

BENEFITS OVERVIEW

Benefit Summary for: JM Smith Basic Plan

Effective Date: 1/1/2020 Group Number: sc2136-2000

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	\$50 individual \$150 family
Annual Maximum	Applied to Preventive, Basic and Major services	\$1,000	\$1,000	\$1,000
Preventive Services	 Bitewing X-rays, two sets per benefit period Full mouth X-rays, once in any 36 months Oral examinations, twice per benefit period Periapical X-rays, as required Periodontal Maintenance, twice in any benefit period (subject to your prophylaxis frequency limitation) Prophylaxis (cleanings), twice in any benefit period Space maintainers under age 16, as needed Topical fluoride treatments for dependent children under age 18, twice per benefit period Sealants to age 18, once every 36 months on standard teeth 	100%	100%	100%
Basic Services * 6 month wait for late entrant	 Fillings Composite fillings covered on all teeth Non-Surgical Periodontics Surgical Periodontics Endodontics Simple extractions Surgical extractions General anesthesia Oral Surgery Emergency Palliative Treatment 	80%	80%	80%
Major Services *12 month wait for late entrant	 Bridges, once in 5 years Dentures, once in 5 years Crowns, Inlays, Onlays once in 5 years Implants, as well as bone grafts, limited to once in five years per tooth Occlusal guard once every 36 months 	50%	50%	50%

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