

Delta Dental PPO – <i>Dentacare M</i>		Delta Dental PPO	Delta Dental Premier	Non-Participating Providers
Contract Year Deductible	<ul style="list-style-type: none"> Applied to Basic and Major services 	\$50 individual \$150 family	\$50 individual \$150 family	\$50 individual \$150 family
Annual Maximum	<ul style="list-style-type: none"> Applied to Preventive, Basic and Major services 	\$1,000	\$1,000	\$1,000
Preventive Services	<ul style="list-style-type: none"> Oral examinations, twice per benefit period Bitewing x-rays, once 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 16, once per benefit period 	100%	100%	100%
Basic Services	<ul style="list-style-type: none"> Fillings Emergency palliative treatment Non-Surgical Periodontics Surgical Periodontics Endodontics Oral Surgery Simple extractions Surgical extractions Sealants for dependent children under age 16, once in 5 years Space maintainers under age 16, once in 5 years General anesthesia 	80%	80%	80%
Major Services	<ul style="list-style-type: none"> Bridges & dentures, once in seven years Crowns, Inlays, Onlays once in seven years Implants, as well as bone grafts, limited to once in seven years per tooth 	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