

Delta Dental PPO – <i>Dentacare M</i>		Delta Dental PPO	Delta Dental Premier	Non-Participating Providers
<b>Calendar Year Deductible</b>	<ul style="list-style-type: none"> <li>Applied to Basic and Major services</li> </ul>	<b>\$50 individual</b> <b>\$150 family</b>	<b>\$50 individual</b> <b>\$150 family</b>	<b>\$50 individual</b> <b>\$150 family</b>
<b>Annual Maximum</b>	<ul style="list-style-type: none"> <li>Applied to Preventive, Basic and Major services</li> </ul>	<b>\$2,000</b>	<b>\$2,000</b>	<b>\$2,000</b>
<b>Preventive Services</b>	<ul style="list-style-type: none"> <li>Bitewing X-rays, two sets per benefit period</li> <li>Full mouth X-rays, once in any 36 months</li> <li>Oral examinations, twice per benefit period</li> <li>Periapical X-rays, as required</li> <li>Periodontal Maintenance, twice in any benefit period (subject to your prophylaxis frequency limitation)</li> <li>Prophylaxis (cleanings), twice in any benefit period</li> <li>Space maintainers under age 16, as needed</li> <li>Topical fluoride treatments for dependent children under age 18, twice per benefit period</li> <li>Sealants to age 18, once every 36 months on standard teeth</li> </ul>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Basic Services</b> <b>*6 month wait for late entrants</b>	<ul style="list-style-type: none"> <li>Fillings</li> <li>Composite fillings covered on all teeth</li> <li>Non-Surgical Periodontics</li> <li>Surgical Periodontics</li> <li>Endodontics</li> <li>Simple extractions</li> <li>Surgical extractions</li> <li>General anesthesia</li> <li>Oral Surgery</li> <li>Emergency Palliative Treatment</li> </ul>	<b>80%</b>	<b>80%</b>	<b>80%</b>
<b>Major Services</b> <b>*12 month wait for late entrants</b>	<ul style="list-style-type: none"> <li>Bridges, once in 5 years</li> <li>Dentures, once in 5 years</li> <li>Crowns, Inlays, Onlays once in 5 years</li> <li>Implants, as well as bone grafts, limited to once in five years per tooth</li> <li>Occlusal guard once every 36 months</li> </ul>	<b>50%</b>	<b>50%</b>	<b>50%</b>
<b>Orthodontia</b> <b>*24 month wait for late entrants</b>	<ul style="list-style-type: none"> <li>Orthodontia for all eligible participants</li> </ul>	<b>50% up to \$2,000 lifetime maximum</b> <b>No deductible</b>	<b>50% up to \$2,000 lifetime maximum</b> <b>No deductible</b>	<b>50% up to \$2,000 lifetime maximum</b> <b>No deductible</b>
<b>MAXAdvantage</b>	<ul style="list-style-type: none"> <li>Included</li> </ul>	Charges for exams, cleanings, x-rays and fluoride treatments will not be deducted from the annual benefit 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 90<sup>th</sup> 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](http://www.DeltaDentalSC.com)

Please refer to your complete Summary Plan Description for a detailed listing of your benefits and any limitations