



**Delta Dental of South Dakota  
Voluntary II Plan #9060  
2020 Rates**

% Paid by  
Delta Dental

**100% Diagnostic and Preventive Services (Check-Ups and Routine Teeth Cleaning)**

- 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.

**80% Routine and Restorative Services (Cavity Repair/Fillings and Tooth Extractions)**

- 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.
- Extractions and other oral surgery.
- Emergency treatment for relief of pain.

**50%\* Endodontics (Root Canals) and Periodontics (Gum and Bone Diseases)**

- Root canals.
- Treatment of diseases of the tissues supporting the teeth.
- Periodontal maintenance cleanings.

**50%\* Major Services (Crowns, Bridges, Dentures, and Implants)**

- Crowns when teeth cannot be restored with a filling material.
- Prosthetics - bridges, partial dentures, complete dentures, and implants.

**50%\* Orthodontics (Braces)**

- Treatment necessary for the proper alignment of teeth.
- Lifetime orthodontic maximum: \$1,000

**Deductible:** \$50 per person per calendar year not to exceed \$150 per family. The deductible does not apply to Diagnostic, Preventive or Orthodontic Services.

**Annual Maximum Benefit:** \$1,200 per person per calendar year. All services (except Orthodontics) 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. There is no age restriction for unmarried dependent children who are full-time students.

**Coverage Year:** January - December

**Monthly Rates:** Single \$46.70 Family \$117.20

**Network:** PPO Plus Premier

\* One year wait for coverage.

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

## Plan requirements

This plan requires a minimum of ten enrolled employees. The employer determines the length of employment and number of hours required for an employee to be eligible.

## 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 two 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 “Endodontics and Periodontics” category, not the “Diagnostic and Preventive Services” category.

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