

BENEFITS OVERVIEW

Delta Dental PPO – Dentacare M		Delta Dental PPO	Delta Dental Premier	Non- Participating Providers
Contract Year Deductible	Applied to Basic, Major, Ortho services	\$50 individual \$100 family	\$50 individual \$100 family	\$50 individual \$100 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, twice per benefit period Full mouth x-rays, once in any 36 months Prophylaxis (cleanings), twice in any benefit period Emergency Palliative Treatment Topical fluoride treatments for dependent children under age 19, twice per benefit period Emergency palliative treatment Space maintainers under age 16 Sealants for dependent children under age 19, once in 5 years Fixed and removable appliances to control harmful habits, limited to initial appliance only 	100%	100%	100%
Basic Services	 Fillings Non-Surgical Periodontics Surgical Periodontics Periodontial exams and maintenance Endodontics Simple extractions Surgical extractions General anesthesia Oral surgery 	80%	80%	80%
Major Services	 Bridges & dentures, once in five years Crowns, Inlays, Onlays once in five year Implants once in five years 	50%	50%	50%
Orthodontia	Orthodontia for dependent children under age 19	50% up to \$1,500 lifetime maximum	50% up to \$1,500 lifetime maximum	50% up to \$1,500 lifetime maximum
TMJ	Non-surgical TMJ services	Covered at 80% up to \$1,500 TMJ lifetime maximum		

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