

## Frequently Asked Questions – Individual Plan

### ***Who is eligible to purchase Delta Dental of South Dakota's Individual Plan?***

The Delta Dental individual policy is available to all permanent residents of South Dakota. Coverage is also available for your spouse and/or dependent child(ren) up to age 19. There is no age limit for a dependent who is a full-time, unmarried student. Coverage types are: single, two-person and family. The two-person policy can be for you and your spouse OR a dependent child.

### ***Do I have coverage outside of South Dakota?***

Yes, your Delta Dental coverage travels with you.

Common examples are:

- A secondary residence outside of South Dakota
- Dependents who are full-time students attending college in another state
- Traveling outside the state of South Dakota

### ***What if I permanently move out of South Dakota?***

Your coverage would terminate at the end of the month in which you changed residency.

### ***What are my payment choices?***

You have two choices for payment:

- 1) An annual payment can be made using a personal check.
- 2) Monthly payments can be made through electronic funds transfer from your bank.

### ***When will the Electronic Funds Transfer (EFT) payment be withdrawn from my bank account?***

EFT withdrawals will occur on or about the 5<sup>th</sup> of each month.

### ***Will I receive a bill?***

No, you will not receive a paper bill each month.

### ***How do I enroll?***

You or your insurance agent (if applicable) must complete both pages of the individual application form and either mail your annual payment by check or, attach a copy of a voided check to allow for automatic withdrawal from your checking account.

Mail to:  
Individual Plan  
Delta Dental of South Dakota  
PO Box 1157  
Pierre, SD 57501

### ***When will my individual dental policy be effective?***

All Individual Plan policies will be effective the first of the month after we receive your completed enrollment form and annual payment or electronic funds transfer authorization. To enroll, you must be 19 or older and a South Dakota resident.

***What is my coverage year?***

Your coverage year is the 12-month period over which your deductible, maximums and other provisions apply. For the Individual Plan, your coverage year is the same as the calendar year.

***How long are the rates guaranteed?***

Rates are guaranteed through December 31, 2011. Thereafter, enrollees will receive a rate change notification by November 15 of each year for the following year's rates.

***Do I need to choose a Delta Dental Premier network dentist?***

No, however, enrollees will experience the lowest out-of-pocket expense when seeing a **Delta Dental Premier network dentist**.

More than 95 percent of all dentists in South Dakota belong to the Delta Dental network that is the largest network of any dental insurance carrier in South Dakota. This network provides broad access to care, while resulting in savings to you.

To find a Delta Dental Premier network dentist, visit [www.deltadentalsd.com](http://www.deltadentalsd.com) and use the Dentist Search tool. Or, you can call our office at 1-877-841-1478 and a customer service representative will assist you.

***Are there waiting periods before benefits are paid?***

Yes, the Individual Dental Plan has a one year wait for coverage for endodontics (root canals), periodontics (gum and bone diseases) and major services like crowns, bridges, dentures and implants.

***What is a waiting period?***

A waiting period is the period of time during which a subscriber must wait before starting to collect benefits.

***If I have been continuously covered on a Delta Dental plan for at least the last 12 consecutive months, and signed up for your Individual Plan, would the waiting periods be waived?***

Yes, whether you were the primary subscriber or a covered dependent, waiting periods will be waived.

***Are periodontal maintenance cleanings covered?***

If you have a history of periodontal services and have satisfied the periodontal waiting period, periodontal maintenance is covered. You can receive two periodontal maintenance services, or two routine cleanings or one of each, but you can not receive more than two services total during your coverage year.

***Should I make my dentist aware of any special health conditions?***

You should always inform your dentist of any health conditions you may have as your treatment could be modified depending on your particular condition. For example, if you are pregnant or diabetic, you may be eligible for additional cleanings.

***Are there services that are not covered?***

Yes, an example of a service that is not covered is orthodontics. There is no orthodontic coverage available with the individual plan. Please see your Dental Benefits Handbook for a complete list of limitations and exclusions.

***What is a deductible?***

A deductible is the total amount enrollees must pay toward treatment before their dental benefits are paid. The deductible, plus co-insurance and any amount over the annual maximum is often referred to as the enrollee's out-of-pocket costs. The deductible applies to each person enrolled in your plan.

***Are sealants covered on all teeth?***

Dental sealants are a benefit once in a lifetime for unrestored first and second permanent molars of children up to age 16.

***What kinds of fillings are covered?***

Fillings consist of two different types: a silver material called amalgam, or a tooth-colored material called composite. If you need fillings on posterior (back) teeth, only silver fillings are covered. If you choose to have your dentist use the tooth-colored material, you will have to pay the difference in cost between the two. Fillings are a benefit once for each tooth surface in a twenty-four (24) month interval from the date this service was last performed on that specific tooth surface.

***What kind of oral surgery procedures are covered?***

Non-surgical and surgical extractions are included.

***Are implants covered?***

Yes, provided the waiting periods have been satisfied.

***Is the annual maximum an individual or a family maximum?***

The maximum is for each person enrolled in the dental plan

***Is there a pre-existing clause for missing teeth?***

Your claim will not be denied solely because the tooth was missing prior to the effective date of coverage. However, waiting periods and clinical criteria may apply.

***Are cosmetic procedures covered such as bleaching?***

Cosmetic procedures are not a covered benefit.

***Are services such as relines covered on dentures I received prior to having this plan?***

Yes, but waiting periods may apply.

***If I have coverage or am offered coverage through my employer can I purchase an individual plan?***

No. If you are currently covered under a group dental plan, you are not eligible to enroll in an individual plan.

***Will my dependents need an ID card with their own name?***

No. It is common practice to show only the subscriber's name on the identification card. Dental offices are familiar with this practice and will be able to confirm dependent benefits with the subscriber's information.