

# Flexible Benefits

## FY19 Dental Plans

- The Base and Enhanced Dental Plans are provided by Delta Dental.
- 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.
- Delta Dental offers a dental network that includes 98% of the dentists in South Dakota.
- You can visit the dentist of your choice but 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; non-participating dentists can bill you for the remaining amount.
- Orthodontic cases may be paid over two years based on treatment plan.
- Delta Dental will pay \$1,000 for orthodontics in the first year on either plan. In order to receive the additional \$1,000 payment in the second year on the Enhanced Plan, the enrollee must continue to be enrolled in the Enhanced Plan.
- Additional dental plan information is available at <https://benefits.sd.gov/dental.aspx>.
- To find a participating/network dentist, visit [www.deltadentalsd.com](http://www.deltadentalsd.com) and click on 'Find a Dentist.'
- Questions? Call Delta Dental at 605.224.7345 or 877.841.1478.

## Base Dental Plan Premiums

Coverage Level	Premiums 24 Pay Periods	Premiums 12 Pay Periods
Employee	\$16.20	\$32.40
Employee + Spouse	\$32.35	\$64.70
Employee + Child(ren)	\$35.41	\$70.82
Employee + Family	\$51.56	\$103.12

Premiums for coverage under the Dental Plan are made on a pretax basis.

## Enhanced Dental Plan Premiums

Coverage Level	Premiums 24 Pay Periods	Premiums 12 Pay Periods
Employee	\$26.17	\$52.34
Employee + Spouse	\$52.25	\$104.50
Employee + Child(ren)	\$53.28	\$106.56
Employee + Family	\$79.37	\$158.74

Premiums for coverage under the Dental Plan are made on a pretax basis.

## Dental Plan Overview

	Base Plan	Enhanced Plan
Annual Maximum	\$1,000 per covered person	\$2,000 per covered person
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	one-year waiting period	one-year waiting period
Maximum Bonus Account (MBA)	n/a	up to \$2,000 per Enhanced Plan member

# 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 per tooth	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	May be paid over the course of the treatment plan	\$1,000	\$2,000
Maximum Bonus Account <sup>3</sup>		n/a	\$2,000

<sup>1</sup> The covered percentage of allowable charges paid after the \$25 deductible has been satisfied.

<sup>2</sup> Members who do not enroll when initially eligible will be subject to one year waiting periods for major and orthodontic services in FY19.

<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 \$1,000 for the plan year. MBA maximum is \$2,000 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 \$1,000 for the plan year.
- The MBA maximum is \$2,000 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.



## Smile Smart For Your Health

If you or someone on your dental plan has any of the following health conditions, you/they are eligible for additional benefits (per coverage year) through the Smile Smart for Your Health program.

- Gum (periodontal) disease (4 cleanings\*, 2 applications of fluoride varnish)
- Diabetes (4 cleanings\*)
- Pregnancy (1 additional cleaning during the time of pregnancy)
- High-risk cardiac conditions (4 cleanings\*)
- Kidney failure or undergoing dialysis (4 cleanings\*)
- Undergoing cancer-related chemotherapy and/or radiation (4 cleanings\*, 2 applications of fluoride varnish)
- Suppressed immune systems (4 cleanings\*, 2 applications of fluoride varnish)
- At risk for oral cancer (brush biopsy test for early detection of oral cancer/precancerous cells)

Let your dentist know and he/she will note the condition on your claim form. If you have questions regarding this program call Delta Dental's customer service at 605.224.7345 or 877.841.1478

\*Cleanings can either be a general (prophylaxis) cleaning or a periodontal maintenance cleaning. Periodontal maintenance cleanings are covered under the "Routine and Restorative" category, not the "Diagnostic and Preventive Services" category. Your dentist may or may not charge for exams related to added periodontal maintenance or cleanings. The additional exams are not covered.

