



2025

South Carolina Dental Association

Dental Benefits				
Option 1		Option 2		
Network*	Other**		Network*	Other**
100%	100%	Class 1 - Preventive	100%	80%
80%	80%	Class II - Basic	80%	60%
50%	50%	Class III - Major***	50%	40%
50%	50%	Class IV - Orthodontia***	Not Covered	
<i>(Available to Dependents Under the Age of 19)</i>				
		Deductible		
N/A	\$50	Single	N/A	\$50
N/A	\$150	Family	N/A	\$150
<i>(Deductible Applies to Out-of-Network Basic and Major Services Only)</i>				
\$1,000	Annual Maximum Benefit Per Member Per Benefit Year		\$1,000	
\$1,000	Orthodontia Maximum Per Dependent Per Lifetime		N/A	
Monthly Rates				
\$31.97	Single		\$24.63	
\$125.51	Family		\$86.84	
\$97.69	Employee & Children		\$65.41	
\$65.59	Employee & Spouse		\$50.47	
* Network dentists agree to accept a negotiated Participating Dental Agreement (PDA) fee				
** Out of network reimbursement is based on 90th percentile charges at usual and customary				
*** When the employer contribution is less than 50% of the employee premium, there is a 12 month waiting period on major and orthodontia services for members who did not have prior				