

Dental Plan Highlights



Services	Basic Plan	Premium Plan
Plan Deductible Per Plan Year (Begins July 1 and Ends June 30)	\$50 Individual; \$150 Family	
Plan Maximum Per Insured Participant Per Plan Year (Preventive Services Not Included)	\$1,000	\$2,000
Preventive Care (Immediately upon Effective Date)		
<ul style="list-style-type: none"> ◆ Oral examinations two times per plan year ◆ Application of fluoride for children to age 19 years of age, up to two (2) per plan year ◆ Dental X-rays: <ul style="list-style-type: none"> A. FMX/Panoramic – 1 per 3 plan years B. Bite-wings X-rays – 2 per plan year ◆ Space maintainers for children to age 12 ◆ Sealants for children to age 14 ◆ Brush Biopsy – to detect oral cancer 	100% No Deductible	100% No Deductible
Basic Care (Immediately upon Effective Date)		
<ul style="list-style-type: none"> ◆ Extractions (non-orthodontic) ◆ Restorative fillings ◆ General and local anesthetic when administered with oral surgery ◆ Treatment of periodontal and other diseases of the gums and tissues ◆ Endodontic treatment, including root canal, if tooth is “opened” while insured ◆ Injection of antibiotic drugs ◆ Recementing of crowns, inlays and bridgework ◆ Relining of dentures once every two years ◆ Emergency (palliative) treatment of dental pain-minor procedures ◆ Bleaching ◆ Occlusal Guard – Once per lifetime (Premium Plan Only) 	80% After Deductible	80% After Deductible
Major Restorative Care (One Year Waiting Period from Effective Date)		
<ul style="list-style-type: none"> ◆ Inlays, onlays, and crown restorations ◆ Initial installation of fixed bridgework ◆ Installation of full or partial dentures ◆ Implants & implant crowns (Premium Plan Only) 	50% After Deductible	50% After Deductible
Orthodontic Care (One Year Waiting Period from Effective Date)		
<ul style="list-style-type: none"> ◆ Orthodontic extractions ◆ Services or supplies for orthodontic treatment, including necessary orthodontic appliances ◆ Dental Benefits for orthodontic treatment and appliances apply to dependent children up to age 19. 	No Benefit	50% Lifetime Maximum \$1,500
Delta Dental of NC		
<ul style="list-style-type: none"> ◆ Website – www.deltadentalnc.com ◆ Network Providers (PPO and Premier) - www.deltadental.com/us/en/find-a-dentist.html (Can use in-network or out-of-network providers. Members could be balance billed if using out-of-network providers.) ◆ Mobile App – Delta Dental mobile app available for Apple iOS and Android users. ◆ Online Member Portal – www.consumertoolkit.com 		

Dental Insurance Premium Rates						
Plan Category	Basic Plan		Premium Plan		COBRA Premiums	
	Full-Time (Premium/PP)	Part-Time (Premium/PP)	Full-Time (Premium/PP)	Part-Time (Premium/PP)	Basic Plan (Monthly)	Premium Plan (Monthly)
◆ Employee Only	◆ \$6.81	◆ \$11.75	◆ \$12.98	◆ \$15.10	◆ \$30.23	◆ \$35.21
◆ Employee + Child	◆ \$12.49	◆ \$24.69	◆ \$23.79	◆ \$31.71	◆ \$63.48	◆ \$73.94
◆ Employee + Children	◆ \$19.30	◆ \$33.31	◆ \$36.77	◆ \$42.79	◆ \$85.67	◆ \$99.78
◆ Employee + Spouse/DP	◆ \$17.03	◆ \$37.22	◆ \$32.45	◆ \$47.82	◆ \$95.75	◆ \$111.50
◆ Family	◆ \$28.39	◆ \$43.10	◆ \$48.67	◆ \$55.38	◆ \$110.87	◆ \$129.09