

Prisma Health – Enhanced Plan		Prisma Health Medical Group – Dentistry	Delta Dental PPO/ Premier Providers	Non-Participating Providers
Calendar Year Deductible	<ul style="list-style-type: none"> Applied to Basic and Major services 	\$50 individual \$150 Family	\$50 individual \$150 Family	\$100 individual \$300 Family
Annual Maximum	<ul style="list-style-type: none"> Applied to Basic and Major services 	\$2,000	\$2,000	\$2,000
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, two per benefit period Periapical X-rays, as required Prophylaxis (cleanings), four 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 19 	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 Simple extractions Surgical extractions Oral surgery Denture Repair General anesthesia 	80%	80%	80%
Major Services	<ul style="list-style-type: none"> Bridges, once in 5 years Dentures, once in 5 years Crowns, Inlays, Onlays once per year Implants, as well as bone grafts, limited to once in five years per tooth 	50%	50%	50%
Orthodontia	<ul style="list-style-type: none"> Orthodontia for all eligible participants 	50% up to \$2,000 lifetime maximum No deductible	50% up to \$2,000 lifetime maximum No deductible	50% up to \$2,000 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

Prisma Health – Basic Plan		Prisma Health Medical Group – Dentistry	Delta Dental PPO/ Premier	Non-Participating Providers
Calendar Year Deductible	<ul style="list-style-type: none"> Applied to Basic and Major services 	\$50 individual \$150 Family	\$50 individual \$150 Family	\$75 individual \$225 Family
Annual Maximum	<ul style="list-style-type: none"> Applied to 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, two per benefit period Periapical X-rays, as required Prophylaxis (cleanings), four 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 19 	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 Simple extractions Surgical extractions Oral surgery Denture Repair General anesthesia 	50%	50%	50%
Major Services	<ul style="list-style-type: none"> Bridges, once in 5 years Dentures, once in 5 years Crowns, Inlays, Onlays once per year Implants, as well as bone grafts, limited to once in five years per tooth 	50%	50%	50%
Orthodontia	<ul style="list-style-type: none"> Not covered 	N/A	N/A	N/A

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