

FY17 Dental Plans

- You cannot add dental coverage during Annual Enrollment. You can only make changes to your current election or cancel your coverage.
- 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 bill the balance of those charges to the members.
- To find a participating/network dentist, visit www.deltadentalsd.com and click on Find a Dentist.
- 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.

Base Dental Plan Premiums

Coverage Level	Monthly Premiums
Participant	\$31.78
Participant + Spouse	\$63.46
Participant + Child(ren)	\$69.46
Participant + Family	\$101.14

Enhanced Dental Plan Premiums

Coverage Level	Monthly Premiums
Participant	\$51.33
Participant + Spouse	\$102.49
Participant + Child(ren)	\$104.51
Participant + Family	\$155.69

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

Dental Plan Coverage

Diagnostic and Preventive Services	Frequency	Base Plan Coverage ¹	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 ¹	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	Frequency	Base Plan Coverage ¹	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		50% up to age 19 only	50%
Lifetime orthodontic benefit		\$1,000	\$1,500
Maximum Bonus Account²		n/a	\$1,500

¹ The covered percentage of allowable charges paid after the deductible has been satisfied.

² 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.

Dependent spouses and children who are added to your plan for FY17 will not have waiting periods.

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.