

DMBA DENTAL PLAN BENEFITS

Updated January 1, 2024



Benefits are subject to change, and we recommend you visit the website periodically to verify you have the most up-to-date version. If you have questions, please call Customer Service at 801-578-5600 or 1-800-777-3622.

DESERET DENTAL

GENERAL INFORMATION

- Annual deductible of \$50 per person and \$150 per family
- No copayment for preventive care
- No waiting period
- This plan follows standard non-duplicating COB (coordination of benefits)

ANNUAL MAXIMUM

\$1,500 per person per calendar year

PREVENTIVE CARE

- All providers: 100% of the allowable amount
- Does not apply to the annual maximum
- Deductible does not apply

Routine exams

Two visits per calendar year

X-rays

Bitewings

- Twice each calendar year for patients aged 18 and younger
- Once each calendar year for patients aged 19 and older

Panorex/full mouth

Once every five years from the date of service

Periapical

Payable as needed

Prophylaxis (cleanings)

Two times per calendar year

Fluoride

- Two times per calendar year
- No age limit

Space maintainers

One per area

Pulp vitality tests

- Eligible as needed
- No age limit

SEALANTS

- All providers: 100% of the allowable amount
- One per tooth every five years from the date of service
- Only eligible on permanent molars
- Eligible up to but not including age 16
- Does not apply to the annual maximum
- Deductible does not apply

RESTORATIVE CARE (FILLINGS)

- All providers: 50% of the allowable amount after deductible
- One per tooth surface every two years from the date of service
- Composite fillings on posterior teeth are not downgraded to amalgam



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DESERET DENTAL CONTINUED

ENDODONTIC PROCEDURES

(PULPOTOMIES AND ROOT CANAL THERAPY)

- All providers: 50% of the allowable amount after deductible
- No frequency limitation

PROSTHODONTIC PROCEDURES

- All providers: 50% of the allowable amount after deductible
- Crowns and veneers are covered once every seven years from the date of service
 - » Periapical X-rays are required on veneers done on anterior teeth
 - » Crowns are not downgraded on posterior teeth
- Implant-supported crowns are covered once every five years from the date of service
- Bridges, inlays, onlays, partial dentures, and complete dentures are covered once every five years from the date of service
- Denture relines and rebases are covered once every three years from the date of service
- DMBA does not have a missing-tooth clause

PERIODONTAL PROCEDURES

All providers: 50% of the allowable amount after deductible

Non-surgical procedures

- Scaling and root planing, full-mouth debridement, periodontal exams, and chemotherapeutic agent procedures (i.e., Arestin) are eligible once every six months from the date of service
 - » Scaling and root planing and full-mouth debridement cannot be done within six months of each other
 - » With scaling and root planing, all four tooth quadrants may be serviced in the same day
- Periodontal maintenance is covered twice per calendar year

Surgical procedures

No frequency limitation

ORAL SURGERY

All providers: 50% of the allowable amount after deductible

ANESTHESIA

- All providers: 50% of the allowable amount after deductible
- Services are eligible if done with a surgical procedure or if they meet the outpatient hospitalization guidelines
- Anesthesia services that are not eligible:
 - » Analgesia (laughing gas/nitrous oxide)
 - » Block anesthesia
 - » Conscious sedation
 - » Local anesthesia
 - » Regional anesthesia

OUTPATIENT HOSPITAL

- All providers: 50% of the allowable amount after deductible
- Preauthorization is recommended
- Services do not apply to the annual maximum
- One or more of the following criteria must be met:
 - » Child up to but not including 5 years old
 - » Medical necessity (must be reviewed)
 - » Mental or sensory handicap (e.g. Down syndrome, blind, or deaf)

ORTHODONTICS

- Down payment: 50% up to \$400
- Monthly payment: 50% up to the lifetime maximum
- \$1,500 lifetime maximum
- Deductible does not apply
- No age limit
- Invisalign is eligible
- The following information is required to set up an orthodontic claim:
 - » Procedure code
 - » Total fee charged
 - » Down payment
 - » Length of treatment
 - » Placement date of bands or appliances
- Work in progress is eligible

DESERET DENTAL CONTINUED

ACCIDENT BENEFIT

- Regular dental benefits apply according to the benefit being done
- \$2,000 accident limit per accident (if five or more teeth are involved the maximum is \$5,000 per accident)
- Services must be done within two years of the accident (some exceptions are made on a case-by-case basis)
- The participant must be covered when the accident occurred
- Orthodontics are not eligible under this benefit
- Does not apply to the annual maximum
- Preauthorization is required

IMPLANTS

- All providers: 50% of the allowable amount after deductible
- Once every five years from the date of service

OTHER PROCEDURES

- Specialty exams: 50% of the allowable amount after deductible
- Palliative treatment: 50% of the allowable amount after deductible

NON-COVERED PROCEDURES

Occlusal guards

DESERET DENTAL *PLUS*

GENERAL INFORMATION

- Annual deductible of \$50 per person and \$150 per family
- No copayment for preventive care
- No waiting period
- This plan follows standard non-duplicating COB (coordination of benefits)

ANNUAL MAXIMUM

\$2,000 per person per calendar year

PREVENTIVE CARE

- All providers: 100% of the allowable amount
- Does not apply to the annual maximum
- Deductible does not apply

Routine exams

Two visits per calendar year

X-rays

Bitewings

- Twice each calendar year for patients aged 18 and younger
- Once each calendar year for patients aged 19 and older

Panorex/full mouth

Once every five years from the date of service

Periapical

Payable as needed

Prophylaxis (cleanings)

Two times per calendar year

Fluoride

- Two times per calendar year
- No age limit

Space maintainers

One per area

Pulp vitality tests

- Eligible as needed
- No age limit

SEALANTS

- All providers: 100% of the allowable amount
- One per tooth every five years from the date of service
- Only eligible on permanent molars
- Eligible up to but not including age 16
- Does not apply to the annual maximum
- Deductible does not apply

RESTORATIVE CARE (*FILLINGS*)

- All providers: 80% of the allowable amount after deductible
- One per tooth surface every two years from the date of service
- Composite fillings on posterior teeth are not downgraded to amalgam

ENDODONTIC PROCEDURES

(*PULPOTOMIES AND ROOT CANAL THERAPY*)

- All providers: 80% of the allowable amount after deductible
- No frequency limitation

PROSTHODONTIC PROCEDURES

- All providers: 80% of the allowable amount after deductible
- Crowns and veneers are covered once every seven years from the date of service
 - » Periapical X-rays are required on veneers done on anterior teeth
 - » Crowns are not downgraded on posterior teeth
- Implant-supported crowns are covered once every five years from the date of service
- Bridges, inlays, onlays, partial dentures, and complete dentures are covered once every five years from the date of service
- Denture relines and rebases are covered once every three years from the date of service
- DMBA does not have a missing-tooth clause

PERIODONTAL PROCEDURES

All providers: 80% of the allowable amount after deductible

DESERET DENTAL *PLUS* CONTINUED

Non-surgical procedures

- Scaling and root planing, full-mouth debridement, periodontal exams, and chemotherapeutic agent procedures (i.e., Arestin) are eligible once every six months from the date of service
 - » Scaling and root planing and full-mouth debridement cannot be done within six months of each other
 - » With scaling and root planing, all four tooth quadrants may be serviced in the same day
- Periodontal maintenance is covered twice per calendar year

Surgical procedures

No frequency limitation

ORAL SURGERY

All providers: 80% of the allowable amount after deductible

ANESTHESIA

- All providers: 80% of the allowable amount after deductible
- Services are eligible if done with a surgical procedure or if they meet the outpatient hospitalization guidelines
- Anesthesia services that are not eligible:
 - » Analgesia (laughing gas/nitrous oxide)
 - » Block anesthesia
 - » Conscious sedation
 - » Local anesthesia
 - » Regional anesthesia

OUTPATIENT HOSPITAL

- All providers: 80% of the allowable amount after deductible
- Preauthorization is recommended
- Services do not apply to the annual maximum
- One or more of the following criteria must be met:
 - » Child up to but not including 5 years old
 - » Medical necessity (must be reviewed)
 - » Mental or sensory handicap (e.g. Down syndrome, blind, or deaf)

ORTHODONTICS

- Down payment: 50% up to \$400
- Monthly payment: 50% up to the lifetime maximum
- \$2,000 lifetime maximum
- Deductible does not apply
- No age limit
- Invisalign is eligible
- The following information is required to set up an orthodontic claim:
 - » Procedure code
 - » Total fee charged
 - » Down payment
 - » Length of treatment
 - » Placement date of bands or appliances
- Work in progress is eligible

ACCIDENT BENEFIT

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- \$2,000 accident limit per accident (if five or more teeth are involved the maximum is \$5,000 per accident)
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IMPLANTS

- All providers: 80% of the allowable amount after deductible
- Once every five years from the date of service

OTHER PROCEDURES

- Specialty exams: 80% of the allowable amount after deductible
- Palliative treatment: 80% of the allowable amount after deductible

NON-COVERED PROCEDURES

Occlusal guards

SENIOR DENTAL

GENERAL INFORMATION

- No deductible
- No waiting period
- This plan follows standard non-duplicating COB (coordination of benefits)

ANNUAL MAXIMUM

\$1,100 per person per calendar year

PREVENTIVE CARE

- All providers: 100% of the allowable amount after a \$15 copayment
- Does not apply to the annual maximum
- Deductible does not apply

Routine exams

Two visits per calendar year

X-rays

Bitewings

Two times per calendar year

Panorex/full mouth

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SENIOR DENTAL CONTINUED

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IMPLANTS

- All providers: 50% of the allowable amount
- Once every five years from the date of service

OTHER PROCEDURES

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- Palliative treatment: 50% of the allowable amount after deductible

NON-COVERED PROCEDURES

Occlusal guards