

Dental Services through Delta Dental of Ohio

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

Amounts listed are the member's cost share.

Service / Benefit	Amber (HMO)	Quartz (HMO)	Topaz (HMO)
Additional Monthly Premium	\$0	\$0	\$0
Network	Delta Dental Medicare Advantage PPO	Delta Dental Medicare Advantage PPO	Delta Dental Medicare Advantage PPO
Preventive & Diagnostic 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	\$0 copay	50%	\$0 copay
• Periodontal Maintenance and Other Non-Surgical Periodontics	Not Covered	Not Covered	Not Covered
• Bridges, Crowns and Dentures	50%	70%	20%
• Crown Repairs	50%	70%	20%
• Relines and Repairs to Bridges and Dentures	Not Covered	Not Covered	Not Covered
Calendar Year Benefit Maximum	\$2,000	\$2,000	\$3,000

Amounts listed are the member's cost share.

Service / Benefit	Ruby (HMO)	Sapphire (HMO-POS)	Emerald (HMO-POS)
Additional Monthly Premium	\$0	\$0	\$0
Network	Delta Dental Medicare Advantage PPO	Delta Dental Medicare Advantage PPO	Delta Dental Medicare Advantage PPO
Preventive & Diagnostic 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

Optional Supplemental Dental coverage is available for purchase for \$38/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/plandocuments.

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

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