

Dental Services through Delta Dental of Ohio

This resource provides important details about the embedded dental benefits included in SummaCare Medicare Advantage plans.

Service / Benefit	Amber (HMO)	Topaz (HMO)	Quartz (HMO)	Garnet (HMO)
Additional Monthly Premium	\$0	\$0	\$0	\$0
Deductibles	\$0	\$0	\$0	\$0
Office Visit	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Network	Delta Dental Medicare Advantage PPO	Delta Dental Medicare Advantage PPO	Delta Dental Medicare Advantage PPO	Delta Dental Medicare Advantage PPO and/or Medicare Advantage Premier
Preventive & Diagnostic Services				
Exams (Two Per Year)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Cleanings (Two Per Year)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Fluoride Treatment (One Per Year)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Radiographs Bitewing X-Rays (One Per Year), Full-Mouth X-Rays / Panoramic Films (One Per Five Years)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Radiographs (Problem-Focused) X-Rays (As Needed)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Emergency Palliative Treatment (To Temporarily Relieve Pain, As Needed)	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Comprehensive Services • Fillings, Simple Extractions and Root Canals	\$0 copay	\$0 copay	50%	\$0 copay
• Periodontal Maintenance and Other Non-Surgical Periodontics	Not Covered	Not Covered	Not Covered	\$0 copay
• Bridges, Crowns and Dentures	50%	20%	70%	40%
• Crown Repairs	50%	20%	70%	40%
• Relines and Repairs to Bridges and Dentures	Not Covered	Not Covered	Not Covered	\$0 copay
Calendar Year Benefit Maximum	\$2,000	\$3,000	\$2,000	\$2,500

Amounts listed are the member's cost share.

Service / Benefit	Ruby (HMO)	Sapphire (HMO-POS)	Emerald (HMO-POS)
Additional Monthly Premium	\$0	\$0	\$0
Deductibles	\$0	\$0	\$0
Office Visit	\$0 copay	\$0 copay	\$0 copay
Network	Delta Dental Medicare Advantage PPO	Delta Dental Medicare Advantage PPO	Delta Dental Medicare Advantage PPO
Diagnostic and Preventive Services			
Exams (Two Per Year)	\$0 copay	\$0 copay	\$0 copay
Cleanings (Two Per Year)	\$0 copay	\$0 copay	\$0 copay
Fluoride Treatment (One Per Year)	\$0 copay	\$0 copay	\$0 copay
Radiographs Bitewing X-Rays (One Per Year), Full-Mouth X-Rays / Panoramic Films (One Per Five Years)	\$0 copay	\$0 copay	\$0 copay
Radiographs (Problem-Focused) X-Rays (As Needed)	\$0 copay	\$0 copay	\$0 copay
Emergency Palliative Treatment (To Temporarily Relieve Pain, As Needed)	\$0 copay	\$0 copay	\$0 copay
Comprehensive Services			
• Fillings, Simple Extractions and Root Canals	50%	50%	50%
• Periodontal Maintenance and Other Non-Surgical Periodontics	Not Covered	Not Covered	Not Covered
• Bridges, Crowns and Dentures	70%	70%	70%
• Crown Repairs	70%	70%	70%
• Relines and Repairs to Bridges and Dentures	Not Covered	Not Covered	Not Covered
Calendar Year Benefit Maximum	\$2,000	\$2,000	\$2,000

Amounts listed are the member's cost share.

Network dentists are required to honor their contractual discounts with Delta Dental for non-covered services on each plan above. SummaCare is an HMO and HMO-POS plan with a Medicare contract. Enrollment in SummaCare depends on contract renewal.

Optional Supplemental Dental coverage is available for purchase for \$37/month. Services include inlays and onlays, periodontal maintenance, surgical extractions, oral surgery, anesthesia, occlusal guards and adjustments and more.

For full details and exclusions, view your dental handbook at summacare.com/plandocument

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