

City of Beaufort	Delta Dental PPO SM Network	Delta Dental Premier [®] Network	Out-of-Network						
	Based on applicable PPO Maximum Plan Allowance - No balance billing	Based on applicable Premier Maximum Plan Allowance - No balance billing	Based on applicable Maximum Plan Allowance for Out-of-Network dentist - Balance billing is possible						
Preventive Services <ul style="list-style-type: none"> • Bitewings, one set per benefit period • Emergency palliative treatment • Full mouth x-rays, once in any 24 month period • Oral Examinations, twice in any benefit period • Periapical x-rays, as required • Prophylaxis (cleanings), twice in any benefit period • Sealants for dependent children under age 16, once in any 36 month period • Space maintainers for dependent children under age 16, once in 5 years • Topical fluoride treatments for dependent children for dependent children under age 16, once in any benefit period 	100%	100%	100%						
Basic Services <ul style="list-style-type: none"> • Bridge repairs & recement • Crown repairs & recement • Denture repairs & adjustments • Endodontics • Fillings • General Anesthesia • Non-Surgical Periodontics • Oral surgery • Periodontal maintenance, twice in any benefit period (subject to your prophylaxis frequency limitation) • Simple extractions • Surgical extraction of impacted teeth • Surgical extractions • Surgical Periodontics 	80%	80%	80%						
Major Services <ul style="list-style-type: none"> • Bridges, once in 5 years • Crowns, Inlays, Onlays, once in 5 years • Dentures, once in 5 years • Implants, as well as bone grafts, are a covered benefit. Limited to once in 5 years. • Stainless steel crowns 	50%	50%	50%						
Orthodontia <ul style="list-style-type: none"> • Orthodontia for dependent children under age 19 (lifetime maximum) 	50% up to \$2,000 No deductible	50% up to \$2,000 No deductible	50% up to \$2,000 No deductible						
Calendar Year Deductible (Applied to Basic and Major services)	\$50 individual 3X family	\$50 individual 3X family	\$50 individual 3X family						
Annual Maximum (Applied to Preventive, Basic and Major services)	\$2,000	\$2,000	\$2,000						
Dependent Age Limit: 26; end of month	Employee Per Pay Period Contribution								
Added Features Included <ul style="list-style-type: none"> • MAXRollover 	<table border="0" style="width: 100%;"> <tr> <td colspan="2" style="text-align: left;">Coverage Tier</td> </tr> <tr> <td style="width: 60%;">Employee</td> <td style="text-align: right;">\$4.99</td> </tr> <tr> <td>Family</td> <td style="text-align: right;">\$22.49</td> </tr> </table>			Coverage Tier		Employee	\$4.99	Family	\$22.49
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