

**Spearfish School District**

**Summary of Benefits**

(Please refer to the handbook for more detailed 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.
- 50%\* 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.
- 50%\* Orthodontics (Braces)**
- Treatment necessary for the proper alignment of teeth.
- Lifetime Orthodontic Benefit: \$1,000 per person**

**Deductible:** \$50 per person per coverage year not to exceed \$150 per family. The deductible does not apply to Diagnostic, Preventive, or Orthodontic Services.

**Annual Maximum Benefit:** \$1,000 per person per coverage year. All services (except Orthodontics) 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 employment.

Dependent children are covered to age 26. There is no age restriction for unmarried dependent children who are full-time students.

\* One year wait for coverage.

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