



Delta Dental of South Dakota  
Group #2525 – 25 Plus with Orthodontics Plan  
for 25 or more employees  
2015 Rates

% Paid by  
Delta Dental

**100% Check-Ups and Routine Teeth Cleaning (Diagnostic and Preventive Services)**

- Routine examinations - two per calendar year.
- Routine dental cleaning (prophylaxis) - two per coverage year.
- Bitewing x-rays - two per coverage year up to age 19, and once per coverage year age 19 and over.
- Full mouth x-rays - one in any five year interval, unless special need is shown.
- Fluoride applications - two per coverage year up to age 19.
- Space maintainers (fixed, band type) on primary posterior teeth up to age 14.
- Dental sealants - for unrestored first and second permanent molars of children up to age 16.

**80% Cavity Repair/Fillings and Tooth Extractions (Routine and Restorative Services)**

- Pre-formed or stainless steel restorations and restorations such as silver (amalgam) fillings, and tooth-colored (composite) fillings. If a tooth-colored filling is used to restore back (posterior) teeth, benefits are limited to the amount paid for a silver filling.
- Extractions and other oral surgery.
- Emergency treatment for relief of pain.

**80% Root Canals (Endodontics) and Gum and Bone Diseases (Periodontics)**

- Root canals.
- Treatment of diseases of the tissues supporting the teeth.

**50% Crowns, Bridges, Dentures, and Implants (Major Services)**

- Crowns when teeth cannot be restored with a filling material.
- Prosthetics - bridges, partial dentures, complete dentures, and implants.

**50% Braces (Orthodontics)**

- Treatment necessary for the proper alignment of teeth.

**Lifetime orthodontic maximum:** \$1,000 per person

**Deductible:** \$25 per person per calendar year not to exceed \$75 per family. This deductible does not apply to check-ups, teeth cleanings, or braces.

**Annual maximum benefit:** \$1,000 per person per calendar year. All services (except braces) are subject to the annual maximum benefit and will not be paid if the annual maximum benefit has been reached.

**Monthly rates:**      **Single**    **\$39.25**      **Family**    **\$105.10**

**Plan Requirements**

This dental plan is based on the employer paying 100% of the single cost as an employee benefit. All eligible employees must be enrolled. Each employer determines the length of employment and number of hours required for an employee to be eligible.

To find a participating Delta Dental dentist go to [www.deltadentalsd.com](http://www.deltadentalsd.com). Click on “Find a Dentist” and enter your city or zip code.

See other side for information on our Smile Smart for Your Health program.

## **SMILE SMART FOR YOUR HEALTH**

If you or someone on your dental policy has any of the following health conditions, you/they are eligible for additional benefits (per benefit year) through our **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)

Let your dentist know and he/she will note the condition on your claim form. If you have questions regarding this program call customer service at 1-877-841-1478.