

## FY16 Dental Plans

- The Base and Enhanced Dental Plans are provided by Delta Dental.
- There is a \$25 per plan year per member deductible.
- 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 an expanded 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 back 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 FY16, 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.
- 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   | \$25   |
| Diagnostic and Preventive Services     | no waiting period  | no waiting period  |
| Routine and Restorative Services       | no waiting period  | no waiting period  |
| Major Services<br>Orthodontic Services | no waiting period for FY16<br>1 year waiting period after FY16 | no waiting period for FY16<br>1 year waiting period after FY16 |
| Maximum Bonus Account (MBA)            | n/a  | up to \$1,500 per Enhanced Plan member                         |

## Base Dental Plan Premiums

| Coverage Level  | Premiums<br>24 Pay Period | Premiums<br>12 Pay Period |
|---|---------------------------|---------------------------|
| Employee  | \$14.98                   | \$29.96                   |
| Employee<br>+ Spouse  | \$29.91                   | \$59.82                   |
| Employee<br>+ Child(ren)  | \$32.74                   | \$65.48                   |
| Employee<br>+ Family  | \$47.67                   | \$95.34                   |
| Premiums for coverage under the Dental Plan are made on a pretax basis. |                           |                           |

## Enhanced Dental Plan Premiums

| Coverage Level  | Premiums<br>24 Pay Period | Premiums<br>12 Pay Period |
|---|---------------------------|---------------------------|
| Employee  | \$24.19                   | \$48.38                   |
| Employee<br>+ Spouse  | \$48.31                   | \$96.62                   |
| Employee<br>+ Child(ren)  | \$49.26                   | \$98.52                   |
| Employee<br>+ Family  | \$73.38                   | \$146.76                  |
| 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 <sup>1</sup> |
|--|---|---------------------------------|-------------------------------------|
| 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 <sup>1</sup> |
| 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 <sup>1</sup> |
| Root canals  | 1 every 2 years per tooth   | 35%                             | 50%                                 |
| Treatment of gum disease (periodontal service)                       | surgical-once every 3 years<br>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 FY16, will not have waiting periods. Members who do not enroll when initially eligible, 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.

## 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 can not be used for orthodontic claims.
- 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.
- If you are currently enrolled in the Enhanced Plan, your dental rewards balance will carryover to Delta Dental if you enroll in the Enhanced Plan and see a dentist at least once during FY15 plan year.
- 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        |
|       | <b>Total</b>        | <b>\$295.00</b> | <b>\$275.00</b> | <b>\$20.00</b> | <b>\$25.00</b> |           | <b>\$187.50</b> | <b>\$87.50</b> |

### 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         | \$25.00        | 100%      | \$20.00         | \$25.00        |
| D0272 | Bitewing x-rays (2) | \$45.00         | \$41.00         | \$4.00         | \$-            | 100%      | \$41.00         | \$-            |
| D1110 | Child cleaning      | \$65.00         | \$60.00         | \$5.00         | \$-            | 100%      | \$60.00         | \$-            |
| D1206 | Fluoride varnish    | \$35.00         | \$35.00         | \$-            | \$-            | 100%      | \$35.00         | \$-            |
| D1351 | Dental sealant      | \$50.00         | \$47.00         | \$3.00         | \$-            | 100%      | \$47.00         | \$-            |
| D1351 | Dental sealant      | \$50.00         | \$47.00         | \$3.00         | \$-            | 100%      | \$47.00         | \$-            |
|       | <b>Total</b>        | <b>\$295.00</b> | <b>\$275.00</b> | <b>\$20.00</b> | <b>\$25.00</b> |           | <b>\$250.00</b> | <b>\$25.00</b> |

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

## Base Plan: Example 2

Example 2 shows an adult who had a dental exam, x-rays, cleaning, three fillings, a root canal and a crown.

The Base Plan \$1,000 annual maximum benefit has been reached in this example.

| Code  | Description         | Charged           | Approved          | DDS Writeoff   | Deductible     | Covered % | Plan Pays         | Patient Pays      |
|-------|---------------------|-------------------|-------------------|----------------|----------------|-----------|-------------------|-------------------|
| D0150 | Examination         | \$70.00           | \$66.00           | \$4.00         | \$25.00        | 75%       | \$30.75           | \$35.25           |
| D0274 | Bitewing x-rays (4) | \$60.00           | \$55.00           | \$5.00         | \$-            | 75%       | \$41.25           | \$13.75           |
| D0220 | Periapical x-ray    | \$30.00           | \$27.00           | \$3.00         | \$-            | 75%       | \$20.25           | \$6.75            |
| D1110 | Adult cleaning      | \$90.00           | \$82.00           | \$8.00         | \$-            | 75%       | \$61.50           | \$20.50           |
| D2330 | Composite filling   | \$150.00          | \$135.00          | \$15.00        | \$-            | 60%       | \$81.00           | \$54.00           |
| D2330 | Composite filling   | \$150.00          | \$135.00          | \$15.00        | \$-            | 60%       | \$81.00           | \$54.00           |
| D2392 | Composite filling   | \$200.00          | \$200.00          | \$-            | \$-            | 60%       | \$120.00          | \$80.00           |
| D3330 | Root canal          | \$850.00          | \$850.00          | \$-            | \$-            | 35%       | \$297.50          | \$552.50          |
| D2750 | Crown               | \$850.00          | \$850.00          | \$-            | \$-            | 35%       | \$266.75          | \$583.25          |
|       | <b>Total</b>        | <b>\$2,450.00</b> | <b>\$2,400.00</b> | <b>\$50.00</b> | <b>\$25.00</b> |           | <b>\$1,000.00</b> | <b>\$1,400.00</b> |

## Enhanced Plan: Example 2

Example 2 shows an adult who had a dental exam, x-rays, cleaning, three fillings, a root canal and a crown.

The Enhanced Plan has \$69 remaining of the \$1,500 annual maximum benefit plus MBA carryover funds, if applicable.

| Code  | Description         | Charged           | Approved          | DDS Writeoff   | Deductible     | Covered % | Plan Pays         | Patient Pays    |
|-------|---------------------|-------------------|-------------------|----------------|----------------|-----------|-------------------|-----------------|
| D0150 | Examination         | \$70.00           | \$66.00           | \$4.00         | \$25.00        | 100%      | \$41.00           | \$25.00         |
| D0274 | Bitewing x-rays (4) | \$60.00           | \$55.00           | \$5.00         | \$-            | 100%      | \$55.00           | \$-             |
| D0220 | Periapical x-ray    | \$30.00           | \$27.00           | \$3.00         | \$-            | 100%      | \$27.00           | \$-             |
| D1110 | Adult cleaning      | \$90.00           | \$82.00           | \$8.00         | \$-            | 100%      | \$82.00           | \$-             |
| D2330 | Composite filling   | \$150.00          | \$135.00          | \$15.00        | \$-            | 80%       | \$108.00          | \$27.00         |
| D2330 | Composite filling   | \$150.00          | \$135.00          | \$15.00        | \$-            | 80%       | \$108.00          | \$27.00         |
| D2392 | Composite filling   | \$200.00          | \$200.00          | \$-            | \$-            | 80%       | \$160.00          | \$40.00         |
| D3330 | Root canal          | \$850.00          | \$850.00          | \$-            | \$-            | 50%       | \$425.00          | \$425.00        |
| D2750 | Crown               | \$850.00          | \$850.00          | \$-            | \$-            | 50%       | \$425.00          | \$425.00        |
|       | <b>Total</b>        | <b>\$2,450.00</b> | <b>\$2,400.00</b> | <b>\$50.00</b> | <b>\$25.00</b> |           | <b>\$1,431.00</b> | <b>\$969.00</b> |

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

## Smile Smart for Your Health

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

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

\*Periodontal maintenance cleanings are covered under the Routine and Restorative Services category, not the Diagnostic and Preventive category. Your dentist may or may not charge for extras related to added periodontal maintenance or cleanings. The additional exams are not covered.

- Questions? Call Delta Dental at 605.224.7345 or 877.841.1478.