



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

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	◆ \$6.49	◆ \$11.19	◆ \$12.36	◆ \$13.04	◆ \$29.20	◆ \$34.01
◆ Employee + Child	◆ \$11.90	◆ \$23.51	◆ \$22.66	◆ \$27.38	◆ \$61.31	◆ \$71.41
◆ Employee + Children	◆ \$18.39	◆ \$31.72	◆ \$35.02	◆ \$36.94	◆ \$82.74	◆ \$96.36
◆ Employee + Spouse/DP	◆ \$16.22	◆ \$35.45	◆ \$30.90	◆ \$41.28	◆ \$92.47	◆ \$107.68
◆ Family	◆ \$27.04	◆ \$41.05	◆ \$46.35	◆ \$47.80	◆ \$107.08	◆ \$124.67