

Find a plan that makes you smile!

Giving individuals and families access to quality dental coverage is our mission. Choose from a variety of plans designed to work with your needs and budget.



- **Ultimate Plan** – Our most comprehensive plan offers the richest benefits, with increasing coverage and no annual maximum at year 4+. There's no waiting period for basic care, with orthodontia covered after 6 months for adults and children, and implants and major services after 12 months.
- **Premium Plan** – Get a plan that includes a broad array of dental services including 100% of preventive care (exams, cleanings, etc.) with no waiting periods. Enjoy increasing coverage to \$2,500 at year 4+, with basic care covered after 3 months and implants and major services after 12 months.
- **Enhanced Plan** – This full-featured plan includes increasing coverage to an annual maximum of \$1,500 at year 3+. There is no waiting period on preventive care, which is covered at 100% when you see a participating Delta Dental PPO™ dentist. This plan also includes fillings and children's orthodontics at 50% coverage after 6 months and major services after 12 months.
- **Basic Plan** – Our most affordable plan offers no waiting period on preventive care, which is covered at 100% when you see a participating Delta Dental PPO dentist. Enjoy increasing coverage to an annual maximum of \$1,000 in year 3+. Get fillings benefits after 6 months and major services after 12 months along with in-network savings.
- **Clear PlanSM** – This plan takes the uncertainty out of your dental expenses; you pay the lesser of a fixed dollar amount or the dentist's allowed amount for services when you see a participating Delta Dental PPO or Delta Dental Premier® dentist, and the plan pays the rest. There are no waiting periods for benefits to begin, no annual dollar maximums and no deductibles. Plus, under our Clear Plan, dependents can be enrolled without enrolling yourself.

Coverage you can count on.

Having a good dental benefits plan not only helps promote a healthy smile, but it can greatly improve one's overall health.

With the country's largest provider network, the Delta Dental system covers more people and has more participating dentists than any other dental benefits program, covering more than 80 million people nationwide!*

For more than 60 years, members have relied on Delta Dental to provide outstanding benefits, caring customer service and easy claims processing. No wonder more people trust their precious smiles to Delta Dental!



Learn more. Get a quote.



[DeltaDentalCoversMe.com](https://www.deltadental.com/us/en/about-us.html)

1-8833-248-4746

Dental policies contain general and specific exclusions and limitations. This means certain dental services are not covered under the policy. Also, coverage for certain covered services is subject to conditions and other limitations, such as the number of times they may be covered in a given time period.

You should obtain these exclusions and review them prior to enrollment. They are available during the quoting process at [DeltaDentalCoversMe.com](https://www.deltadental.com/us/en/about-us.html).

*<https://www.deltadental.com/us/en/about-us.html>



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Smile!

Choose a quality dental plan from the nation's preferred dental benefits provider!

Delta Dental Individual and Family™



Delta Dental of South Carolina

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.