

Breakdown of Dental Plans



Benefits are subject to change, and it is recommended that you visit the website periodically to verify the most up-to-date version is being used. If there are further questions, please call a representative from the Customer Service Team at 801-578-5600 or toll free at 800-777-3622.

	Deseret Dental and Deseret Senior Dental	Deseret Dental <i>PLUS</i>
General Information	<ul style="list-style-type: none"> • No deductible • No waiting period • This plan follows standard non-duplicating COB (coordination of benefits) 	<ul style="list-style-type: none"> • No deductible • No waiting period • This plan follows standard non-duplicating COB (coordination of benefits)
Annual Maximum	\$1,100 per person per calendar year	\$1,500 per person per calendar year
Preventive Care	<p>Routine exams</p> <ul style="list-style-type: none"> • All providers 100% of the allowable amount after a \$15 copayment • Two times per calendar year • Does not apply to the annual maximum <p>X-rays</p> <ul style="list-style-type: none"> • Bitewings <ul style="list-style-type: none"> » All providers: 100% of the allowable amount » Two times per calendar year » Does not apply to the annual maximum • Panorex/full mouth <ul style="list-style-type: none"> » All providers: 100% of the allowable amount » Once every three years from the date of service » Does not apply to the annual maximum • Periapical <ul style="list-style-type: none"> » All providers: 100% of the allowable amount » Payable as needed 	<p>Routine exams</p> <ul style="list-style-type: none"> • All providers 100% of the allowable amount after a \$15 copayment • Two times per calendar year • Does not apply to the annual maximum <p>X-rays</p> <ul style="list-style-type: none"> • Bitewings <ul style="list-style-type: none"> » All providers: 100% of the allowable amount » Two times per calendar year » Does not apply to the annual maximum • Panorex/full mouth <ul style="list-style-type: none"> » All providers: 100% of the allowable amount » Once every three years from the date of service » Does not apply to the annual maximum • Periapical <ul style="list-style-type: none"> » All providers: 100% of the allowable amount » Payable as needed

	Deseret Dental and Deseret Senior Dental	Deseret Dental <i>PLUS</i>
Preventive Care Cont.	<p>Prophys (cleanings)</p> <ul style="list-style-type: none"> • All providers: 100% of the allowable amount • Two times per calendar year • Does not apply to the annual maximum <p>Fluoride</p> <ul style="list-style-type: none"> • All providers: 100% of the allowable amount • Two times per calendar year • No age limit • Does not apply to the annual maximum <p>Space maintainers</p> <ul style="list-style-type: none"> • All providers: 100% of the allowable amount • One per area • Does not apply to the annual maximum <p>Pulp vitality tests</p> <ul style="list-style-type: none"> • All providers: 100% of the allowable amount • Eligible as needed • No age limit • Does not apply to the annual maximum 	<p>Prophys (cleanings)</p> <ul style="list-style-type: none"> • All providers: 100% of the allowable amount • Two times per calendar year • Does not apply to the annual maximum <p>Fluoride</p> <ul style="list-style-type: none"> • All providers: 100% of the allowable amount • Two times per calendar year • No age limit • Does not apply to the annual maximum <p>Space maintainers</p> <ul style="list-style-type: none"> • All providers: 100% of the allowable amount • One per area • Does not apply to the annual maximum <p>Pulp vitality tests</p> <ul style="list-style-type: none"> • All providers: 100% of the allowable amount • Eligible as needed • No age limit • Does not apply to the annual maximum
Sealants	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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
Restorative Care (Fillings)	<ul style="list-style-type: none"> • All providers: 50% of the allowable amount • One per tooth surface every two years from the date of service • Composite fillings on posterior teeth are not downgraded to amalgam 	<ul style="list-style-type: none"> • All providers: 80% of the allowable amount • 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)	<ul style="list-style-type: none"> • All providers: 50% of the allowable amount • No frequency limitation 	<ul style="list-style-type: none"> • All providers: 80% of the allowable amount • No frequency limitation
Prosthetic Procedures (Crowns, bridges, inlays/onlays, dentures, and veneers)	<ul style="list-style-type: none"> • All providers: 50% of the allowable amount • Crowns and veneers are covered once every seven years from the date of service <ul style="list-style-type: none"> » 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 	<ul style="list-style-type: none"> • All providers: 80% of the allowable amount • Crowns and veneers are covered once every seven years from the date of service <ul style="list-style-type: none"> » 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

	Deseret Dental and Deseret Senior Dental	Deseret Dental <i>PLUS</i>
Periodontal Procedures	<p>Non-surgical procedures (scaling and root planing, full-mouth debridement, chemotherapeutic agents (Arestin), periodontal exams, and periodontal maintenance)</p> <ul style="list-style-type: none"> • All providers: 50% of the allowable amount • Scaling and root planing, full-mouth debridement, periodontal exams, and chemotherapeutic agent procedures (aka Arestin) are eligible once every six months from the date of service <ul style="list-style-type: none"> » Note: 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 <p>Surgical procedures</p> <ul style="list-style-type: none"> • All providers: 50% of the allowable amount • No frequency limitation 	<p>Non-surgical procedures (scaling and root planing, full-mouth debridement, chemotherapeutic agents (Arestin), periodontal exams, and periodontal maintenance)</p> <ul style="list-style-type: none"> • All providers: 80% of the allowable amount • Scaling and root planing, full-mouth debridement, periodontal exams, and chemotherapeutic agent procedures (aka Arestin) are eligible once every six months from the date of service <ul style="list-style-type: none"> » Note: 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 <p>Surgical procedures</p> <ul style="list-style-type: none"> • All providers: 80% of the allowable amount • No frequency limitation
Oral Surgery	All providers: 50% of the allowable amount	All providers: 80% of the allowable amount
Anesthesia	<ul style="list-style-type: none"> • All providers: 50% of the allowable amount • Services are eligible if done with a surgical procedure or if they meet the outpatient hospitalization guidelines • Anesthesia services that are not eligible include: <ul style="list-style-type: none"> » Analgesia (laughing gas/nitrous oxide) » Block anesthesia » Conscious sedation » Local anesthesia » Regional anesthesia 	<ul style="list-style-type: none"> • All providers: 80% of the allowable amount • Services are eligible if done with a surgical procedure or if they meet the outpatient hospitalization guidelines • Anesthesia services that are not eligible include: <ul style="list-style-type: none"> » Analgesia (laughing gas/nitrous oxide) » Block anesthesia » Conscious sedation » Local anesthesia » Regional anesthesia
Outpatient Hospital	<ul style="list-style-type: none"> • All providers: 50% of the allowable amount • Preauthorization is recommended • Services do not apply to the annual maximum • One or more of the following criteria must be met: <ul style="list-style-type: none"> » 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) 	<ul style="list-style-type: none"> • All providers: 80% of the allowable amount • Preauthorization is recommended • Services do not apply to the annual maximum • One or more of the following criteria must be met: <ul style="list-style-type: none"> » 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)

	Deseret Dental and Deseret Senior Dental	Deseret Dental PLUS
Orthodontics	<ul style="list-style-type: none"> • Down payment: 50% up to \$400 • Monthly payment: 50% up to the lifetime maximum • \$1,500 lifetime maximum • No age limit • Invisalign is eligible • The following information is required to set up an orthodontic claim: <ul style="list-style-type: none"> » Procedure code » Total fee charged » Down payment » Length of treatment » Placement date of bands or appliances • Work in progress is eligible 	<ul style="list-style-type: none"> • Down payment: 50% up to \$400 • Monthly payment: 50% up to the lifetime maximum • \$2,000 lifetime maximum • No age limit • Invisalign is eligible • The following information is required to set up an orthodontic claim: <ul style="list-style-type: none"> » Procedure code » Total fee charged » Down payment » Length of treatment » Placement date of bands or appliances • Work in progress is eligible
Accident Benefit	<ul style="list-style-type: none"> • Regular dental benefits apply according to the benefit being done • \$2,000 accident limit per accident <ul style="list-style-type: none"> » 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 	<ul style="list-style-type: none"> • Regular dental benefits apply according to the benefit being done • \$2,000 accident limit per accident <ul style="list-style-type: none"> » 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	<ul style="list-style-type: none"> • All providers: 50% of the allowable amount • Once every five years from the date of service 	<ul style="list-style-type: none"> • All providers: 80% of the allowable amount • Once every five years from the date of service
Other Procedures	<ul style="list-style-type: none"> • Specialty exams: 50% of the allowable amount • Palliative treatment: 50% of the allowable amount 	<ul style="list-style-type: none"> • Specialty exams: 80% of the allowable amount • Palliative treatment: 80% of the allowable amount
Non-covered Procedures	Occlusal guards	Occlusal guards