Delta Dental PPO – <i>Dentacare M</i>		Delta Dental PPO	Delta Dental Premier	Non- Participating Providers
Calendar 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	 Oral examinations, twice per benefit period Bitewing x-rays Periapical x-rays, as required 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, once per benefit period Emergency palliative treatment Space maintainers under age 16, once in 5 years Sealants for dependent children under age 19, once in 5 years 	100%	100%	100%
Basic Services	 Fillings Non-Surgical Periodontics Surgical Periodontics Endodontics Endodontics Simple extractions Surgical extractions General anesthesia Oral surgery (excluding extractions) Periodontal maintenance, twice in any benefit period (subject to your prophylaxis frequency limitation) 	80%	80%	80%
Major Services *12 month wait	 Bridges & dentures, once in 10 years Crowns, Inlays, Onlays once in 10 years Implants, as well as bone grafts, are a covered benefit. Limited to once in 10 years. 	50%	50%	50%
Orthodontia *12 month wait	Orthodontia for dependent children under age 19	50 % up to \$2,000 lifetime maximum No deductible	50 % up to \$2,000 lifetime maximum No deductible	50 % up to \$2,000 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 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