

BENEFITS OVERVIEW

Benefit Summary for: Effective Date:

Beverage & Food Group, Inc. February 1, 2016

Delta Dental PPO – DentaFlex		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	 Bitewing x-rays, one set per benefit period Emergency palliative treatment Full mouth x-rays, once in any 36 month period Oral examinations, twice per benefit period Periapical X-rays, as required Periodontal Maintenance, twice in any benefit period (subject to your prophylaxis frequency limitation) Prophylaxis (cleanings), twice per benefit period Space maintainers for dependent under age 16, once in 5 years Topical fluoride treatments for dependent children under age 16, once per benefit period Sealants for dependent children under age 16, once in 5 years 	100%	100%	100%
Basic Services	 Fillings Simple extractions Surgical extractions Non-Surgical Periodontics Surgical Periodontics Endodontics Oral Surgery 	80%	80%	80%
Major Services	 General anesthesia Bridges, once in seven years Dentures, once in seven years Crowns, Inlays, Onlays once in seven years 	50%	50%	50%
Orthodontia	Not covered	N/A	N/A	N/A

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