

BENEFITS OVERVIEW

Delta Dental PPO – Dentacare M		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	\$1250	\$1250	\$1250
Preventive Services	 Oral examinations, twice per benefit period Bitewing x-rays, twice per benefit period Full mouth x-rays, once in any 36 months Prophylaxis (cleanings), twice in any benefit period Topical fluoride treatments for dependent children under age 19, twice per benefit period Space maintainers under age 19, once in a lifetime Sealants for dependent children under age 15, once in 5 years 	100%	100%	100%
Basic Services	 Fillings Non-Surgical Periodontics Surgical Periodontics Endodontics Emergency palliative treatment Simple extractions Surgical extractions General anesthesia Oral surgery Periodontal Maintenance 	80%	80%	80%
Major Services	Bridges & dentures, once in five years Crowns, Inlays, Onlays once in five years	50%	50%	50%

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 90th 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