Dental Plan Highlights

CATAWBA VALLEY HEALTH SYSTEM

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)		
♦ 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: 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)		
♦ 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)		
♦ 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)		
♦ 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 $1,000**
Delta Dental of NC		
♦ 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	♦ $6.18	♦ $12.35	♦ $12.36	♦ $14.38	♦ $28.07	♦ $32.69
♦ Employee + Child	♦ $11.33	♦ $25.93	♦ $22.66	♦ $30.20	♦ $58.95	♦ $68.65
♦ Employee + Children	♦ $17.51	♦ $34.99	♦ $35.02	♦ $40.75	♦ $79.54	♦ $92.64
♦ Employee + Spouse/DP	♦ $15.45	♦ $39.11	♦ $30.90	♦ $45.54	♦ $88.89	♦ $103.52
♦ Family	♦ $25.75	♦ $45.29	♦ $46.35	♦ $52.74	♦ $102.94	♦ $119.86

Dental Plan Highlights

CATAWBA VALLEY HEALTH SYSTEM