

## **BENEFITS OVERVIEW**

Benefit Summary for: Effective Date: Plan Option: Rogers Townsend & Thomas PC July 1, 2016 High Plan

Delta Dental PPO		Delta Dental PPO	Delta Dental Premier	Non- Participating Providers
Contract Year Deductible	Applied to Basic and Major services	\$50 individual \$150 family	\$50 individual \$150 family	\$50 individual \$150 family
Annual Maximum	Applied to Preventive, Basic and Major services	\$1,500	\$1,500	\$1,500
Preventive Services	<ul> <li>Oral examinations, twice per benefit period</li> <li>Prophylaxis (cleanings), twice per benefit period</li> <li>Topical fluoride treatments for dependent children under age 19, once per benefit period</li> <li>Bitewing x-rays, one set per benefit period</li> </ul>	100%	100%	100%
Basic Services	<ul> <li>Full mouth x-rays, once in any 60 month period</li> <li>Periapical x-rays as required</li> <li>Fillings</li> <li>Composite fillings covered on all teeth</li> <li>Emergency palliative treatment</li> <li>Space maintainers under age 19, once per tooth area per lifetime</li> <li>Non-Surgical Periodontics</li> <li>Periodontal maintenance; limited to 4 per calendar year, subject to regular prophylaxis limitation</li> <li>Simple extractions</li> <li>Sealants for dependent children under age 14, limited to 1<sup>st</sup> and 2<sup>nd</sup> caries free permanent molars, once per tooth per lifetime</li> </ul>	80%	80%	80%
Major Services	Surgical Periodontics     Endodontics     Surgical extractions     General anesthesia     Bridges & dentures, once in seven years     Crowns, Inlays, Onlays once in seven years     Oral surgery (excluding extractions)     Implants	50%	50%	50%
Orthodontia	Orthodontia for dependent children under age 19	50% up to \$1,000 lifetime maximum No deductible	50% up to \$1,000 lifetime maximum No deductible	50% up to \$1,000 lifetime maximum No deductible

## **About Delta Dental Networks**

**Delta Dental PPO Providers:** offer deep discounts from standard charges with no balance billing.

**Delta Dental Premier Providers:** offer lesser discounts than PPO but the assurance of no balance billing.

**Non-Network Providers:** are not contracted with Delta Dental benefit payments are made up to the 90<sup>th</sup> percentile; balance billing is possible over that level

Delta Dental PPO Providers typically offer the greatest discounts.

## **Customer Service**

Toll Free: 800-335-8266 8am-6pm EST www.DeltaDentalSC.com

Please refer to your complete Summary Plan Description for a detailed listing of your benefits and any limitations