

BENEFITS OVERVIEW

Benefit Summary for: DOVE PRINT SOLUTIONS Group Number: 0919-0291

Effective Date: 9/1/2019

Delta Dental PPO – DentaFlex		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 Prophylaxis (cleanings), twice per benefit period Topical fluoride treatments for dependent children under age 16, once per benefit period Space maintainers under age 16, once in 5 years Bitewing x-rays, one set per benefit period Full mouth x-rays, once in any 36 month period Periapical x-rays, as required Sealants for dependent children under age 16, once in 5 years Periodontal maintenance, twice in any benefit period (subject to your prophylaxis frequency limitation) 	100%	100%	100%
Basic Services	 Fillings Simple extractions Emergency palliative treatment 	100%	80%	80%
Major Services	 Non-Surgical Periodontics Surgical Periodontics Endodontics Surgical extractions General anesthesia Bridges & dentures, once in seven years Crowns, Inlays, Onlays once in seven years Oral surgery (excluding extractions) 	60%	50%	50%
Orthodontia	Not covered	N/A	N/A	N/A
MAXRollover	• Included	A portion of the unused annual maximum will roll over to the next benefit period when qualified claims are submitted by any provider.		

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