

Delta Dental PPO – <i>Dentacare M</i>		Palmetto Health Dental Clinic	Delta Dental PPO/ Premier Providers	Non-Participating Providers
Calendar Year Deductible	<ul style="list-style-type: none"> Applied to Basic and Major services 	\$0 individual	\$15 individual	\$25 individual
Annual Maximum	<ul style="list-style-type: none"> Applied to Preventive, Basic and Major services 	\$1500	\$1500	\$1000
Preventive Services	<ul style="list-style-type: none"> Bitewing X-rays, twice per calendar year Full mouth X-rays, once in any 36 months Oral examinations, twice per benefit period Periapical X-rays, as required Prophylaxis (cleanings), twice per calendar year Space maintainers under age 19 Topical fluoride treatments for dependent children under age 19, twice per calendar year Emergency palliative treatment Sealants for dependent children under age 16 	100%	100%	100%
Basic Services	<ul style="list-style-type: none"> Fillings Composite fillings covered on all teeth Consultations Non-Surgical Periodontics (Up to 4 periodontal maintenance cleanings per calendar year, not in conjunction with routine cleanings) Surgical Periodontics Endodontics Implants, as well as bone grafts, limited to once in five years per tooth Simple extractions Surgical extractions Oral surgery Denture Repair General anesthesia 	90%	80%	80%
Major Services	<ul style="list-style-type: none"> Bridges, once in 3 years Dentures, once in 3 years Crowns, Inlays, Onlays once per year <i>*Pre-Existing Conditions may apply, please review Palmetto Health's SPD for details</i>	80%*	60%*	60%*
Orthodontia	<ul style="list-style-type: none"> Orthodontia for all eligible participants 	50% up to \$2500 lifetime maximum No deductible	50% up to \$2500 lifetime maximum No deductible	50% up to \$2000 lifetime maximum \$50 deductible

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 80th 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

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Calendar Year Deductible	<ul style="list-style-type: none"> Applied to Basic and Major services 	\$0 individual	\$50 individual	\$75 individual
Annual Maximum	<ul style="list-style-type: none"> Applied to Preventive, Basic and Major services 	\$750	\$750	\$500
Preventive Services	<ul style="list-style-type: none"> Bitewing X-rays, twice per calendar year Full mouth X-rays, once in any 36 months Oral examinations, twice per benefit period Periapical X-rays, as required Prophylaxis (cleanings), twice per calendar year Space maintainers under age 19 Topical fluoride treatments for dependent children under age 19, twice per calendar year Emergency palliative treatment Sealants for dependent children under age 16 	100%	100%	100%
Basic Services	<ul style="list-style-type: none"> Fillings Composite fillings covered on all teeth Consultations Non-Surgical Periodontics (Up to 4 periodontal maintenance cleanings per calendar year, not in conjunction with routine cleanings) Surgical Periodontics Endodontics Implants, as well as bone grafts, limited to once in five years per tooth Simple extractions Surgical extractions Oral surgery Denture Repair General anesthesia 	70%	50%	50%
Major Services	<ul style="list-style-type: none"> Bridges, once in 3 years Dentures, once in 3 years Crowns, Inlays, Onlays once per year <p><i>*Pre-Existing Conditions may apply, please review Palmetto Health's SPD for details</i></p>	65%*	50%*	50%*
Orthodontia	<ul style="list-style-type: none"> Not covered 	N/A	N/A	N/A

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