

FY17 Dental Frequently Asked Questions

1. What do I need to know about the dental plans this year?

- Both the Base Plan and the Enhanced Plan pay for services based on a covered percentage of allowable charges.
- The deductible under the Base Plan is \$25 per plan year per member. The deductible last year was \$25 on both the Base and Enhanced plans.
- On the Enhanced Plan, problem focused exams, periapical x-rays, full mouth x-rays, dental sealants and space maintainers will be covered at 100% rather than 80%.
- Both the Base and Enhanced Plans include Smile Smart for Your Health, a program which provides additional preventive dental care services for members who have certain medical or dental conditions.

2. What is the deductible?

The deductible is the dollar amount members pay for covered services in a plan year before benefits are available. Only the Base has a \$25 per plan year per member deductible.

3. What is the annual maximum benefit?

The annual maximum benefit is the amount each member is eligible to receive for non-orthodontic covered services in a plan year. The annual maximum benefit is \$1,000 on the Base Plan and \$1,500 on the Enhanced Plan.

4. How do the Base and Enhanced Plans cover services?

Both the Base and Enhanced Plans pay for services based on a percentage of allowable charges. The Enhanced Plan covers a higher percentage of allowable charges than the Base Plan. Refer to your FY17 Decision Guide for plan specific percentages.

5. What are the differences between the Base and Enhanced Plans?

- The Enhanced Plan covers a higher percentage of allowable charges than the Base Plan.
- The annual maximum benefit for non-orthodontic services is \$1,000 per member on the Base Plan and \$1,500 per member on the Enhanced Plan.
- The Enhanced Plan allows qualified members to carry over \$250 per plan year of unused annual maximum benefits in a Maximum Bonus Account (MBA) if they file at least one claim during the plan year and benefits paid are less than \$750 for the plan year.
- The Base Plan provides a \$1,000 lifetime orthodontic benefit for children only and the Enhanced Plan provides a \$1,500 lifetime orthodontic benefit for children and adults.

6. Is there a waiting period for services in FY17?

No, there is not a waiting periods for FY17. If you do not enroll in either dental plan during FY17, there will be one year waiting periods for major and orthodontic services.

7. What happens if I enroll in one plan and want to switch plans next year during annual enrollment?

Both plans allow enrolled members to switch between plans during annual enrollment without waiting periods.

8. How many routine exams and cleanings are covered?

Both the Base and Enhanced Plans allow for two routine exams and cleanings per plan year. These exams and cleanings do not have to be six months apart. You may be eligible for additional cleanings through the Smile Smart for Your Health program.

9. Are there frequency limitations on dental services?

Yes, some services have a time frequency on how often they will be covered by your plan. Many of the frequencies are outlined in the dental plan summary plan description. You may also contact Delta Dental at 605.224.7345 or 877.841.1478 with frequency limitation questions.

10. What is a participating/network dentist?

A participating/network dentist signed an agreement with Delta Dental and agrees to abide by certain guidelines, such as not charging Delta Dental subscribers more than the pre-approved fees. Participating/network dentists submit claims directly to Delta Dental for their patients.

11. How do I find a participating/network dentist?

To find a participating/network dentist, visit www.deltadentalsd.com and click on "Find a Dentist".

12. Do I have to go to a participating/network dentist?

No, you can go to any dentist you choose but you may pay less out-of-pocket when you go to a participating/network dentist. Roughly, 98% of South Dakota dentists participate in the Delta Dental network.

13. Can I visit an out-of-state dentist?

Yes, you can visit dentists out-of-state and receive the same coverage as long as they are a Delta Dental participating/network dentist.

14. Do I need a referral to have a procedure done by a specialist?

No, you do not need a referral to receive care from a specialist. However, we strongly encourage you to use a participating specialist to maximize your benefit coverage. Visit www.deltadentalsd.com and click on "Find a Dentist" to locate a participating/network dentist.

15. Will I receive additional orthodontic benefit under Delta Dental if I already received my maximum orthodontic benefit?

No. Delta Dental has agreed to continue paying the lifetime orthodontic benefit for eligible members with plans in progress who have not met their full benefit by 6/30/2015. If you already received your full maximum orthodontic benefit under the previous plan, you will not receive an additional orthodontic benefit under the Delta Dental plans.

16. Can I move to the Enhanced Plan to receive an additional \$500 in orthodontic benefits if I am currently enrolled in the Base Plan?

No, only when your orthodontist starts a completely new treatment plan will additional benefits be considered. Delta Dental will pay \$1,000 for orthodontics in the first year on either plan. In order to receive the additional \$500 payment in the second year on the Enhanced Plan, the enrollee must still be enrolled in the Enhanced Plan. Orthodontic benefits paid by your current plan will count toward your lifetime orthodontic benefit.

17. How will I know when my claim has processed?

You will receive an Explanation of Benefits (EOB) that describes the services your dentist submitted and the benefits that your plan provided. You may also visit the website www.deltadentalsd.com and log on to the Subscriber Connection.

18. Can I find out what my treatment will cost before I have it?

Yes, your dentist is encouraged to submit a Predetermination of Benefits of your proposed treatment plan to Delta Dental. Delta Dental will process it and send your dentist an Explanation of Benefits that shows what would be covered and how much you would have to pay. Your dentist will send you this information.

Please keep in mind that although a pre-treatment estimate may state Delta Dental will pay a certain amount for a procedure, it is not a guarantee of payment, as circumstances may change (e.g. your annual maximum could be met before the proposed treatment date). For services that your dental plan does not cover at 100%, having a pre-treatment estimate lets you know what your out-of-pocket costs will be.

19. What is a Maximum Bonus Account (MBA)?

The Maximum Bonus Account is a savings account available to members enrolled in the Enhanced Plan. Enhanced Plan members are eligible to receive \$250 per year in Maximum Bonus Account (MBA) benefits if they file at least one claim during the plan year and benefits paid are less than \$750 for the plan year. The MBA maximum is \$1,500 per member and cannot be used on orthodontic claims.

20. What is the Smile Smart for your Health program?

Delta Dental's Smile Smart for your Health program allows for additional benefits (extra cleanings and/or fluoride treatments) for enrollees that have any of the following health conditions: periodontal disease, diabetes, pregnancy, high-risk cardiac conditions, kidney failure or undergoing dialysis, undergoing cancer-related chemotherapy and/or radiation, suppressed immune systems, and a brush biopsy test for those at risk for oral cancer.

21. What happens if I am covered by two dental plans?

Having two dental plans (called "dual coverage") does not "double" your coverage. However, it may mean that you will pay less out-of-pocket. One plan will be considered primary (the one that covers you as an employee), and the other will be secondary (the one that covers you as a dependent). If you have children covered, the primary is usually the plan that covers the parent whose birthday falls first in the calendar year (month and day, not year). For example, if your spouse's birthday is March 13 and your birthday is June 27, your spouse's plan is the primary plan for the children.

When a member has coverage through two carriers, benefits are coordinated by the two carriers so the member gets the maximum benefit from both plans, but not to exceed 100% of the total charge. Claims should first be submitted to the primary plan for payment. If the charges are not paid in full by the primary plan, the claim should then be submitted to the secondary plan for possible additional payment on the charges. Some dental plans may have a non-duplication of benefits rule. This means the secondary plan would pay only if the primary plan paid less than the secondary plan would have paid had it been the primary plan. In this case, the total benefit would be limited to the payment made by the primary plan. You are responsible for paying the remainder.

If both members are employed by the State of South Dakota, you cannot have dual coverage.

22. Whose insurance covers the children first if my former spouse and I both have dental coverage?

It usually depends on who has financial responsibility for the children. If the parents have joint custody, then the parent with the birthday earliest in the calendar year has primary coverage.

23. Can my former spouse's insurance still cover our children if I am divorced and have physical custody?

If your former spouse has dental coverage that includes dependents, the children have coverage regardless of whether or not they reside with you or your spouse.

24. How do I replace lost ID cards?

You can print new ID cards by going to Delta Dental's website at www.deltadentalsd.com and clicking on the Subscribers section. Under "Your Delta Dental Benefits at a Glance" click ID card. You will be asked to sign on to the secure site to get your ID Card. You can also call 605.224.7345 or 877.841.1478 and ask for a replacement card.

25. Can I continue my dental coverage after I leave my job?

You may be eligible for COBRA continuation coverage through your employer. If you have questions about COBRA, please contact the South Dakota State Employee Benefits Program at 605.773.3148.

26. Does Delta Dental offer a toll-free number if I have a question?

Delta Dental's local (Pierre) number is 605.224.7345 and the toll free number is 877.841.1478.