



Delta Dental of South Dakota  
Group #2160  
**Construction Industry Center**  
Summary of Benefits

% Paid by  
Delta Dental

- 100% **Diagnostic and Preventive Services** (Check-Ups and Routine Teeth Cleaning)
- Routine examinations - two per coverage 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/panoramic x-rays - one in any five-year interval.
  - 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 - once for unrestored 1st and 2nd permanent molars of children up to age 16.
- 80% **Routine and Restorative Services** (Cavity Repair/Fillings and Tooth Extractions)
- 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% **Endodontics** (Root Canals) and **Periodontics** (Gum and Bone Diseases)
- Root canals.
  - Treatment of diseases of the tissues supporting the teeth.
  - Periodontal maintenance cleanings.
- 50% **Major Services** (Crowns, Bridges, Dentures, and Implants)
- Crowns when teeth cannot be restored with another filling material.
  - Prosthetics - bridges, partial dentures, complete dentures, and implants.
- 0% **Orthodontics** (Braces)
- Treatment necessary for the proper alignment of teeth.

**Deductible:** \$25 per person per coverage year not to exceed \$75 per family. The deductible does not apply to Diagnostic or Preventive Services.

**Annual Maximum Benefit:** \$1,500 per person per coverage year. All services are subject to the Annual Maximum Benefit and will not be paid if your Annual Maximum Benefit has been reached.

**Coverage Year:** January - December

New employees will be eligible on the first day of the month following their employer's probationary period.

Dependent children are covered to age 26.

**2018 Monthly Rates:** Single \$46.48 Family \$113.20

**To enroll in a Delta Dental plan, call John Carver at Carver Insurance 1-800-348-3130**

## 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 coverage 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)
- At risk for oral cancer (brush biopsy test for early detection of oral cancer/precancerous cells)

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.

*\* Cleanings can either be a general cleaning (prophylaxis) or a periodontal maintenance cleaning. Periodontal maintenance cleanings are covered under the "Endodontics and Periodontics" category, not the "Diagnostic and Preventive Services" category. Your dentist may or may not charge for exams related to added periodontal maintenance or cleanings. The additional exams are not covered.*