

Delta Dental Individual and Family™ benefit summaries

Services covered*	Delta Dental Basic PPO-MAC (SC-IND-BASIC-05-23)			Delta Dental Enhanced PPO-MAC (SC-IND-ENHANCED-05-23)			Delta Dental Premium PPO-MAC (SC-IND-PREMIUM-05-23)			Delta Dental Ultimate PPO (SC-IND-ULTIMATE-05-23)		
	Delta Dental PPO™ network	Delta Dental Premier® network ¹	Out-of-network ^{1a}	Delta Dental PPO™ network	Delta Dental Premier® network ¹	Out-of-network ^{1a}	Delta Dental PPO™ network	Delta Dental Premier® network ¹	Out-of-network ^{1a}	Delta Dental PPO™ network	Delta Dental Premier® network	Out-of-network ^{1a}
Diagnostic and preventive services Exams and cleanings (2/year) ² Full mouth x-rays (every 5 years) Bitewing x-rays (every year) Space maintainers for dependents up to age 16 Emergency treatment for pain Fluoride for dependents up to age 18 (1 per year) Sealants for dependents up to age 18 (on cavity-free first and second permanent molars, 1 per 5 years)	No waiting periods for diagnostic and preventive services			No waiting periods for diagnostic and preventive services			No waiting periods for diagnostic and preventive services			No waiting periods for diagnostic and preventive services		
	100%	90%	90%	100%	80%	80%	100%	100%	100%	100%	100%	100%
Basic services Periodontal maintenance cleanings (2/year) ² Scaling and root planing Non-surgical extractions Pulpotomy Fillings	6 month waiting period for fillings			6 month waiting period for fillings			3 month waiting period for all basic services			No waiting periods for fillings		
	50%	40%	40%	80%	60%	60%	80%	80%	80%	80%	80%	80%
Major services Root canals, apicoectomy, root amputation Oral surgery (including surgical extractions) Periodontics (surgical) Crown and restorations (1 per 5 years) Prostodontics ⁴ (bridges, dentures, 1 per 5 years) Denture repair, rebase and relining General anesthesia (with surgical procedures only) Endodontics services Implants (Premium and Ultimate plans only)	12 month waiting periods for major services Implants not covered			12 month waiting periods for major services Implants not covered			12 month waiting periods for major services			12 month waiting periods for major services		
	25%	25%	25%	50%	50%	50%	50%	50%	50%	60%	60%	60%
Orthodontia	Not covered			6 month waiting periods Lifetime maximum \$1000 Covered for children only			Not covered			6 month waiting periods Lifetime maximum \$2000 Covered for children and adults		
	0%	0%	0%	50%	50%	50%	0%	0%	0%	50%	50%	50%
Annual maximum per member First year Second year Third year Fourth year	\$500 \$750 \$1000 \$1000	\$500 \$750 \$1000 \$1000	\$500 \$750 \$1000 \$1000	\$1000 \$1250 \$1500 \$1500	\$1000 \$1250 \$1500 \$1500	\$1000 \$1250 \$1500 \$1500	\$1250 \$1500 \$2000 \$2500	\$1250 \$1500 \$2000 \$2500	\$1250 \$1500 \$2000 \$2500	\$1500 \$2000 \$2500 Unlimited	\$1500 \$2000 \$2500 Unlimited	\$1500 \$2000 \$2500 Unlimited
Deductible	No deductible for diagnostic and preventive services			No deductible for diagnostic and preventive services			No deductible for diagnostic and preventive services			No deductible for diagnostic and preventive services		
	\$50	\$50	\$50	\$50	\$50	\$50	\$25	\$25	\$25	\$25	\$25	\$25

Delta Dental of Missouri does business in South Carolina as Delta Dental of South Carolina. All policies are underwritten by Delta Dental of Missouri and administered, in part, by Wyssta Services, Inc. a subsidiary of Delta Dental of Wisconsin.

Delta Dental Clear Plan SM (SC-IND-CL-05-23)	
Pay the lesser of a fixed dollar amount shown below or the dentist's allowed amount when covered services are provided by a Delta Dental PPO or Delta Dental Premier network dentist ⁵	
Dental checkups (Exam/Cleaning/Bitewing x-rays)	\$65
Fillings	\$115
Crowns	\$740
Implants	\$2,600
Root canals	\$535
Non-surgical extractions	\$115
Surgical extractions	\$230
Office visit copay	\$0
Deductible	\$0
Dollar maximum	\$0
Waiting periods	none

You, your spouse and/or dependent children are eligible for coverage if you're a permanent resident of South Carolina and not enrolled in another dental plan. Apply before the 27th of the month, and your policy could be in effect on the first day of the month following approval of your application.



DeltaDentalCoversMe.com
1-833-248-4746

1-Reimbursement is based on the Delta Dental PPO™ network fee schedule. You will have the lowest out-of-pocket costs when you visit a dentist in the Delta Dental PPO™ network. 1a-Non-Participating Dentist. A Non-Participating Dentist may bill the Participant for the deductible, coinsurance, non-covered services, and any amount exceeding the benefit maximum. A Non-Participating Dentist may also bill the Participant for any positive difference between the applicable Dentist's billed charge and the Maximum Plan Allowance for such Non-Participating Dentist. The Member is responsible for submitting a claim for payment to Delta Dental on forms prescribed by Delta Dental when Dental Care is received from a Non-Participating Dentist. 2-Only two cleanings of any type per year. 3-Delta Dental will waive waiting periods with proof of 12 months' continuous coverage for basic and major services that ended within 63 days of your plan's effective date. 4-Pre-existing conditions apply to prostodontics. Charges for services related to teeth missing prior to membership effective date will not be covered. 5-For plans other than the Clear Plan, your out-of-pocket costs are likely to be greater when covered services are provided by a dentist who is not in the Delta Dental network. The Clear Plan does not cover services received from non-network dentists. *This is a summary of benefits offered under these plans. For a complete description, refer to the master policy for each plan.