Delta Dental PPO – Dentacare M		Delta Dental PPO	Delta Dental Premier	Non- Participating Providers
Contract Year Deductible	Applied to Basic, Major and Orthodontia 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, one set per benefit period Full mouth x-rays, once in any benefit months Prophylaxis (cleanings), twice in any benefit period Topical fluoride treatments for all participants, once in any benefit period Emergency palliative treatment Space maintainers that replace prematurely lost teeth for dependent children under age 19 	100%	100%	100%
Basic Services	 Fillings Non-Surgical Periodontics Surgical Periodontics Endodontics Simple extractions Surgical extractions General anesthesia Oral surgery (excluding extractions) 	80%	80%	80%
Major Services	Bridges & dentures, once in five years Crowns, Inlays, Onlays once in five years	50%	50%	50%
Orthodontia	Orthodontia for dependent children under age 19	50% up to \$1,500 lifetime maximum Deductible applies	50% up to \$1,500 lifetime maximum Deductible applies	50% up to \$1,500 lifetime maximum Deductible applies

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