

Delta Dental Plan Comparison SCL Health

	Choice #11127			Core #11127	
	You can visit any licensed dentist, but you will receive the greatest out-of-pocket savings if you see a Delta Dental PPO SM provider. If you choose to see a Non-Participating provider, you could incur additional out-of-pocket expenses up to the total amount billed by the provider (called balance-billing).			You can visit any licensed dentist, but you will receive the greatest out-of-pocket savings if you see a Delta Dental PPO SM provider. If you choose to see a Non-Participating provider, you could incur additional out-of-pocket expenses up to the total amount billed by the provider (called balance-billing).	
Provider Network	PPO Network	Premier® Network	Non-Participating	PPO Network	Premier® or Non-Participating
Annual Maximum (Calendar Year)	\$1,500 per person Diagnostic & Preventive services do not count toward the annual maximum *			\$1,500 per person Diagnostic & Preventive services do not count toward the annual maximum *	
Deductible	None	\$25 / \$50 — Individual / Family		None	
Exams *	100% 2 per year	100% 2 per year	100% 2 per year	100% 2 per year	100% 2 per year
Routine Cleaning *	100% 2 per year	100% 2 per year	100% 2 per year	100% 2 per year	100% 2 per year
Bitewing X-ray *	100% 2 per year to age 18 All others 1 per year	100% 2 per year to age 18 All others 1 per year	100% 2 per year to age 18 All others 1 per year	100% 2 per year to age 18 All others 1 per year	100% 2 per year to age 18 All others 1 per year
Full-mouth X-ray *	100% Once per 60 months	100% Once per 60 months	100% Once per 60 months	100% Once per 60 months	100% Once per 60 months
Basic Restorative	85% No deductible	80% Deductible applies	75% Deductible applies	85% No deductible	75% No deductible
Extractions	85% No deductible	80% Deductible applies	75% Deductible applies	85% No deductible	75% No deductible
Periodontics	85% No deductible	80% Deductible applies	75% Deductible applies	85% No deductible	75% No deductible
Endodontics	85% No deductible	80% Deductible applies	75% Deductible applies	85% No deductible	75% No deductible
Crowns	55% No deductible	50% Deductible applies	45% Deductible applies	Not Covered	Not Covered
Surgical Implants	55% No deductible	50% Deductible applies	45% Deductible applies	Not Covered	Not Covered
Dentures	55% No deductible	50% Deductible applies	45% Deductible applies	Not Covered	Not Covered
Orthodontics	55% - No deductible (Incl. Adults & Children)	50% - No deductible (Incl. Adults & Children)	45% - No deductible (Incl. Adults & Children)	Not Covered	Not Covered
Ortho Lifetime Max	\$1,200 per person per lifetime			N/A	N/A