

# Flexible Benefits

## FY17 Dental Plans

- The Base and Enhanced Dental Plans are provided by Delta Dental.
- There is a \$25 per plan year per member deductible for the Base Plan only. There is no deductible on the Enhanced Plan.
- The Base and Enhanced Plans pay for services based on a percentage of allowable charges.
- The member is responsible for the deductible, charges that exceed the covered percentage of allowable charges and any charges over the annual maximum.
- No more than the noted dental maximum can be applied to dental benefits.
- Delta Dental offers a dental network that includes 98% of the dentists in South Dakota.
- You can visit the dentist of your choice but you may owe less out-of-pocket when you go to a participating/network dentist. Participating/network dentists have agreed to write off charges that exceed the allowable charges; nonparticipating dentists can balance bill those charges to the members.
- To find a participating/network dentist, visit [www.deltadentalsd.com](http://www.deltadentalsd.com) and click on Find a Dentist.
- If you enroll in either dental plan in FY17, there are no waiting periods for major and orthodontic services.
- Members enrolled in the Enhanced Plan are eligible to receive \$250 per plan 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. MBA maximum is \$1,500 per member when enrolled in the Enhanced Plan. Your MBA account balance rolls over year to year.
- Additional dental plan information is available at <http://benefits.sd.gov/dental.aspx>.
- Questions? Call Delta Dental at 605.224.7345 or 877.841.1478.

## Dental Plan Overview

	Base Plan	Enhanced Plan
Annual Maximum	\$1,000	\$1,500
Deductible (per plan year per member)	\$25	n/a
Diagnostic and Preventive Services	no waiting period	no waiting period
Routine and Restorative Services	no waiting period	no waiting period
Major and Orthodontic Services	no waiting period for FY17 1 year waiting period after FY17	no waiting period for FY17 1 year waiting period after FY17
Maximum Bonus Account (MBA)	n/a	up to \$1,500 per Enhanced Plan member

## Base Dental Plan Premiums

Coverage Level	Premiums 24 Pay Period	Premiums 12 Pay Period
Employee	\$15.58	\$31.16
Employee + Spouse	\$31.11	\$62.22
Employee + Child(ren)	\$34.05	\$68.10
Employee + Family	\$49.58	\$99.16
Premiums for coverage under the Dental Plan are made on a pretax basis.		

## Enhanced Dental Plan Premiums

Coverage Level	Premiums 24 Pay Period	Premiums 12 Pay Period
Employee	\$25.16	\$50.32
Employee + Spouse	\$50.24	\$100.48
Employee + Child(ren)	\$51.23	\$102.46
Employee + Family	\$76.32	\$152.64
Premiums for coverage under the Dental Plan are made on a pretax basis.		

## Dental Plan Coverage

Diagnostic and Preventive Services	Frequency	Base Plan Coverage <sup>1</sup>	Enhanced Plan Coverage
Routine examinations	2 per plan year	75%	100%
Routine cleanings	2 per plan year	75%	100%
Bite-wing x-rays	1 per plan year	75%	100%
Full mouth x-ray	1 in 5 years	75%	100%
Fluoride treatments	2 per plan year up to age 19	75%	100%
Space maintainers	on primary posterior teeth up to age 14	75%	100%
Dental sealants	once for unrestored 1st and 2nd permanent molars of child(ren) up to age 16	75%	100%
Routine and Restorative Services	Frequency	Base Plan Coverage <sup>1</sup>	Enhanced Plan Coverage
Emergency treatment	n/a	60%	80%
Non-surgical extractions	n/a	60%	80%
Amalgam (silver) and composite (tooth colored) restorations/fillings	1 every 2 years per surface	60%	80%
Periodontal maintenance	2 per plan year instead of prophylaxis	60%	80%
Denture repair	n/a	60%	80%
Anesthesia	in-conjunction with surgical service	60%	80%
Major Services <sup>2</sup>	Frequency	Base Plan Coverage <sup>1</sup>	Enhanced Plan Coverage
Root canals	1 every 2 years per tooth	35%	50%
Treatment of gum disease (periodontal service)	surgical-once every 3 years nonsurgical-once every 2 years	35%	50%
Crowns/onlays	1 every 5 years	35%	50%
Bridges	1 every 5 years	35%	50%
Partial and complete dentures	1 every 5 years	35%	50%
Implants	1 every 5 years	35%	50%
Surgical extractions	n/a	35%	50%
Orthodontics <sup>2</sup>		50% up to age 19 only	50%
Lifetime orthodontic benefit		\$1,000	\$1,500
Maximum Bonus Account <sup>3</sup>		n/a	\$1,500

<sup>1</sup> The covered percentage of allowable charges paid after the deductible has been satisfied.

<sup>2</sup> Members who enroll during FY17, will not have waiting periods. Members who do not enroll when initially eligible or during Annual Enrollment, will be subject to one year waiting periods for major and orthodontic services.

<sup>3</sup> Members enrolled in the Enhanced Plan are eligible to receive \$250 per plan 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. MBA maximum is \$1,500 per member.

## Dental Maximum Bonus Account (MBA)

- Members enrolled in the Enhanced Plan are eligible to receive \$250 per plan 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.
- You must be enrolled in the Enhanced Plan for one plan year before you can earn MBA benefits.
- You, your spouse and dependents will each have their own account. MBA benefits cannot be shared.
- MBA benefits cannot be used for orthodontic claims.
- Your MBA account balance rolls over year to year.
- If you move from the Enhanced Plan to the Base Plan, you will lose your account balance.
- You will also lose your account balance if you have a break in coverage.
- Questions? Call Delta Dental at 605.224.7345 or 877.841.1478.

## Dental Plan Coverage Examples

### Base Plan: Example 1

Example 1 shows a child who had a dental exam, x-rays, cleaning, fluoride treatment and two dental sealants.

Code	Description	Charged	Approved	DDS Writeoff	Deductible	Covered %	Plan Pays	Patient Pays
D0120	Examination	\$50.00	\$45.00	\$5.00	\$25.00	75%	\$15.00	\$30.00
D0272	Bitewing x-rays (2)	\$45.00	\$41.00	\$4.00	\$-	75%	\$30.75	\$10.25
D1110	Child cleaning	\$65.00	\$60.00	\$5.00	\$-	75%	\$45.00	\$15.00
D1206	Fluoride varnish	\$35.00	\$35.00	\$-	\$-	75%	\$26.25	\$8.75
D1351	Dental sealant	\$50.00	\$47.00	\$3.00	\$-	75%	\$35.25	\$11.75
D1351	Dental sealant	\$50.00	\$47.00	\$3.00	\$-	75%	\$35.25	\$11.75
	Total	\$295.00	\$275.00	\$20.00	\$25.00		\$187.50	\$87.50

### Enhanced Plan: Example 1

Example 1 shows a child who had a dental exam, x-rays, cleaning, fluoride treatment and two dental sealants.

Code	Description	Charged	Approved	DDS Writeoff	Deductible	Covered %	Plan Pays	Patient Pays
D0120	Examination	\$50.00	\$45.00	\$5.00	\$0.00	100%	\$45.00	\$0.00
D0272	Bitewing x-rays (2)	\$45.00	\$41.00	\$4.00	\$0.00	100%	\$41.00	\$0.00
D1110	Child cleaning	\$65.00	\$60.00	\$5.00	\$0.00	100%	\$60.00	\$0.00
D1206	Fluoride varnish	\$35.00	\$35.00	\$-	\$0.00	100%	\$35.00	\$0.00
D1351	Dental sealant	\$50.00	\$47.00	\$3.00	\$0.00	100%	\$47.00	\$0.00
D1351	Dental sealant	\$50.00	\$47.00	\$3.00	\$0.00	100%	\$47.00	\$0.00
	Total	\$295.00	\$275.00	\$20.00	\$0.00		\$275.00	\$0.00

These examples are typical participating/network dental visits. Your dentist may charge more or less than the example.