



Delta Dental of South Dakota ACA Enhanced Plan #603 Network – PPO Plus Premier 2021 Rates

% Paid by
Delta Dental

- 100%** **Diagnostic and Preventive Services** *These services do not apply to the Annual Maximum Benefit.*
- Routine examinations - two per calendar year.
 - Routine dental cleaning (prophylaxis) - two per calendar year.
 - Bitewing x-rays - two per calendar year up to age 19, and once per calendar year age 19 and over.
 - Full mouth x-rays - one in any five year interval.
 - Fluoride applications - two per calendar year up to age 19.
 - Space maintainers (fixed, band type) on primary posterior teeth up to age 14.
 - Dental sealants - for unrestored first and second permanent molars of children up to age 16.
- 60%** **Basic Services**
- Pre-formed or stainless steel restorations, restorations such as silver (amalgam) fillings, and tooth-colored (composite) fillings. If a tooth-colored filling is used to restore back (posterior) teeth, benefits are limited to the amount paid for a silver filling.
- 40%*** **Endodontics, Periodontics and Major Services**
- Root canals.
 - Treatment of diseases of the tissues supporting the teeth.
 - Periodontal maintenance cleanings. *These cleanings do not apply to the Annual Maximum Benefit.*
 - Emergency treatment for relief of pain.
 - Crowns, bridges, dentures and implants.
 - Extractions and other oral surgery. Removal of wisdom teeth must be medically necessary. The medically necessary requirements are: Surgical removal of impacted third molars is limited to patients with evidence of pathology. This includes but not limited to, unrestorable caries, non-treatable pulpal and or periapical pathology, cellulitis, abscess, resorption of tooth or adjacent teeth, fractured tooth, teeth that involve cyst/tumors or teeth involving reconstructive surgeries. Predetermination of benefits is required.
- 40%** **Medically Necessary Orthodontics (up to age 19)**
- Medically necessary treatment for the proper alignment of teeth. Medically necessary orthodontic services are related to and an integral part of the medical and surgical correction of a functional impairment resulting from a congenital defect or anomaly such as but not limited to the correction of a congenital defect like cleft palate, etc. Predetermination of benefits is required.

Deductible: There is no deductible under this plan.

Annual maximum benefit: \$1,500 per person per calendar year. All services (except Diagnostic and Preventive) are subject to the annual maximum benefit and will not be paid if the annual maximum benefit has been reached.

Dependent children are covered to age 26.

*One year wait for coverage age 19 and over.

Monthly rates:

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|-----------|---------|-----------|---------|-----------|---------|
| Age 0-20 | \$39.96 | Age 21-34 | \$30.28 | Age 35-49 | \$38.24 |
| Age 50-63 | \$42.84 | Age 64+ | \$44.56 | | |

Annual Out of Pocket Cost (up to age 19): Your total out-of-pocket costs for benefits from Delta Dental providers will not exceed \$350 per coverage year for each covered child or \$700 per coverage year for two or more covered children. Deductibles and coinsurance will apply toward the out-of-pocket cost. Optional procedures do not apply to out-of-pocket costs.

Plan requirements

This plan requires a minimum of two employees. The employer does not have to pay any portion of the cost.

See other side for information on our Health *through* Oral Wellness® program.

Health *through* Oral Wellness®

Members can qualify for additional benefits for the coverage year if they are determined to be at risk for cavities, periodontal disease, or oral cancer. If your dentist participates in this program they will perform a risk assessment which may qualify you (and enrolled family members) for additional benefits.

If the assessment determines you are at risk for cavities, your additional benefits include fluoride treatments, sealants, and oral hygiene instruction. If you are at risk for periodontal (gum) disease or have had periodontal surgery, you will be eligible for two additional cleanings* and four fluoride treatments.

If you have any of the following health conditions, you are eligible for additional cleanings*.

- 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*)
- Suppressed immune system (2 additional cleanings*)
- 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 covered under the "Endodontics and Periodontics" category, not the "Diagnostic and Preventive Services" category.*