	\$133.70	\$159.50	\$174.30

*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.

 **DENTAL**  **VISION**

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!

* Costs related to changes in benefit design or employee contributions will be rated separately and could impact final rates. Rate guarantee does not apply if claims ratio for the last two years exceeds 110%. Then the maximum rate increase defaults to 10% in any given year. The claims ratio is calculated by dividing the total amount of claim paid by Delta Dental by the total amount of premiums earned during that same period.

First 5 years
10% maximum increase

6-10 years
9% maximum increase

11-15 years
8% maximum increase

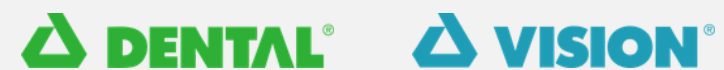
16-20 years
7% maximum increase

21-25 years
6% maximum increase

26+ years
5% maximum increase

DeltaVision[®] Update

Kerrigan Hillmer
Vision Sales & Marketing Coordinator



2027 DeltaVision plans

DeltaVision® 2027 business plans

A better vision benefit starts with a trusted partner.

DeltaVision delivers value, convenience, and support - helping employers offer meaningful benefits with access to quality vision care.

- ✓ Vision coverage starting at \$0 employer contribution.
- ✓ One trusted team for enrollment and billing, backed by the Delta Dental service you know and trust.
- ✓ Statewide access to vision care through the EyeMed Insight network plus Walmart.



Eye exams do more than check your vision, they 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.

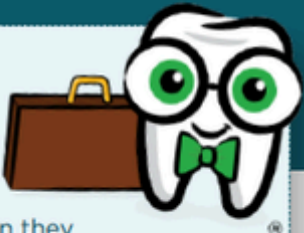
To learn more, visit our website: www.deltadentalsd.com/deltavision





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



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 options matter. That's why our vision network provides the best of both worlds, local care in South Dakota and access to top national providers. Members choose from trusted local providers, or national brands like LensCrafters®, Walmart®, Sam's Club® 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

2027 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 *\$25 single vision, \$40 bifocal, \$55 trifocal	\$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



2027 Monthly rates

Rates are guaranteed through December 31, 2027

Voluntary rates Employer pays 0-49% of the single cost			Contributory rates Employer pays 50% or more of the single cost		
ESSENTIAL	CLASSIC	SUPREME	ESSENTIAL	CLASSIC	SUPREME
Employee \$6.90	Employee \$8.14	Employee \$14.92	Employee \$5.52	Employee \$6.52	Employee \$11.94
Family \$23.72	Family \$28.02	Family \$51.36	Family \$18.98	Family \$22.42	Family \$41.08



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 Wellness605, Inc., a wholly owned company of Delta Dental of South Dakota. Delta Dental and DeltaVision are Registered Marks of Delta Dental Plans Association.

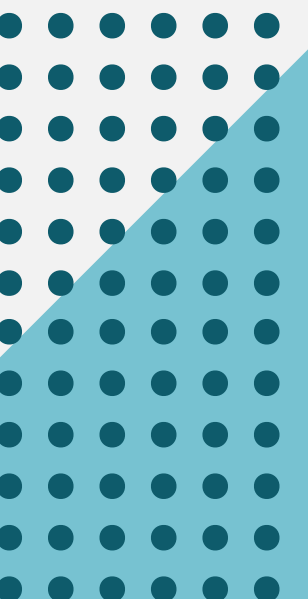
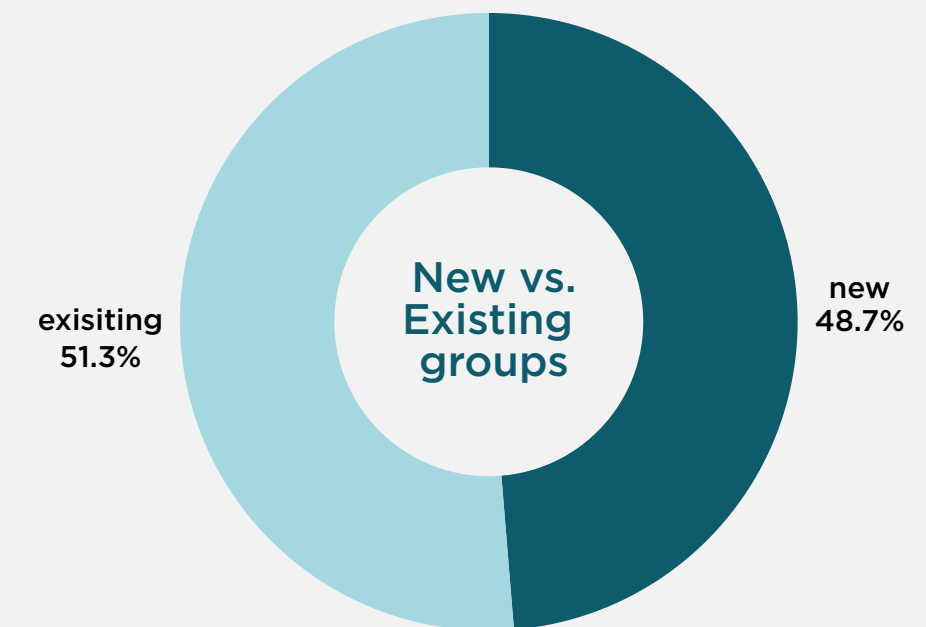
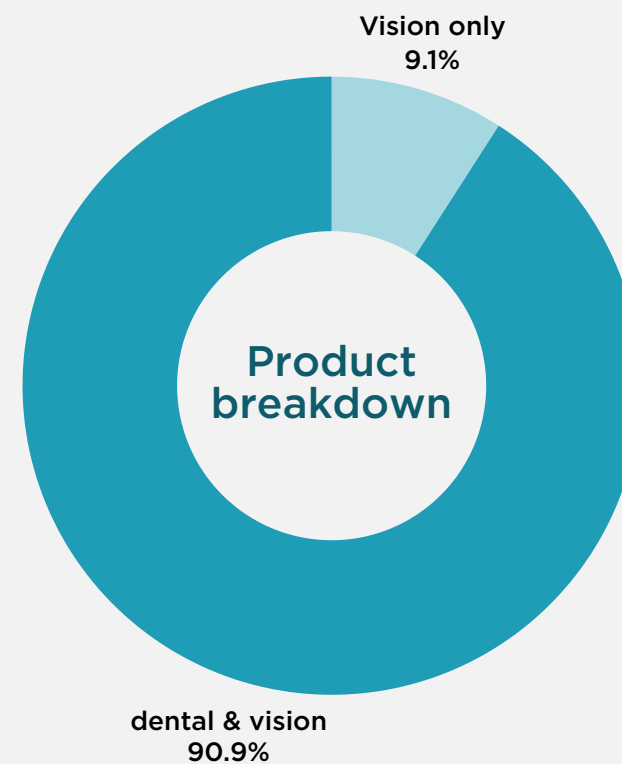
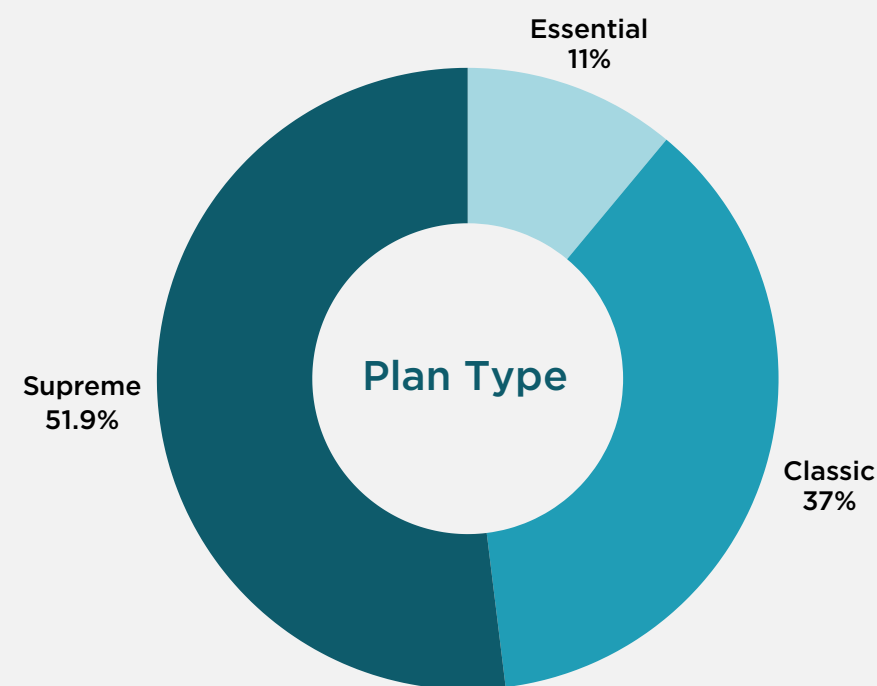
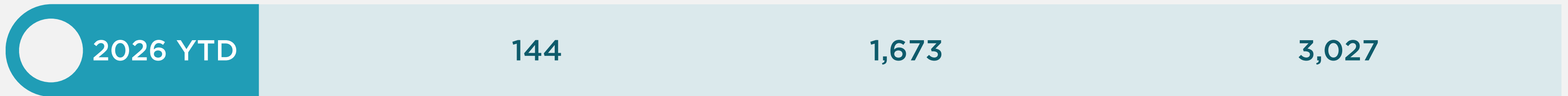
DeltaVision update



Total groups
as of
7/1/2026

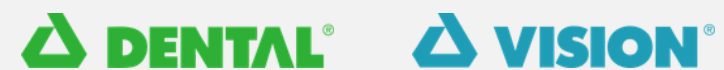
Total active
subscribers as of
7/1/2026

Total active
lives covered as of
7/1/2026



The enrollment experience

Kerrigan Hillmer
Vision Sales & Marketing Coordinator



Dental & Vision Group Application

Updated
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

Please email completed application (pages 1-4) to sales@deltadentalsd.com

Group Information

Group name _____
Contact name _____ Contact phone _____
Street address _____ P.O. Box _____
City _____ State _____ Zip _____ County _____
E-mail address _____
Fax _____ Name of health insurance carrier _____

Broker Information

As the acting representative for this group, I have to the best of my knowledge complied with the requirements listed in this application.

Agent name _____ Agency name _____
Address _____ City, State and Zip _____
Phone _____ E-mail _____
Agent signature _____ Date _____

Group Signature

I certify that the above information is true and correct. I agree to follow the requirements stated in this application. In the event such requirements are not adhered to, Delta Dental and/or Wellness 605 inc. may terminate this policy.
Signed _____ Title _____
Name _____ Date _____



smgrp&v8/26

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 rate? If so, what percentage? _____

Voluntary Plans

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

_____ Base #4030
_____ Standard #4040
_____ Enhanced #4050
_____ Premium #4060

Contributory Plans

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

_____ Base #5030
_____ Standard #5040
_____ Enhanced #5050
_____ Premium #5060

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.



smgrp&v8/26

2



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)

_____ Essential Plan 2
_____ Classic Plan 5
_____ Supreme Plan 16

Contributory Plans

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

_____ Essential Plan 2
_____ Classic Plan 5
_____ Supreme Plan 16

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.



smgrp&v8/26

3

Group policy payment methods





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.

smgrpd&v8/26

4



Automatic payment by ACH



Monthly payment by check

Dental & Vision Enrollment Form

Form Visdentalenroll2026

Form uses

01

Enrollments

02

Changes

03

Terminations

DELTA DENTAL®

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

Enrollment/Change Form

Effective date: _____
Hire date: _____

Dental Group number: _____ Vision Group number: _____

Group name: _____

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
☐ Add Spouse					☐ Dental
☐ Drop					☐ Vision
Cell phone* _____ Email* _____					
☐ Add Child					☐ Dental
☐ Drop					☐ Vision
Cell phone* _____ Email* _____					
☐ Add Child					☐ Dental
☐ Drop					☐ Vision
Cell phone* _____ Email* _____					
☐ Add Child					☐ Dental
☐ Drop					☐ Vision
Cell phone* _____ Email* _____					

Change in coverage

Marriage date: _____ Divorce date: _____

Other (explain): _____ Date of change: _____

Signature: _____ Date: _____

DELTA DENTAL® VISION®

Visdentalenroll2026

Updated 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



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 employer)

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

Group name: _____

Dental Group number: _____ Vision 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:

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

Name of spouse or child: _____

Address (if different): _____

Completed by: _____ Date: _____

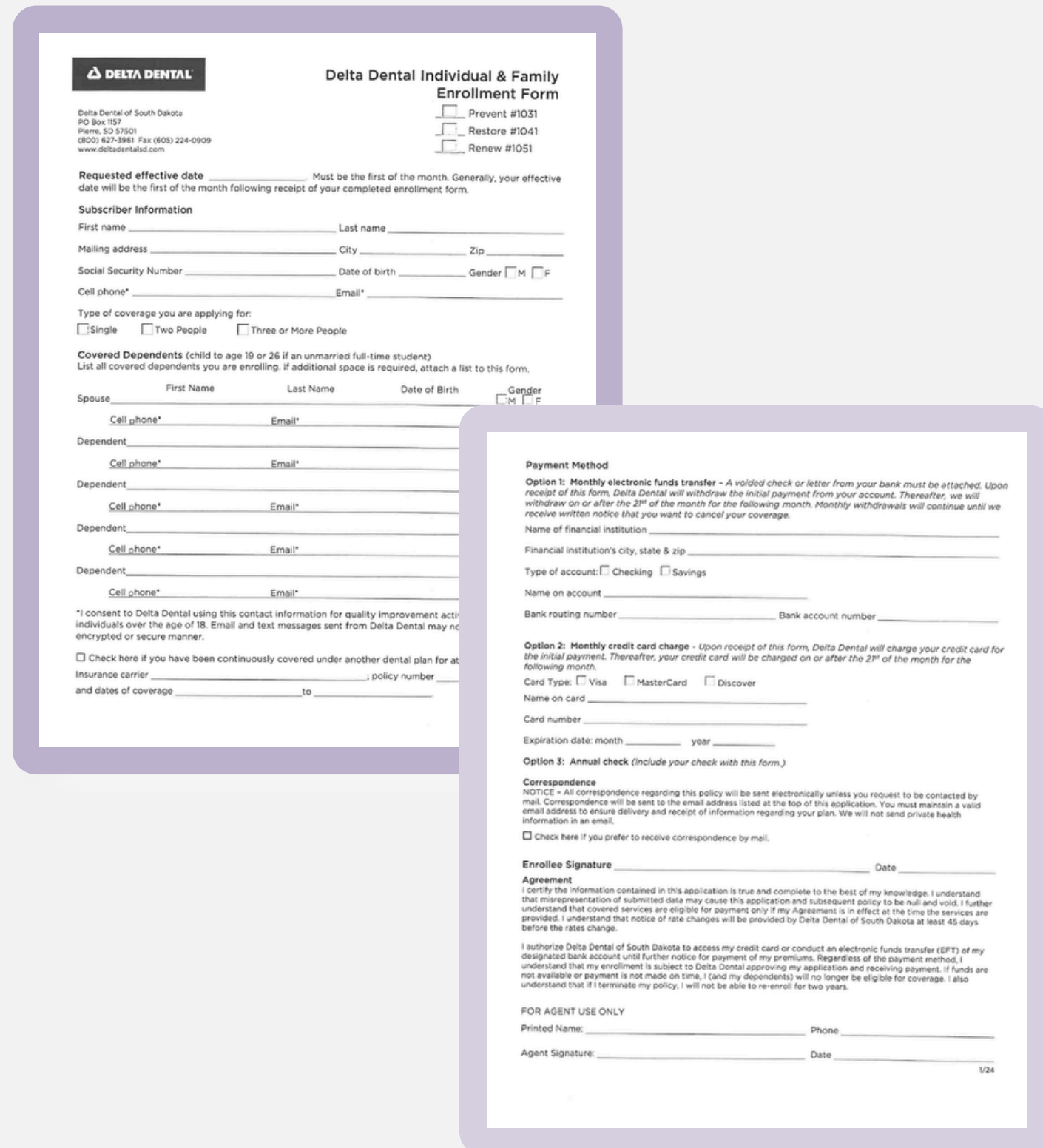
Phone: _____

Please email this form to: eligibility@deltadentalsd.com



QEformD&V9/25

Individual & Family Plan enrollment



The image shows two versions of the Delta Dental Individual & Family Enrollment Form. The top version is the main form, and the bottom version is a detailed view of the 'Payment Method' section.

Delta Dental Individual & Family Enrollment Form

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

☐ 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	Dependent	Dependent	Dependent	Dependent
First Name	Last Name	Date of Birth	Gender	
_____	_____	_____	☐ M ☐ F	
Cell phone*	Email*			
_____	_____			
_____	_____			
Cell phone*	Email*			
_____	_____			
Cell phone*	Email*			
_____	_____			
Cell phone*	Email*			

*I consent to Delta Dental using this contact information for quality improvement activities on 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

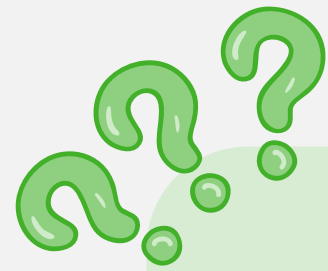
- 2 year waiting period to come back onto an individual plan if not gaining other coverage.

Frequently asked questions

Kerrigan Hillmer
Vision Sales & Marketing Coordinator





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.



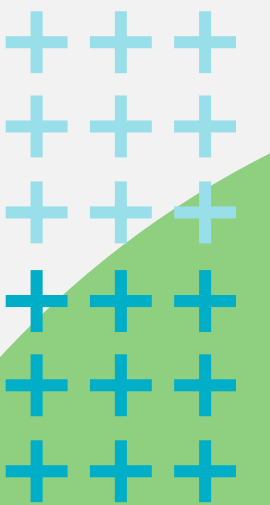
What is a renewal period?

The time when a group's coverage is reviewed and renewed for the next plan year, typically aligning with the group's open enrollment.



Can waiting periods be waived?

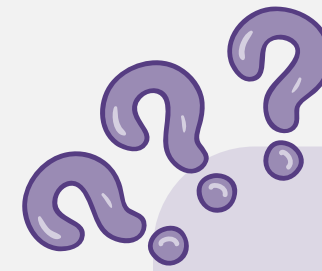
If the member has 12 months or more of continuous credible coverage, they may be waived. Waiting periods are not waived for secondary IAF coverage.





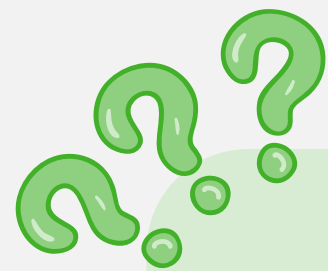
What is a new hire waiting period & how to change it?

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?

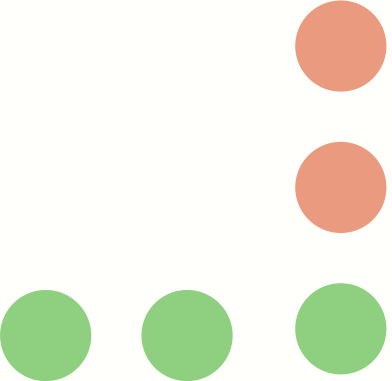
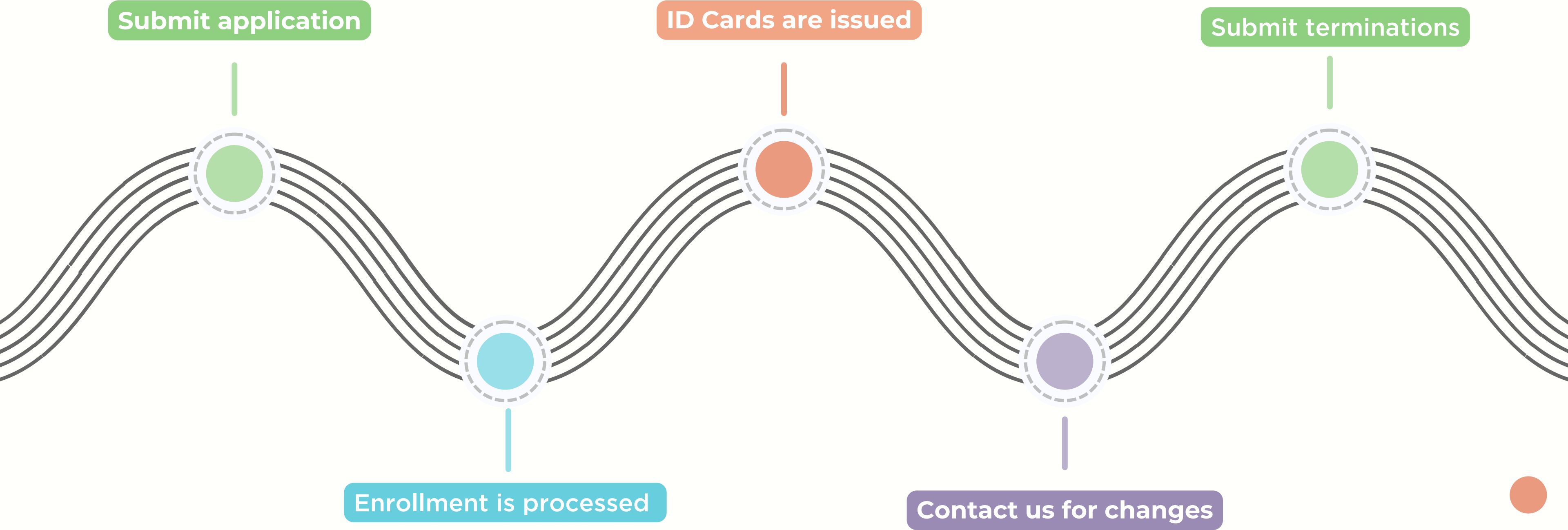
Members can make changes to their plans during open enrollment or the first day of the month following a qualifying event.



How long are dependents able to stay on a plan?

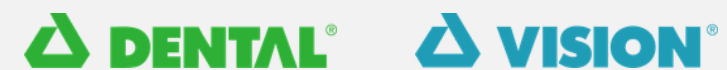
For most plans, children can stay on until 26. Others require dependents to be an unmarried, full time student after the age of 19.

Enrollment process review



Programs & resources

Dayna Hepper
VP Growth & Customer Experience





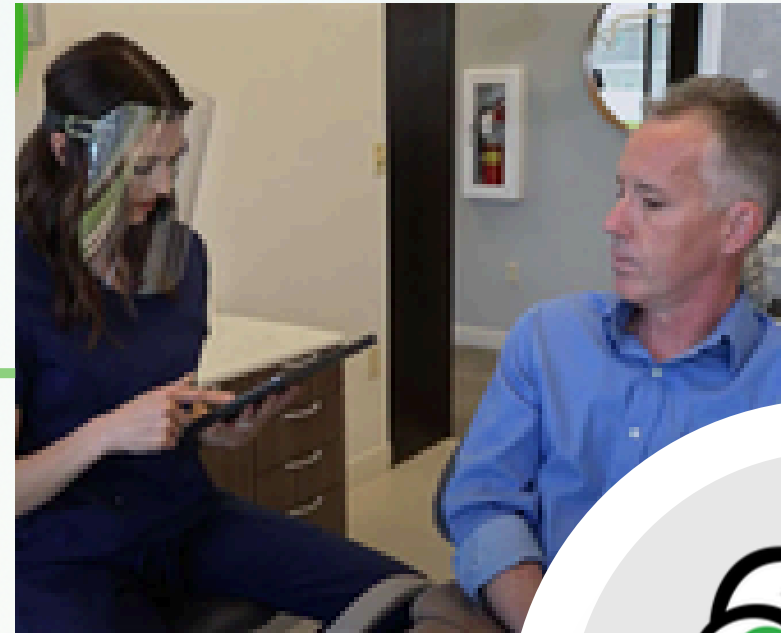
Health *through* Oral Wellness®



Here's how it works

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

01



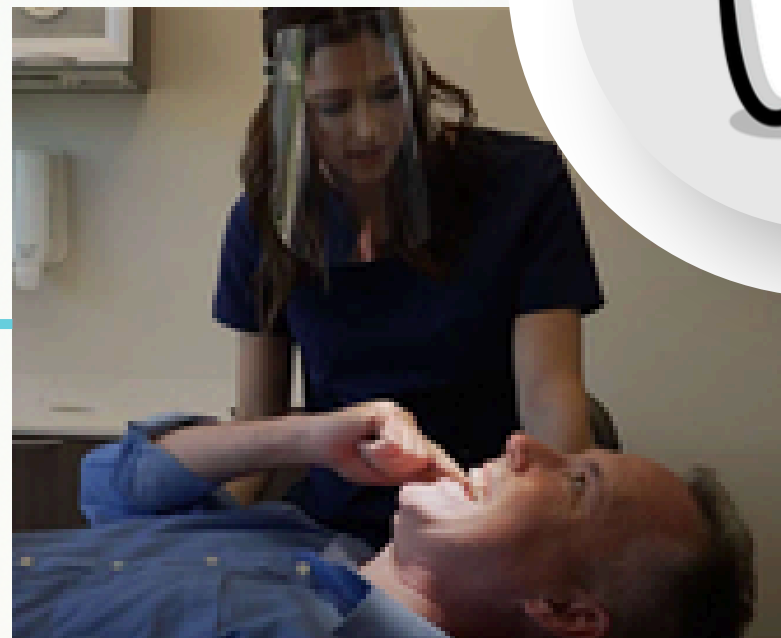
02

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



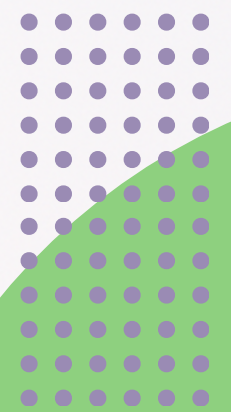
Based on the oral health scores, patients may unlock additional preventive benefits like extra cleanings, fluoride, and more

03



04

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



Health through Oral Wellness

Oral health is health

Discover how Health through Oral Wellness® (HTOW) adds value for your patients.



Patients with untreated periodontal disease are at higher risk for chronic conditions like diabetes and heart disease.



The HTOW® program helps identify at-risk patients early—so they receive the right care at the right time.



SD Members Taking Action

155,005

Members have completed an assessment since launch.

Supporting Members Together

77.4%

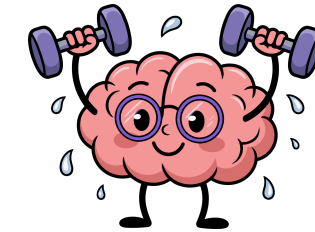
of in-network dentists in SD are enrolled in the PreViser risk assessment tool.

DDSD's Investment in Prevention

\$9 million invested in additional benefits in 2025 and **\$40 million** invested program to date.



Knowledge is power



Oral health education doesn't just inform—it changes behavior.

In one study, participants who received community-based oral health education increased regular brushing from **45%** to **75%**, improved gum health, and were **40%** more likely to visit the dentist. ²

Did You Know?

"Additional cleanings reduce disease occurrence by **40%**." ⁴

"People with diabetes who receive periodontal treatment saw a **39.4%** reduction in hospitalizations and saved an average of **\$2,840** in medical costs per year. Those with Cerebral vascular disease saw a **28.6%** reduction in hospitalizations and saved an average of **\$5,681** in medical costs per year. ¹

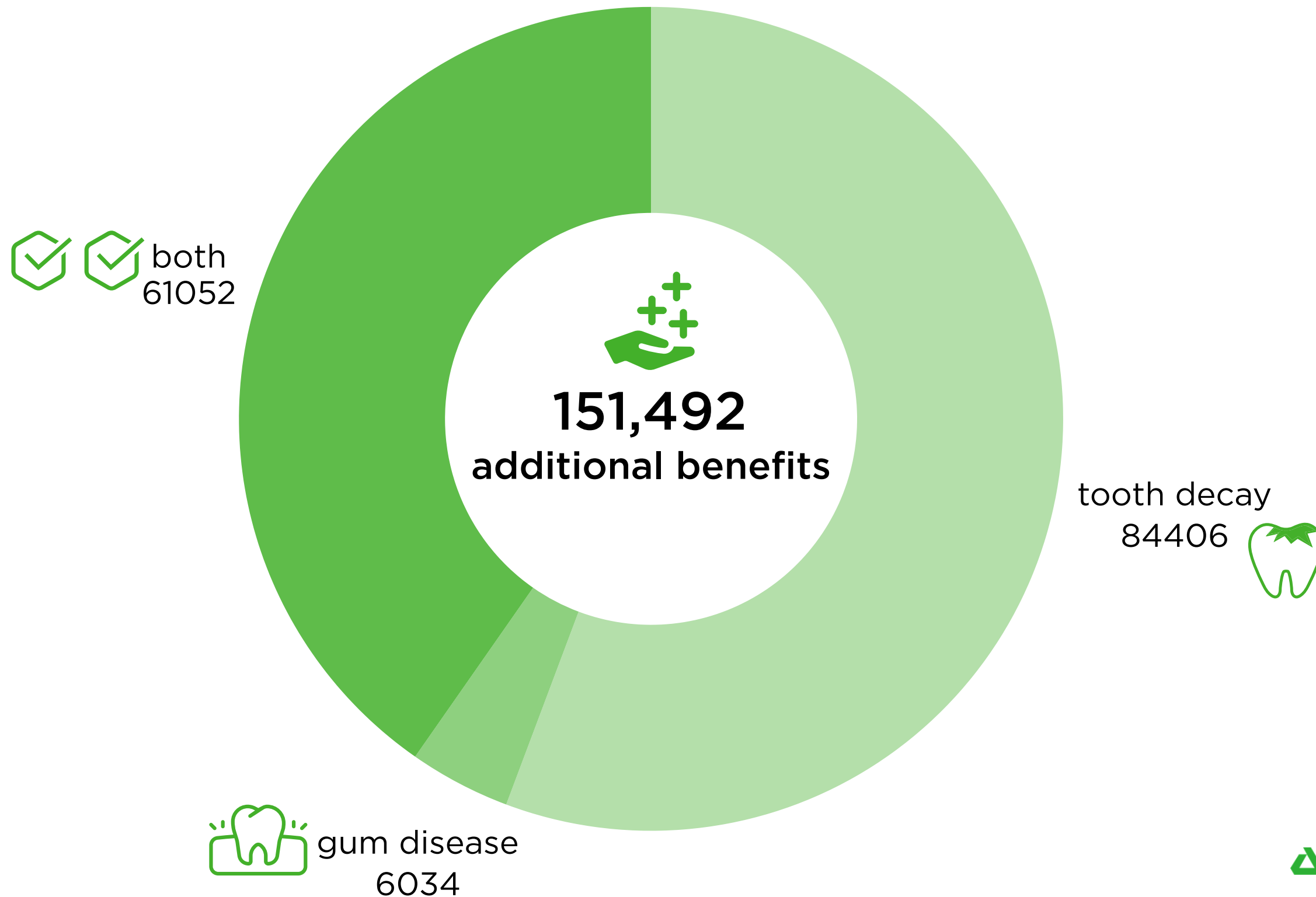
"Tooth enamel is the **hardest substance** in your body." ³



Health through Oral Wellness[®]

01/01/2020 to 07/01/2026

✓ **157,670** members with assessments completed



 **DENTAL[®]**

 **VISION[®]**



Prevention Pays



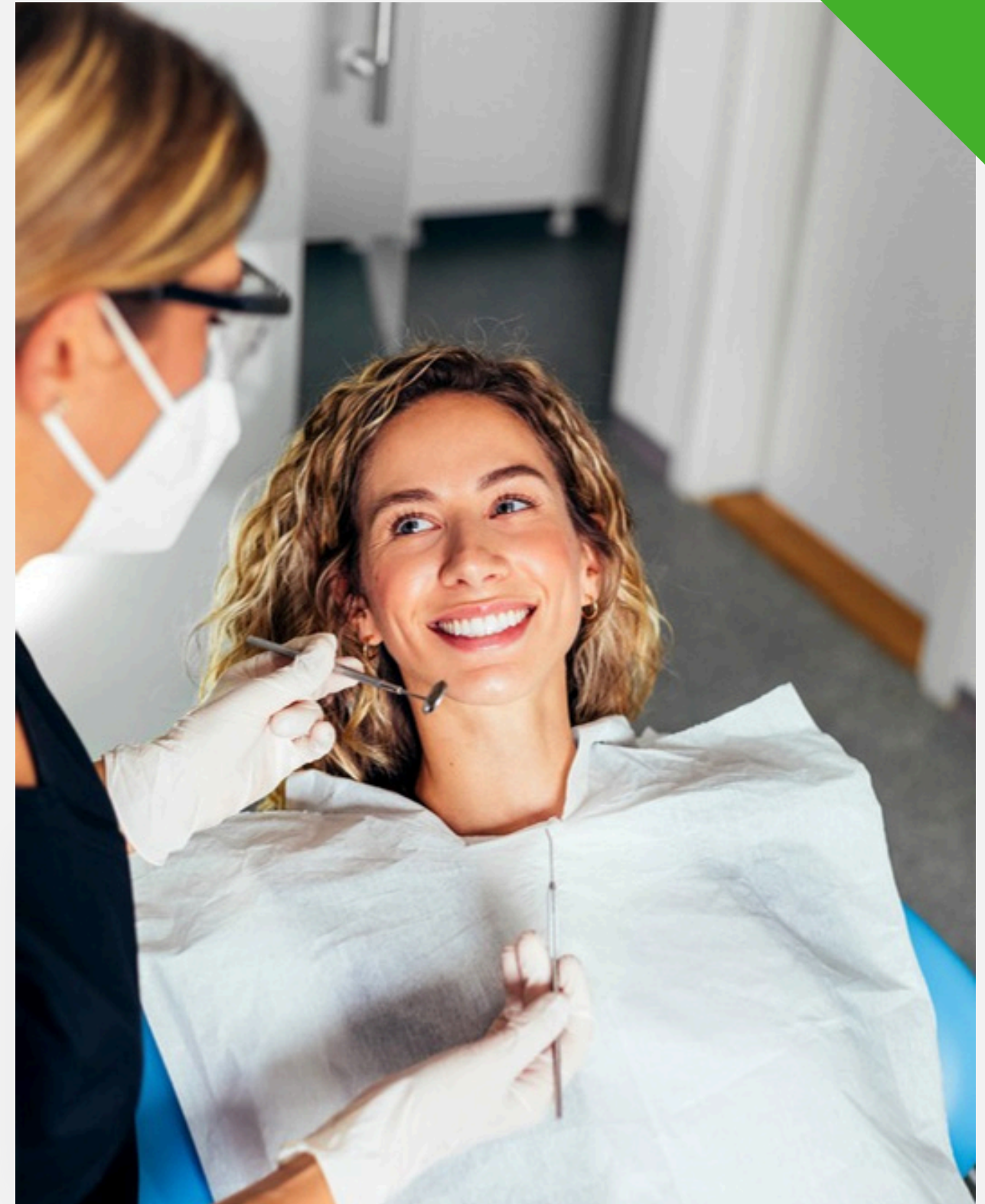
Diagnostic & Preventive do not count toward annual max!

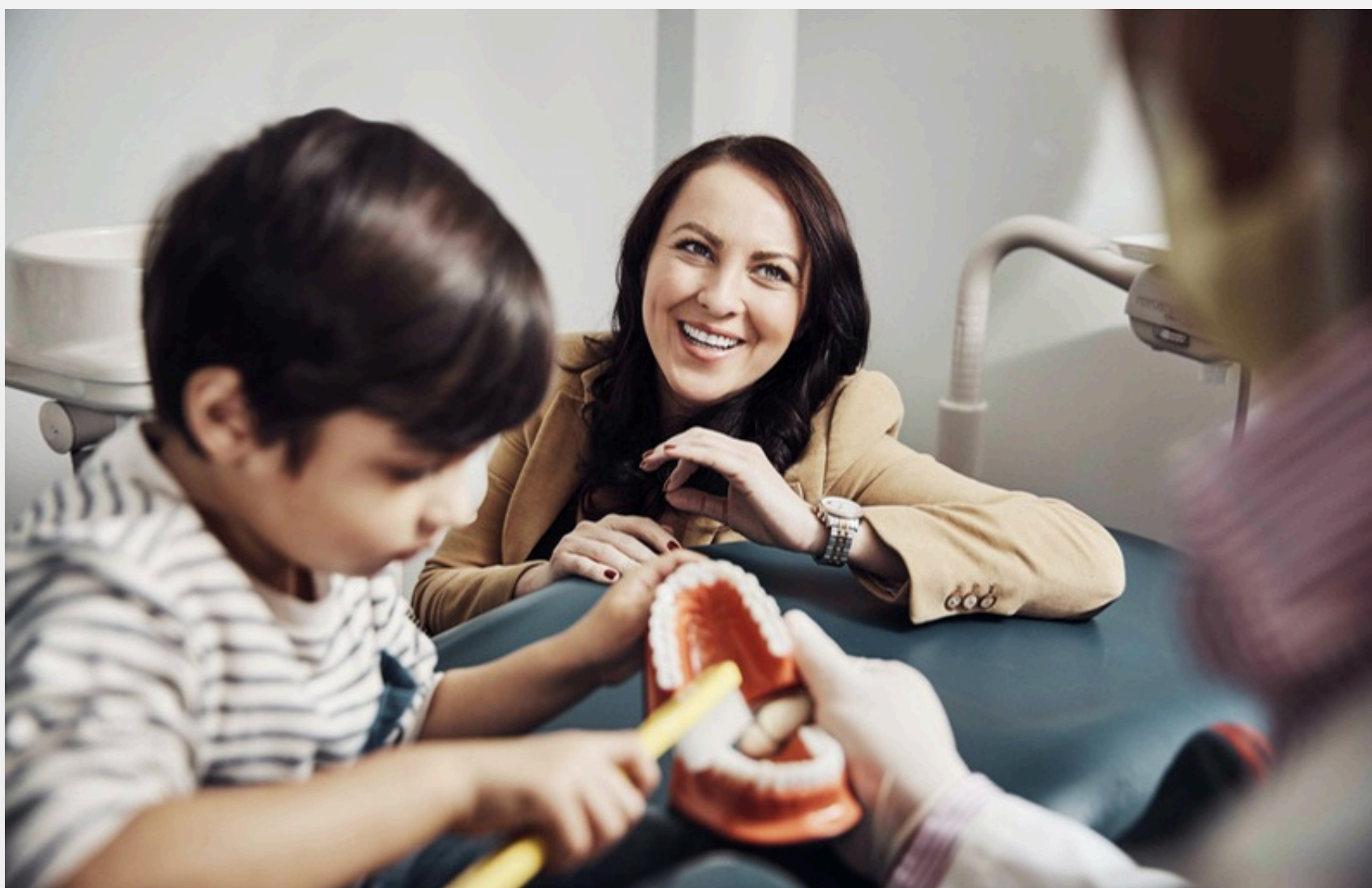


Extends an average of \$500 for members annually!



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





PPO Plus Premier Plan

More ways 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.

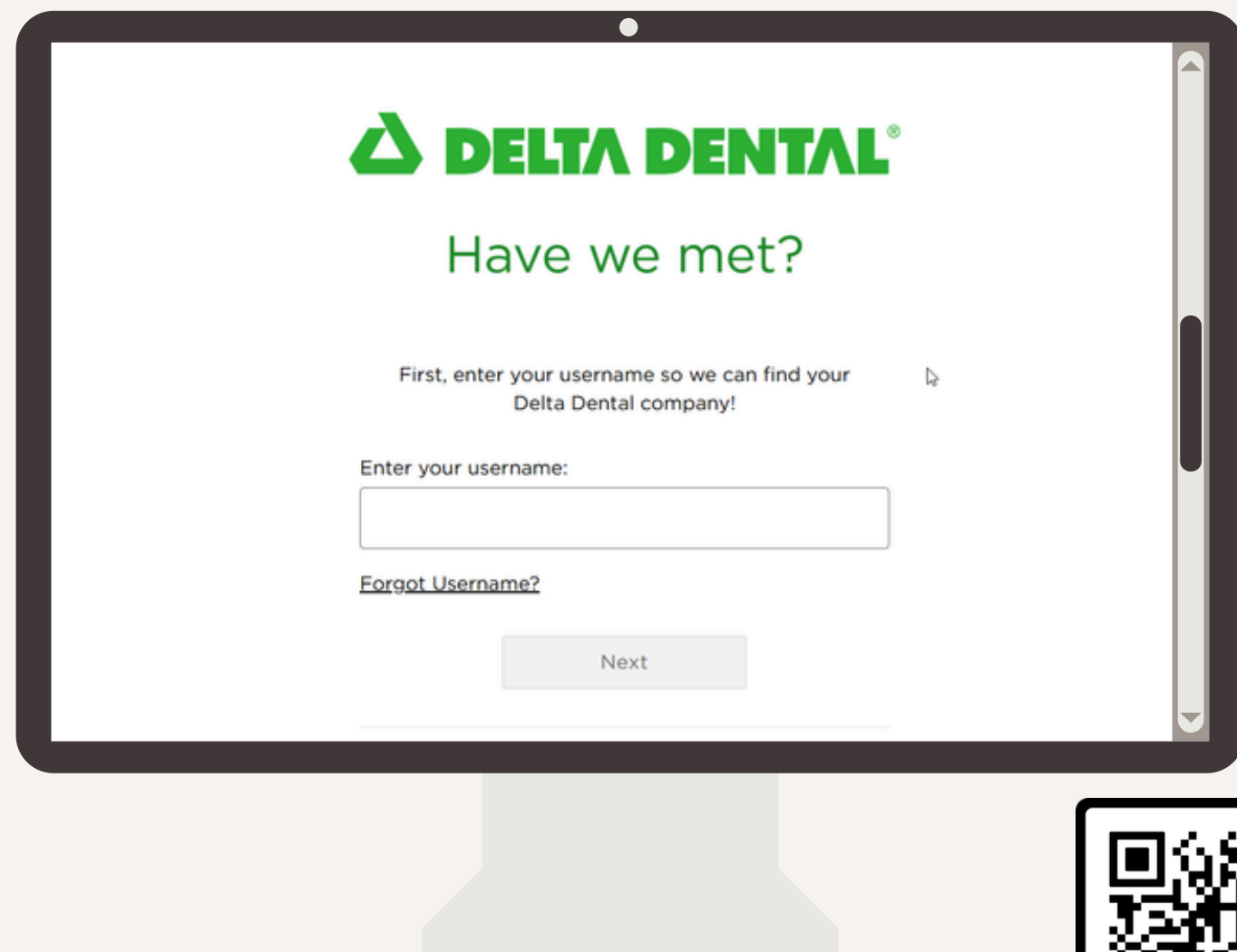
Our Service For Members

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



Contact us. Get Assessed. Receive Care.

Member portal update



SCAN ME



Member ID Card

No more searching - Member Dashboard now gives you quick and easy access to your digital member ID card right on the front page. You can view, download, or share your ID card anytime you need it.



Benefits at a Glance

Stay informed about your dental benefits with confidence. Both subscribers and dependents can now securely access their own benefits, eligibility details, and claims history.



Access more info

Giving members a simple, fast overview of your deductible, annual maximum, lifetime orthodontic maximum, Maximum Bonus Account balance, and Health *through* Oral Wellness analytics — all in one convenient place.

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

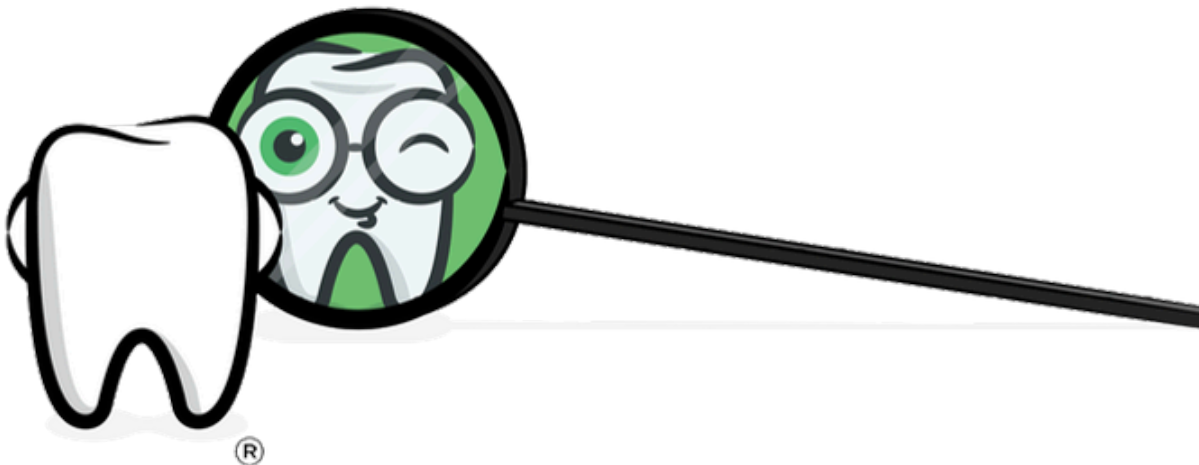


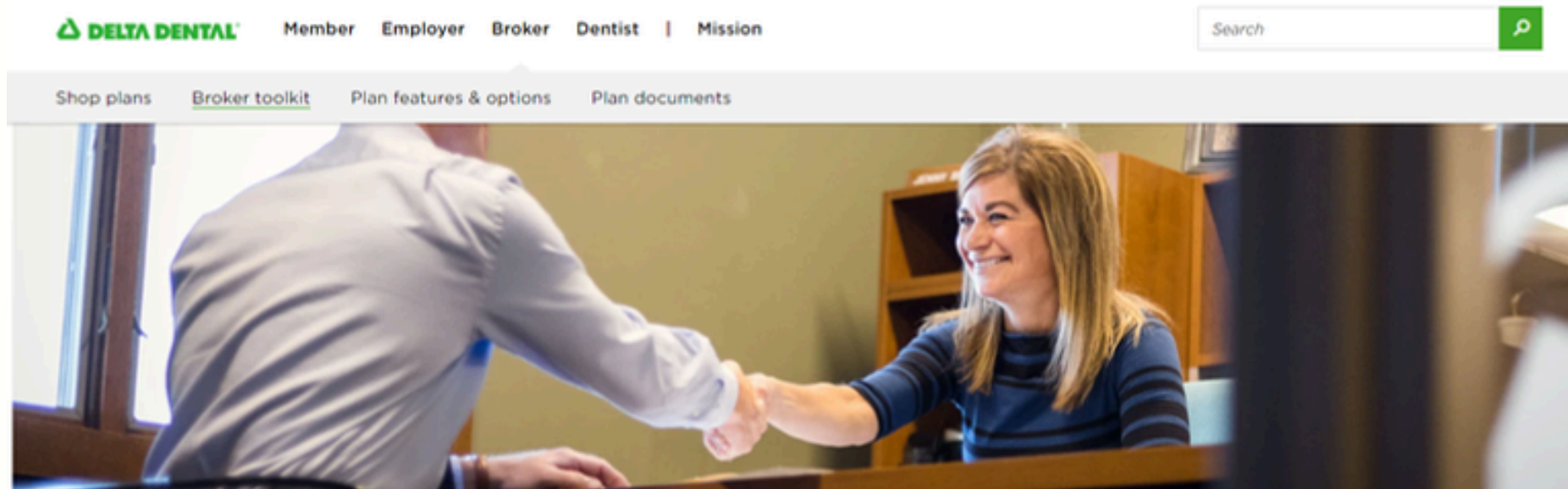
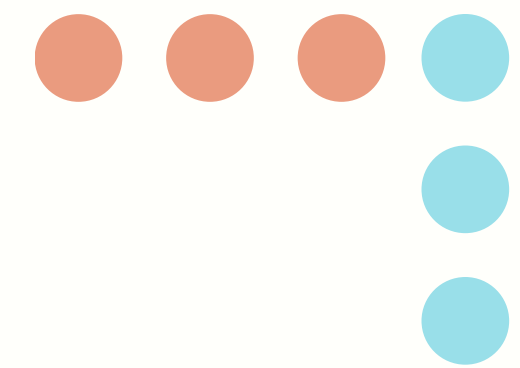
Already have a Delta Dental account?

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



SCAN ME





Website resources

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.

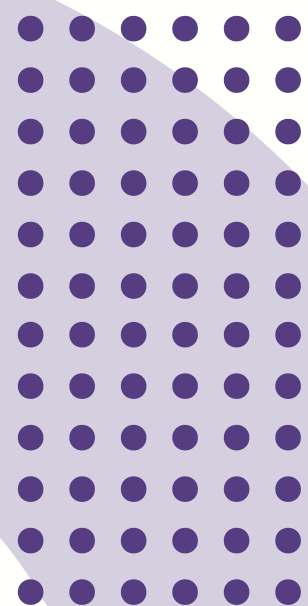


Comparing dental plan proposals: ask the right questions

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

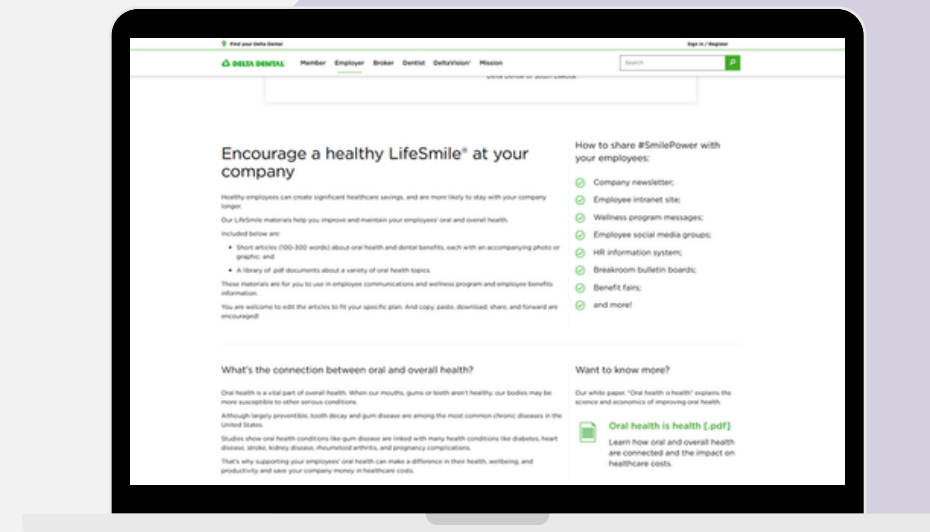
The questions below will help you evaluate plan offers so you'll get the right plan to improve oral health, wellness, and member satisfaction.

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

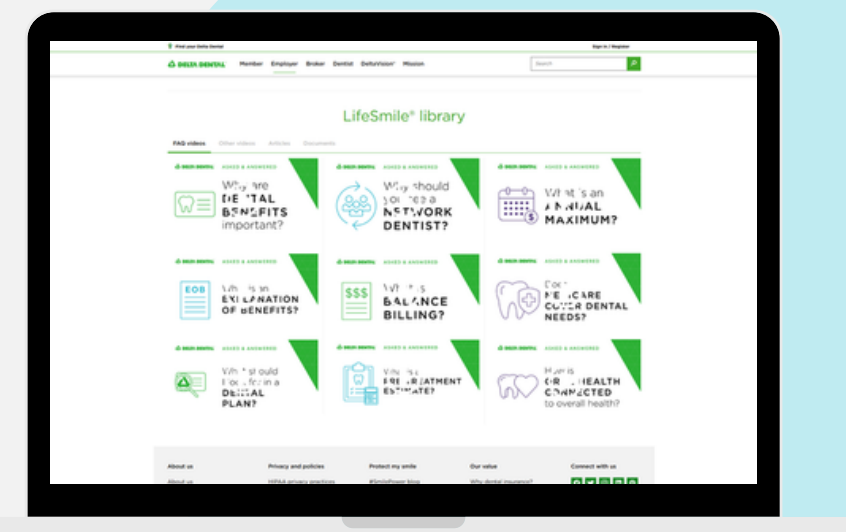
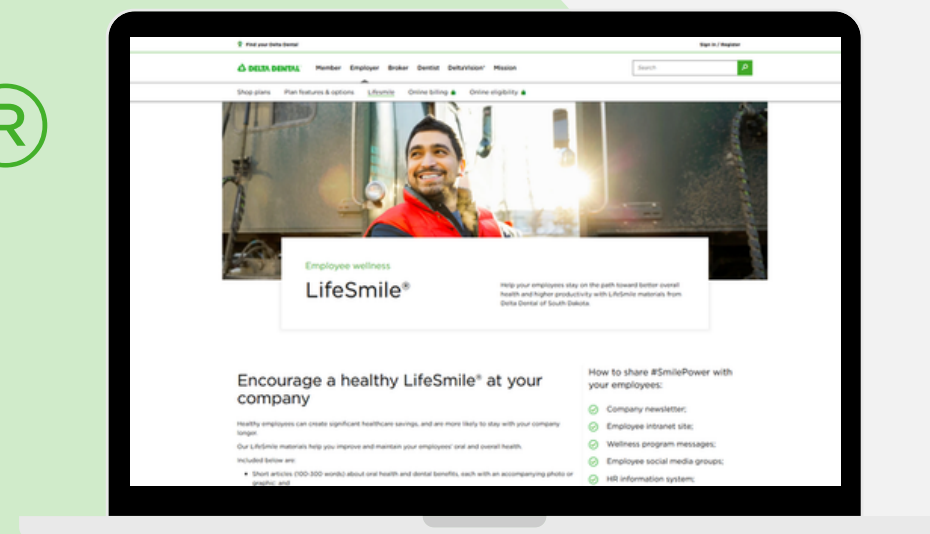




LifeSmile[®] library



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 incentive

The 20/27 challenge

You can be entered to win one of two \$150 vouchers for a RayBan item of your choice!



Now through December 31st.



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



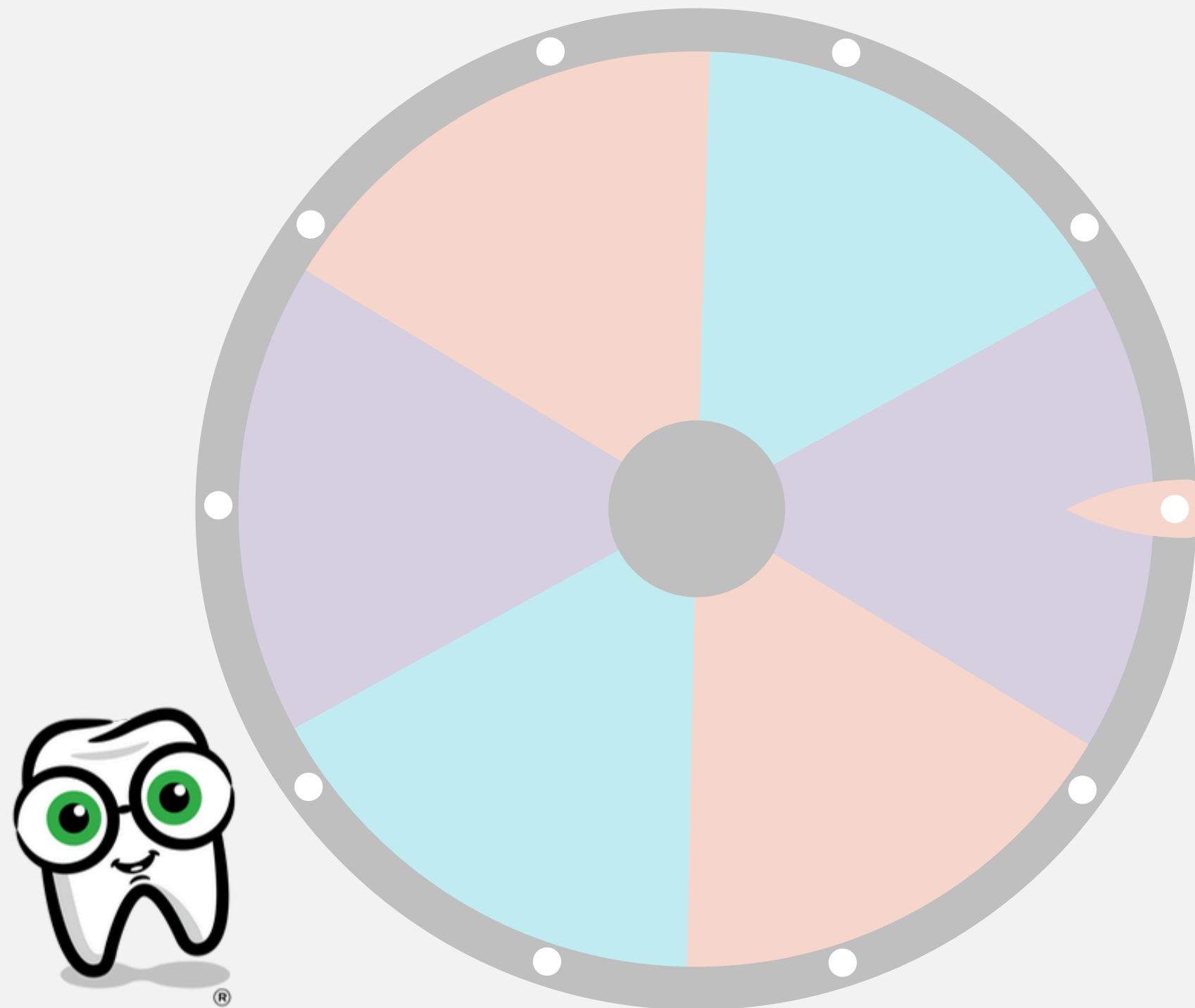
2 prizes will be awarded

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



Winners will be announced
January 2027

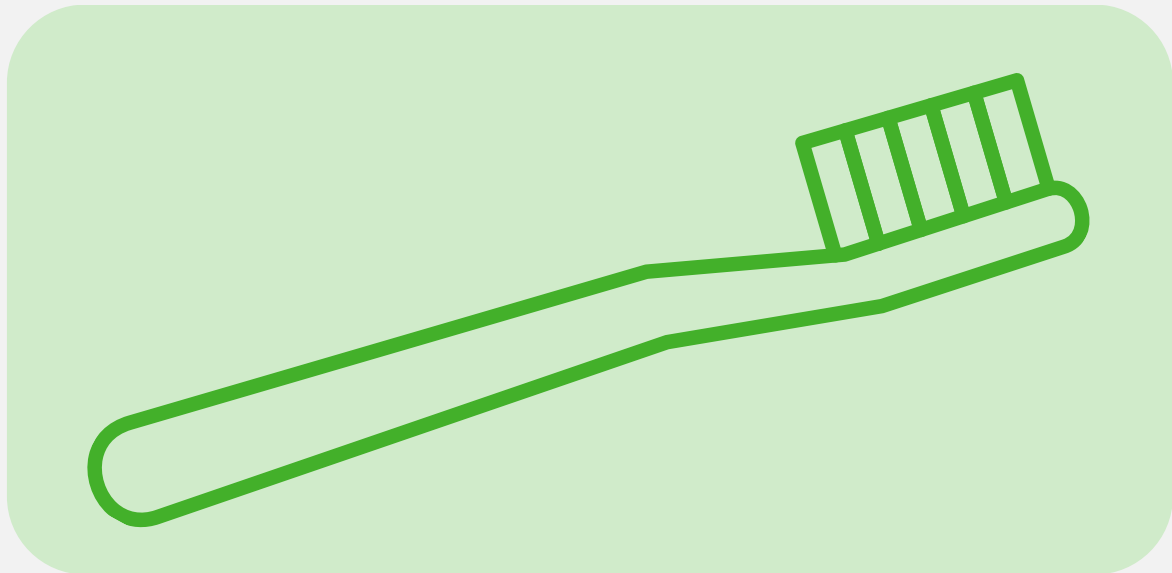
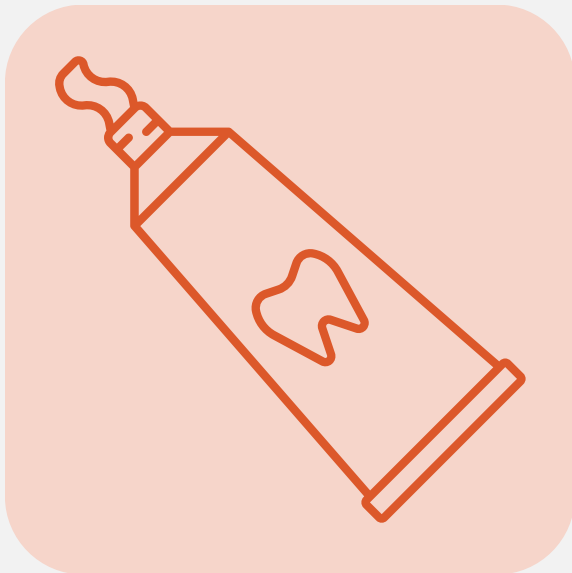
Spin that wheel!

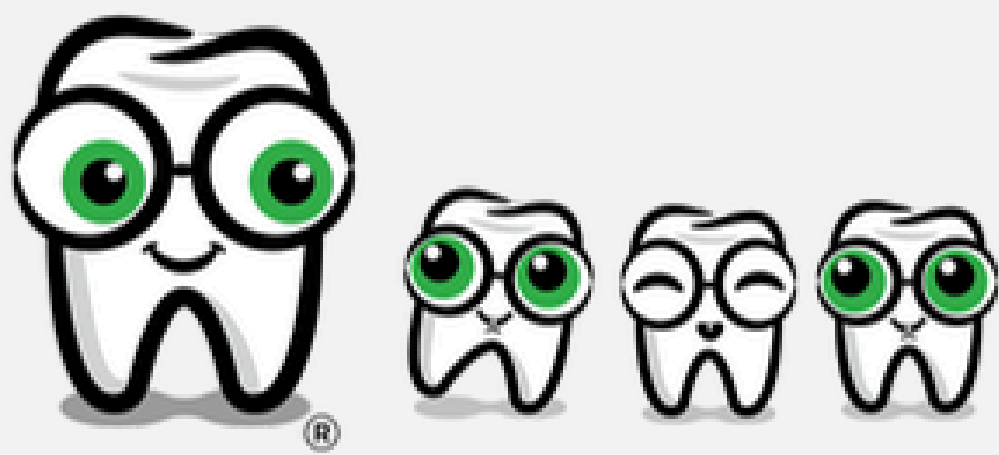


Upcoming events >>>



Q1 2027 - Broker Portal Demo
Q2 2027 - In Person Broker Event





Questions & feedback



To receive credit >>>



To receive CE credit, please enter your **name** and **National Provider Number (NPN)** using the link in the chat.
If you're watching the recording, please email your **NPN** to Jodie.Longman@deltadentalsd.com to receive credit.





Contact
Us

deltadentalsd.com

605-224-7345

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