Health through
Oral Wellness®
and Prevention
Pays are part
of every Delta
Dental of
South Dakota
Individual and
Family Plan!

## What is Health through Oral Wellness®?

Health through Oral Wellness is a unique, patient-centered program that adds benefits to your Delta Dental plan based on your individual oral health needs. An online clinical risk assessment can be performed during your regular preventive dental visit. Additional benefits are unlocked immediately so they can be provided the same day or at a future visit.

To learn more, visit: deltadentalsd.com/ OralHealthWellness/HTOW/



## What is Prevention Pays?

Prevention Pays covers services like exams, cleanings, and x-rays even if you've reached your annual maximum benefit. This program also includes select periodontal (gum disease) services. Prevention is always covered, including your additional Health through Oral Wellness benefits.\*

### Learn more about Delta Dental Individual and Family Plans

# Who is eligible for the Delta Dental Individual and Family plans?

Permanent South Dakota residents may purchase plans including individual, family and child only options.

#### What are my payment choices?

Payments with your credit card, electronic funds transfer from your bank or a personal check are accepted. Please see payment details on the enrollment form.

#### When will my coverage start?

All individual plan policies will be effective the first of the month after we receive your completed enrollment form and payment, credit card or electronic funds transfer authorization. Waiting periods apply, please refer to the benefit summary for details.

#### How do I enroll?

Enrollment information is available online at deltadentalsd.com or call 1-877-841-1478 to have an enrollment form mailed to you.

#### What dentist can I visit?

Delta Dental's Individual and Family Plan members have the best of both worlds: access to the largest network of dentists in South Dakota with Delta Dental Premier® and Delta Dental PPO™ network dentists who have agreed to deeper discounts. To locate a dentist use our "find a dentist" tool at deltadentalsd.com or download the Delta Dental app.

## **Enroll Now!**

Delta Dental of South Dakota 720 N Euclid Ave Pierre, SD 57501

deltadentalsd.com 1-877-841-1478 **Benefit Summary** 

Benefit Summary				
	Traditional Plan 1040	Standard Plan 502 (ACA)*	Enhanced Plan 503 (ACA)*	
Deductible	One-time \$50 per person	\$100 per person per year	No deductible	
After the deductible has been paid, services are covered at the following percentages:				
Diagnostic & Preventive Exams, routine cleanings, x-rays, fluoride application, space maintainers & sealants	100%	100%	100%	
Fillings	50%	60%	60%	
Extractions and Oral Surgery	50%	40% after one year wait, no wait under age 19	40% after one year wait, no wait under age 19	
Wisdom Teeth Extraction	50%	40% medically necessary only**	40% medically necessary only**	
Endodontics Root canals	50% after one year wait	40% after one year wait, no wait under age 19	40% after one year wait, no wait under age 19	
Periodontics Treatment of gum disease and periodontal maintenance	50% after one year wait	40% after one year wait, no wait under age 19	40% after one year wait, no wait under age 19	
Major Restorative Services Crowns, bridges, dentures and implants	50% after one year wait	40% after one year wait, no wait under age 19	40% after one year wait, no wait under age 19	
Orthodontics	0%	40% up to age 19, medically necessary only**	40% up to age 19, medically necessary only**	
Annual Maximum Benefit	<sup>\$</sup> 1,200	\$1,000 age 19 and over	\$1,500 age 19 and over	
Annual Out-of-Pocket Maximum	Does not apply	\$350 per child/\$700 for two or more children under age 19	\$350 per child/\$700 for two or more children under age 19	
Dependents Covered to Age	19 or full-time student	26	26	
Health through Oral Wellness®	Yes	Yes	Yes	
Prevention Pays	Yes	Yes	Yes	

<sup>\*</sup>Plans 502 and 503 are Affordable Care Act (ACA) certified. These policies meet ACA requirements and include the pediatric oral essential health benefit for covered persons under age 19. \*\*Medically necessary is an extremely rare circumstance as determined by a third party dental consultant and in all cases requires a preauthorization.

2021 Rates (Per Month)

<b>ZUZI Rates</b> (Per Month)				
	Traditional Plan 1040	Standard Plan 502 (ACA)*	Enhanced Plan 503 (ACA)*	
Child Only (under 19)	n/a	\$37.50	<sup>\$</sup> 51.70	
Individual/Single Person	\$51.00	\$37.50	<sup>\$</sup> 51.70	
Couple/Two Person	\$102.00	<sup>\$</sup> 75.00	<sup>\$</sup> 103.40	
Family	\$150.90	n/a	n/a	
Member +1 Dependent	see couple/two person	<sup>\$</sup> 75.00	<sup>\$</sup> 103.40	
+2 Dependents	see family	\$112.5O	\$155.1O	
+3 or more Dependents	see family	\$150.00	\$206.80	
Couple +1 Dependent	see family	\$112.5O	\$155.1O	
+2 Dependents	see family	\$150.00	\$206.80	
+3 or more Dependents	see family	\$187.5O	\$258.50	