

BENEFITS OVERVIEW

Benefit Summary for: Roper St. Francis Healthcare Effective Date: 1/1/2020

Group Number: 6236-8810
Plan Option: SILVER

Delta Dental PPO – Dentacare M		Delta Dental PPO	Delta Dental Premier	Non- Participating Providers
Calendar Year Deductible	Applied to Basic and Major services	\$50 individual \$150 family	\$50 individual \$150 family	\$100 individual \$300 family
Annual Maximum	Applied to Preventive, Basic and Major services	\$1250	\$1250	\$1250
Preventive Services	 Oral examinations, twice per benefit period Bitewing x-rays, twice per benefit period Periapical x-rays as needed Full mouth x-rays, once in any 36 months Prophylaxis (cleanings), twice in any benefit period, periodontal patients may receive up to four Topical fluoride treatments, twice per benefit period Emergency palliative treatment Space maintainers under age 19 Sealants for dependent children under age 16 Diagnostic casts 	100%	100%	100%
Basic Services	 Fillings Oral Surgery Non-Surgical Periodontics Surgical Periodontics Endodontics Simple extractions Surgical extractions General anesthesia Repair/Adjustments of partials/dentures 	80%	80%	80%
Major Services	 Bridges & dentures, once in five years Crowns, Inlays, Onlays once in five years Implants, as well as bone grafts, limited to once in five years per tooth 	50%	50%	50%
Orthodontia	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 No 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 90th 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