



Dental Accident Plan



Individual Plan

\$5.00

per person for a full year

Family Plan

\$18.00

for a full year

Accidents happen. But when it comes to your family's dental health you can plan for unexpected emergencies with Delta Dental of South Dakota's Dental Accident Plan.

This plan provides up to \$2,000 per accident (limited to \$1,000 for dentures and bridges), while the coverage is in force, for repair of accidental dental injuries.

Benefits include:

- Exams
- Dental x-rays
- Fillings
- Oral surgery
- Roots canals
- Permanent crowns
- Dentures and bridges (up to \$1,000)

Call 1-877-841-1478 for more information.

Delta Dental of South Dakota
PO Box 1157
Pierre, SD 57501
www.deltadentalsd.com

Dental Accident Plan Benefit Agreement

Delta Dental of South Dakota
PO Box 1157 - Pierre, SD 57501
1-877-841-1478

EFFECTIVE DATE

This agreement is effective the first day of the month after the application form and premium are received by Delta Dental of South Dakota (DDSD). Coverage will be in force for one year.

ELIGIBILITY

Any South Dakota resident may enroll for Dental Accident Plan coverage regardless of age as long as the individual premium is paid per person. The family plan covers the primary subscriber, spouse and all dependent, unmarried children to their 19th birthday unless they are an unmarried full time student.

FREEDOM TO CHOOSE

You're free to see any dentist, but you'll receive the greatest savings with a Delta Dental participating dentist. More than 95% of South Dakota dentists participate with DDSD. Simply visit the "Looking for a Dentist?" section of our web site, www.deltadentalsd.com, and click "Dentist Search" to locate a Delta Dental Premier dentist near you. Or, call us toll free at 1-877-841-1478.

COVERED SERVICES

DDSD will pay the maximum allowable reimbursement for treatment allowed by this agreement. When a participating dentist charges a fee higher than Delta Dental's maximum allowable reimbursement, the balance is not owed by the patient. If a non-participating dentist is used, the dentist may bill the patient.

No benefits will be paid for hospital expenses, the services of a physician or for any other ancillary services or care (including prescription drugs). There is a \$2,000 maximum benefit per accident (of which a maximum of \$1,000 can be used for dentures and bridges).

COVERED BENEFITS

This Agreement includes the following benefits for treatment of accidental dental injury sustained by the individual(s) covered by the policy. Payment for dental care provided by a licensed dentist, providing that the first treatment is administered within 30 days of the date of the accident, will include:

- Exam
- Dental x-rays (only those necessary to diagnose injury)
- Fillings
- Oral surgery
- Roots canals
- Permanent crowns
- Dentures and bridges (up to \$1,000)

The cost of temporary appliances will be deducted from the cost of permanent treatment.

WHEN YOU'VE HAD AN ACCIDENT...

Make an appointment with the dentist of your choice and tell him/her you are covered by the DDSA Accident Plan. Dental treatment as a direct result of an accident must be started within 30 days and completed within 180 days. A claim must be filed within six months from the date of the accident. Payment will be sent to your dentist if he/she is a DDSA participating dentist. Otherwise, it will be sent to you.

LIMITATIONS AND EXCLUSIONS

The benefits included in this Agreement are subject to the following limitations and exclusions:

- Only those injuries caused by external contact with an object are covered. **You are not covered if you break a tooth while eating or while biting into a foreign object.**
- No benefits will be paid by this agreement for the care of any occupational injury covered by Worker's Compensation or other occupational injury law.
- No benefits will be paid for injuries resulting from fighting or any other form of civil disobedience.
- There is no coverage for treatment of dental decay or disease.
- There is no coverage for orthodontic treatment, repair or replacement—even if the treatment is needed because of the dental accident.
- No benefits will be provided for cosmetic purposes.
- No benefits will be provided for dental implants.
- No benefits will be provided for replacement restoration(s).

GENERAL PROVISIONS

This agreement provides payment for certain treatments and in no way does DDSA assume liability for the breach of any agreement between the patient and any dentist, nor does it assume any liability for the negligence or other wrongful act of any dentist or other person, it being understood that no dentist will be considered an agent or employee of DDSA.

If the subscriber has other insurance against a loss covered by this agreement (including medical or auto insurance coverage), DDSA will coordinate benefits between the plans following the primary/secondary carrier order of payment rule.

In the event of any payment made under this agreement, DDSA shall be subrogated to all of the subscriber's rights of recovery against any person or organization and the subscriber shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights.

RETAIN FOR YOUR RECORDS

Your cancelled check is proof of your coverage. No other policy will be issued.

