DELTA DENTAL

Delta Dental of South Dakota

# Voluntary Base Plan 2-Rate

Group #: 4030

## Preventive Care — 80% Paid By Delta Dental

*These services do not apply to the Annual Maximum Benefit.*

- Routine exams and cleanings - two per coverage year.
- Bitewing x-rays - two per coverage year up to age 19, and once per coverage year age 19 and over.
- Full mouth/panoramic x-rays - once every five years.
- Fluoride applications - two per coverage year up to age 19.
- Space maintainers on primary back teeth up to age 14.
- Dental sealants for unrestored 1st and 2nd permanent molars up to age 16.

## Fillings and Extractions — 50% Paid By Delta Dental

- Silver and tooth-colored fillings. If a tooth-colored filling is used to restore back teeth, benefits are limited to the amount paid for a silver filling.
- Stainless-steel crowns.
- Extractions and other oral surgery.
- Emergency treatment for relief of pain.

## Root Canals and Gum Disease — 50%* Paid By Delta Dental

- Root canals.
- Treatment of diseases of the tissues supporting the teeth.
- Periodontal maintenance cleanings. *These cleanings do not apply to the Annual Maximum Benefit.*

## Crowns and Prosthetics — 50%* Paid By Delta Dental

- Crowns, bridges, dentures, and implants.

## Braces and Teeth Alignment — 0% Paid By Delta Dental

- Treatment necessary for the proper alignment of teeth.

* One year wait for coverage.

## Network

Find a dentist

PPO Plus Premier

Our Premier network includes more than 95% of dentists in SD! Visit a PPO participating dentist and you could save even more! Visit deltadentalsd.com to find a dentist that's right for you!

## Deductible

One-time $50 per person.

## Annual Maximum Benefit

$1,000 per person per coverage year. All services (except Preventive Care) are subject to the Annual Maximum Benefit and will not be paid if your Annual Maximum Benefit has been reached.

## Coverage Year

January - December

New employees will be eligible on the first day of the month following the employer's probationary period.

Terminated employees will be covered through the last day of the month in which they are employed.

Dependent children are covered to age 26.

## 2026 Rates

Single $46.20

Family $114.00

### Health *through* Oral Wellness®

Visit a participating dentist to take an oral health risk assessment. You may be eligible for additional benefits for preventive care.

### Prevention Pays

Many preventive care services are still covered even when the plan's annual maximum benefit has been reached.

### Balance Billing Protection

In-network dentists may not charge the difference if the fee for a covered service is higher than the plan's allowed amount.

See other side for information on plan features.

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## Health *through* Oral Wellness®

Health *through* Oral Wellness® is a unique, patient-centered program that adds benefits to a Delta Dental plan based on individual oral health needs. A Delta Dental network dentist trained in Health *through* Oral Wellness® will conduct a clinical risk assessment during a regular preventive visit. The assessment measures the risk and severity of periodontal disease, and the risk of tooth decay.

If the assessment determines a member is at risk for tooth decay, additional benefits include fluoride treatments, sealants, and oral hygiene instruction. If a member is at risk for periodontal (gum) disease, has periodontal disease or has had periodontal surgery, the member will be eligible for two additional cleanings* and four fluoride treatments.

If a member has any of the following health conditions, they are eligible for additional benefits.

- Diabetes (2 additional cleanings*)
- High-risk cardiac care (2 additional cleanings*)
- Kidney failure or dialysis (2 additional cleanings*)
- Cancer-related treatment - chemotherapy or radiation (2 additional cleanings* and 2 applications of fluoride varnish)
- Suppressed immune system (2 additional cleanings* and 2 applications of fluoride varnish)
- Rheumatoid arthritis (2 additional cleanings*)
- Stroke (2 additional cleanings*)
- Pregnancy (1 additional cleaning* during the time of pregnancy)

** Cleanings can either be a general cleaning (prophylaxis) or a periodontal maintenance cleaning. Periodontal maintenance cleanings are typically covered under the "Root Canals and Gum Disease Treatments" category, not the "Preventive Care" category.*

## Plan Requirements

This plan requires a minimum of two enrolled employees.

## Prevention Pays

The Prevention Pays feature exempts diagnostic and preventive dental services and some periodontal (gum disease) services from the calculation of the plan's annual maximum benefit. That means preventive services like exams, cleanings, x-rays, and periodontal maintenance cleanings are covered when the plan's annual maximum benefit has been reached. It also means more benefits are available to help pay for treatment procedures like cavity fillings, crowns, and root canals.

## Balance Billing Protection

Your Delta Dental of South Dakota plan protects you from balance billing. Balance billing is what happens when a dentist's fee for a certain service is more the plan's allowed amount, and the dentist bills you for the difference.

Delta Dental's network dentists have agreed to set fees, so you shouldn't be balance billed while visiting a dentist in your plan's network. However, you are still responsible for paying any applicable deductibles, coinsurance, amounts over your annual maximum, and charges for non-covered services. You may be balance billed if you visit a dentist outside of Delta Dental's networks.

DELTA DENTAL®

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