

BENEFITS OVERVIEW

Delta Dental PPO – Dentacare M		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	\$1,000	\$1,000	\$1,000
Preventive Services	 Oral examinations, twice per benefit period Bitewing x-rays 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 	100%	100%	100%
Basic Services	 Fillings Non-Surgical Periodontics Surgical Periodontics Endodontics Simple extractions Surgical extractions Sealants for dependent children under age 19, once in 5 years General anesthesia Oral surgery (excluding extractions) 	80%	80%	80%
Major Services *12 month wait	 Bridges & dentures, once in five years Crowns, Inlays, Onlays once in five years Implants and implant abutments (posts) are not a covered benefit; however, individual crowns over implants are covered at the prosthodontic coverage level 	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