

Delta Dental PPO – <i>Dentacare M</i>		Delta Dental PPO	Delta Dental Premier	Non-Participating Providers
<b>Contract Year Deductible</b>	<ul style="list-style-type: none"> <li>Applied to Basic and Major services</li> </ul>	<b>\$50 individual</b>  <b>\$150 family</b>	<b>\$50 individual</b>  <b>\$150 family</b>	<b>\$50 individual</b>  <b>\$150 family</b>
<b>Annual Maximum</b>	<ul style="list-style-type: none"> <li>Applied to Preventive, Basic and Major services</li> </ul>	<b>\$1,000</b>	<b>\$1,000</b>	<b>\$1,000</b>
<b>Preventive Services</b>	<ul style="list-style-type: none"> <li>Oral examinations, twice per benefit period</li> <li>Bitewing x-rays, once per benefit period</li> <li>Full mouth x-rays, once in any 36 months</li> <li>Prophylaxis (cleanings), twice in any benefit period</li> <li>Topical fluoride treatments for dependent children under age 19, once per benefit period</li> <li>Emergency palliative treatment</li> <li>Space maintainers under age 16, once in 5 years</li> <li>Sealants for dependent children under age 16, once every 3 years</li> </ul>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Basic Services</b>	<ul style="list-style-type: none"> <li>Fillings</li> <li>Non-Surgical Periodontics</li> <li>Surgical Periodontics</li> <li>Endodontics</li> <li>Simple extractions</li> <li>Surgical extractions</li> <li>General anesthesia</li> <li>Oral surgery</li> </ul>	<b>80%</b>	<b>80%</b>	<b>80%</b>
<b>Major Services</b>	<ul style="list-style-type: none"> <li>Bridges &amp; dentures, once every ten years</li> <li>Crowns, Inlays, Onlays once every ten years</li> <li>Implants, as well as bone grafts, limited to once in ten years per tooth</li> <li>Stainless steel crowns</li> </ul>	<b>50%</b>  12 month waiting period applies to all Major Services	<b>50%</b>  12 month waiting period applies to all Major Services	<b>50%</b>  12 month waiting period applies to all Major Services
<b>Orthodontia</b>	<ul style="list-style-type: none"> <li>Orthodontia for dependent children under age 19                              *12 month waiting period applies to all Orthodontia. The waiting period must be satisfied prior to banding. *</li> </ul>	<b>50% up to \$1,000 lifetime maximum</b> <b>No deductible</b>	<b>50% up to \$1,000 lifetime maximum</b> <b>No deductible</b>	<b>50% up to \$1,000 lifetime maximum</b> <b>No deductible</b>

### 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**