

<b>Prisma Health – Enhanced Plan</b>		<b>Prisma Health Medical Group – Dentistry</b>	<b>Delta Dental PPO/ Premier Providers</b>	<b>Non-Participating Providers</b>
<b>Calendar Year Deductible</b>	<ul style="list-style-type: none"> <li>Applied to Basic and Major services</li> </ul>	<b>\$50 individual \$150 Family</b>	<b>\$50 individual \$150 Family</b>	<b>\$100 individual \$300 Family</b>
<b>Annual Maximum</b>	<ul style="list-style-type: none"> <li>Applied to 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, twice per calendar year</li> <li>Full mouth X-rays, once in any 36 months</li> <li>Oral examinations, four per benefit period</li> <li>Periapical X-rays, as required</li> <li>Prophylaxis (cleanings), four per calendar year</li> <li>Space maintainers under age 19</li> <li>Topical fluoride treatments for dependent children under age 19, twice per calendar year</li> <li>Emergency palliative treatment</li> <li>Sealants for dependent children under age 19</li> </ul>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Basic Services</b>	<ul style="list-style-type: none"> <li>Fillings</li> <li>Composite fillings covered on all teeth</li> <li>Consultations</li> <li>Non-Surgical Periodontics (Up to 4 periodontal maintenance cleanings per calendar year, not in conjunction with routine cleanings)</li> <li>Surgical Periodontics</li> <li>Endodontics</li> <li>Simple extractions</li> <li>Surgical extractions</li> <li>Oral surgery</li> <li>Denture Repair</li> <li>General anesthesia</li> </ul>	<b>80%</b>	<b>80%</b>	<b>80%</b>
<b>Major Services</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 per year</li> <li>Implants, as well as bone grafts, limited to once in five years per tooth</li> </ul>	<b>50%</b>	<b>50%</b>	<b>50%</b>
<b>Orthodontia</b>	<ul style="list-style-type: none"> <li>Orthodontia for all eligible participants</li> </ul>	<b>50% up to \$2,000 lifetime maximum No deductible</b>	<b>50% up to \$2,000 lifetime maximum No deductible</b>	<b>50% up to \$2,000 lifetime maximum \$50 deductible</b>

### 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 80<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**

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

<b>Prisma Health – Basic Plan</b>		<b>Prisma Health Medical Group – Dentistry</b>	<b>Delta Dental PPO/ Premier</b>	<b>Non-Participating Providers</b>
<b>Calendar Year Deductible</b>	<ul style="list-style-type: none"> <li>Applied to Basic and Major services</li> </ul>	<b>\$50 individual \$150 Family</b>	<b>\$50 individual \$150 Family</b>	<b>\$75 individual \$225 Family</b>
<b>Annual Maximum</b>	<ul style="list-style-type: none"> <li>Applied to Basic and Major services</li> </ul>	<b>\$750</b>	<b>\$750</b>	<b>\$500</b>
<b>Preventive Services</b>	<ul style="list-style-type: none"> <li>Bitewing X-rays, twice per calendar year</li> <li>Full mouth X-rays, once in any 36 months</li> <li>Oral examinations, four per benefit period</li> <li>Periapical X-rays, as required</li> <li>Prophylaxis (cleanings), four per calendar year</li> <li>Space maintainers under age 19</li> <li>Topical fluoride treatments for dependent children under age 19, twice per calendar year</li> <li>Emergency palliative treatment</li> <li>Sealants for dependent children under age 19</li> </ul>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Basic Services</b>	<ul style="list-style-type: none"> <li>Fillings</li> <li>Composite fillings covered on all teeth</li> <li>Consultations</li> <li>Non-Surgical Periodontics (Up to 4 periodontal maintenance cleanings per calendar year, not in conjunction with routine cleanings)</li> <li>Surgical Periodontics</li> <li>Endodontics</li> <li>Simple extractions</li> <li>Surgical extractions</li> <li>Oral surgery</li> <li>Denture Repair</li> <li>General anesthesia</li> </ul>	<b>50%</b>	<b>50%</b>	<b>50%</b>
<b>Major Services</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 per year</li> <li>Implants, as well as bone grafts, limited to once in five years per tooth</li> </ul>	<b>50%</b>	<b>50%</b>	<b>50%</b>
<b>Orthodontia</b>	<ul style="list-style-type: none"> <li>Not covered</li> </ul>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

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