

You'll benefit from:

Largest network of dentists

Delta Dental has the largest networks of dentists in North Carolina and across the nation¹, which means you will find affordable care wherever you are.

Finding a dentist

While you are free to visit any licensed dentist of your choice, it works to your advantage to choose a dentist from one of our networks—Delta Dental Premier or Delta Dental PPO. To obtain the *deepest* discounts and the *least* amount of out-of-pocket costs, choose a dentist from the Delta Dental PPO network.

- **Delta Dental PPO (in network):** Lowest out-of-pocket costs.
- **Delta Dental Premier (out of network):** Higher out-of-pocket costs than Delta Dental PPO, but may be lower than a nonparticipating dentist.
- **Nonparticipating (out of network):** You may have the highest out-of-pocket costs.

Individual plans B and C are based on the Delta Dental PPO network, therefore Delta Dental Premier and nonparticipating dentists can bill members for charges above the allowed Delta Dental PPO amount. If you purchase Plan B or C, you are strongly encouraged to obtain services from a Delta Dental PPO dentist to maximize your benefits and reduce your out-of-pocket costs. To locate a participating dentist near you, visit our website, www.deltadentalnc.com, or call us toll free at (800) 971-4108.

We offer three plans certified to meet the requirements of the Affordable Care Act (ACA)

Thank you for your interest in the Delta Dental Individual and Family Plan options. You will feel secure having your dental coverage with the leading dental benefits provider in North Carolina. Our knowledge and focus on dental allow us to present an individual product that will meet your needs.

The plans we've offered for several years that cover more than 8,000 North Carolinians meet the guidelines of the ACA's Pediatric Dental Essential Health Benefit (EHB). Individuals are not required to purchase pediatric dental coverage from a medical carrier, and the pediatric dental EHB does not have to be embedded in a medical plan or purchased from a medical carrier or the federal marketplace.

Who is eligible?

Any North Carolina resident can enroll. Individuals under the age of 19 receive EHB certified benefits. Individuals age 19 and over receive non-EHB benefits.

For more information,
call **(800) 971-4108**,
or visit
www.deltadentalnc.com.

When does coverage begin?

Your coverage begins on the first day of the month following the date we receive your application and initial premium. The initial coverage period is for 12 months. We guarantee not to change your premiums during those 12 months, and you agree to pay premiums on time for those 12 months. Only dental treatments begun and completed while coverage is in force are eligible for benefits.

Complete details in your Policy

This brochure is intended to provide a convenient overview of coverage, and is not intended to be a complete description or guarantee of payment. Only those services and supplies specifically listed in your Policy are covered under the plan, regardless of dental necessity.

The Policy is your source for complete information, including the specific dental treatments that are covered, the frequency with which those treatments are covered, benefit amounts, limitations, exclusions, and conditions under which coverage may remain in force. A brief summary of exclusions and limitations is also available on our website, www.deltadentalnc.com.

You will receive the Policy with your welcome package. If you decide this coverage is not for you, simply let us know in writing within 10 days of receiving the Policy.

Find out if your dentist is part of our network

Call toll-free **(800) 971-4108** or visit www.deltadentalnc.com and click on *Dentist Search*.



Delta Dental of North Carolina
32399 Collection Center Drive
Chicago, IL 60693-0324
www.deltadentalnc.com



Delta Dental Individual and Family Dental Plans

EHB Certified



DELTA DENTAL OF NORTH CAROLINA

¹ www.deltadental.com/DDPAFactSheet.pdf

Benefits for individuals 19 years of age or older	Plan A Enhanced PPO plus Premier	Plan B PPO Standard	Plan C PPO Standard
Diagnostic/preventive services covered immediately			
<ul style="list-style-type: none"> Exams, cleanings, fluoride and space maintainers Emergency palliative treatment Radiographs (X-rays) 	100/90%	100%	80%
Basic services covered after a 6-month waiting period			
Relines and Repairs <ul style="list-style-type: none"> To repair bridges, dentures and implants 	80/70%	Not covered	Not covered
Minor Restorative <ul style="list-style-type: none"> Crown repair and fillings 	80/70%	70%	50%
Endodontics <ul style="list-style-type: none"> Root canals 	80/70%	Not covered	Not covered
Periodontics (treatment of gum disease)	80/70%	50%	Not covered
Oral Surgery (including extractions)	80/70%	50%	Not covered
Major services covered after a 12-month waiting period			
Major Restorative <ul style="list-style-type: none"> Crown and cast restorations 	50/40%	Not covered	Not covered
Prosthodontics <ul style="list-style-type: none"> Dentures and bridges (fixed and removable) 	50/40%	Not covered	Not covered
Annual deductible and annual benefit maximum			
Annual Deductible Per person/per family—per calendar year	\$50/\$150 applies to Basic and Major services only	\$75/\$225 applies to all services	\$50/\$150 applies to all services
Annual Benefit Maximum Per person per calendar year	\$1,000	\$1,000	\$500
EHB benefits for individuals under the age of 19* <i>There are no waiting periods and no annual or lifetime maximum payments</i>			
Exams, cleanings, fluoride and space maintainers, X-rays, sealants	100%	100/80%	100/80%
Emergency palliative treatment	100%	100%	100%
Basic Services —Minor restorative, endodontic services, periodontic services, oral surgery, relines and repairs	80/60%	50/50%	50/50%
Major Services —Major restorative, prosthodontic and medically necessary orthodontia (deductible waived)	50/50%	50/50%	50/50%
Annual Deductible Per person/per family—per calendar year	\$50/\$150	\$75/\$225	\$75/225

*In-network out-of-pocket maximum for EHB covered services—\$350 per benefit year if policy covers one individual under the age of 19, or \$700 per benefit year if policy covers two or more individuals under the age of 19. There is no annual out-of-pocket maximum for EHB covered services received from Delta Dental Premier and nonparticipating dentists.

Premiums—Based on your home ZIP code

Plan A Enhanced: Delta Dental PPO plus Premier	Monthly	Annual
<i>Residents of ZIP code areas 270–274, 280–282</i>		
Subscriber	\$34.75	\$417.00
Subscriber +1	\$67.76	\$813.12
Family	\$112.93	\$1,355.16
<i>ZIP codes 275–277, 279</i>		
Subscriber	\$36.83	\$441.96
Subscriber +1	\$71.83	\$861.96
Family	\$119.71	\$1,436.52

Plan B: Delta Dental PPO Standard	Monthly	Annual
<i>Residents of ZIP code areas 270–274, 280–282</i>		
Subscriber	\$27.60	\$331.20
Subscriber +1	\$53.82	\$645.84
Family	\$89.70	\$1,076.40
<i>ZIP codes 275–277, 279</i>		
Subscriber	\$29.26	\$351.12
Subscriber +1	\$57.05	\$684.60
Family	\$95.08	\$1,140.96
<i>All other NC ZIP codes</i>		
Subscriber	\$25.94	\$311.28
Subscriber +1	\$50.59	\$607.08
Family	\$84.32	\$1,011.84

Plan C: Delta Dental PPO Standard	Monthly	Annual
<i>Residents of ZIP code areas 270–274, 280–282</i>		
Subscriber	\$17.50	\$210.00
Subscriber +1	\$34.12	\$409.44
Family	\$56.85	\$682.20
<i>ZIP codes 275–277, 279</i>		
Subscriber	\$18.55	\$222.60
Subscriber +1	\$36.17	\$434.04
Family	\$60.26	\$723.12
<i>All other NC ZIP codes</i>		
Subscriber	\$16.45	\$197.40
Subscriber +1	\$32.07	\$384.84
Family	\$53.44	\$641.28

Future rates are subject to change at a frequency of no more than once per year. You will be given a 45-day advance notification if there is any change in rates.

Summary of key exclusions and limitations

Please refer to your Policy (QINVD-100-Delta-2016-NC) for complete exclusions, limitations and coverage details. The Policy prevails if discrepancies are noted between this brochure and the Policy.

Exclusions

Coverage is NOT provided for:

- Services or supplies, as determined by Delta Dental, for correction of congenital or developmental malformations, cosmetic surgery, or dentistry for aesthetic reasons. This exclusion does not apply to any newborn, adopted, or foster child who becomes covered under this Policy after the effective date.
- Cosmetic surgery or dentistry for aesthetic reasons, as determined by Delta Dental. This exclusion does not apply to any newborn, adopted, or foster child who becomes covered under this Policy after the effective date.
- Charges for services or appliances incurred prior to the date the person became covered under this Policy.
- Prescription drugs (except intramuscular injectable antibiotics), premedication, medicaments/solutions, and relative analgesia.
- General anesthesia and intravenous sedation, unless medically necessary.
- Charges for hospitalization, laboratory tests, and histopathological examinations.
- Charges for failure to keep a scheduled visit with the dentist.
- Services or supplies, as determined by Delta Dental, for which no valid dental need can be demonstrated.
- Services or supplies, as determined by Delta Dental, that are investigational in nature including services or supplies required to treat complications from investigational procedures.
- Services or supplies, as determined by Delta Dental, which are specialized techniques.
- Services or supplies, as determined by Delta Dental, which are not provided in accordance with generally accepted standards of dental practice.
- Treatment by other than a Dentist, except for services performed by a licensed dental hygienist or other dental professional, as determined by Delta Dental, under the scope of his or her license as permitted by applicable state law.
- Services or supplies excluded by the policies and procedures of Delta Dental, including the processing policies.
- Services or supplies for which no charge is made, for which the patient is not legally obligated to pay, or for which no charge would be made in the absence of Delta Dental coverage.
- Services or supplies received due to an act of war, declared or undeclared. This exclusion does not apply to acts of terrorism.
- Services or supplies not within the categories of benefits that have been selected and that are not covered under the terms of the Policy.
- Fluoride rinses, self-applied fluorides, or desensitizing medicaments.
- Preventive control programs (including oral hygiene instruction, caries susceptibility tests, dietary control, tobacco counseling, home care medicaments, etc.).
- Lost, missing, or stolen appliances of any type and replacement or repair of orthodontic appliances or space maintainers.
- Veneers.
- Prefabricated crowns used as final restorations on permanent teeth for people over age 15.
- Paste-type root canal fillings on permanent teeth.
- Replacement, repair, relines, or adjustments of occlusal guards.
- Chemical curettage.
- Services associated with overdentures.
- Metal bases on removable prostheses for people age 19 and over.
- The replacement of teeth beyond the normal complement of teeth.
- Personalization or characterization of any service or appliance.
- Temporary crowns used for temporization during crown or bridge fabrication.
- Posterior bridges in conjunction with partial dentures in the same arch.
- Precision attachments and stress breakers.
- Bone replacement grafts and specialized implant surgical techniques.
- Radiographic/surgical implant index for people age 19 and over.

- Appliances, restorations, or services for the diagnosis or treatment of disturbances of the temporomandibular joint (TMJ).
- Non-medically necessary orthodontic services for children under age 19, and any orthodontic services for people age 19 and over.
- Diagnostic photographs and cephalometric films for people age 19 and over, unless done for orthodontics and orthodontics are a covered service.
- Myofunctional therapy.
- Mounted case analyses.
- Services or supplies for the treatment of an occupational injury or sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Worker's Compensation Act or an order of the North Carolina Worker's Compensation Act.
- Initial installation of implants, full or partial dentures or fixed bridgework to replace a tooth (teeth) which was extracted prior to becoming a covered person under this Policy. EXCEPTION: This exclusion shall not apply for any person who has been continuously covered under this Policy for more than 24 months.

Limitations

- Bitewing X-rays are payable twice per Benefit Year for individuals under age 19 and once per Benefit Year for individuals age 19 and over. Full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period. A panoramic X-ray (including bitewings) is considered a full mouth X-ray.
- Prophylaxes (cleanings) and periodontal maintenance are payable twice per Benefit Year
- Oral exams or evaluations are payable twice per Benefit Year, regardless of the Dentist's specialty.
- Preventive fluoride treatments are payable twice per Benefit Year for individuals under age 19.
- Space maintainers are payable for individuals under age 19.
- Sealants are payable once per tooth per three-year period on unrestored permanent molars for individuals under age 19. Preventative resin restorations are payable once per tooth per three-year period on permanent teeth for a moderate to high carries risk patient.
- Prefabricated stainless steel crowns are payable once per tooth per five-year period for individuals under age 15.
- Crowns, onlays and associated procedures (such as core buildups and post substructures) are payable once in any five-year period per tooth.
- Crowns or onlays are payable only for extensive loss of tooth structure due to caries and/or fracture.
- Individual crowns over implants are payable at the prosthodontic benefit level.
- Substructures, porcelain, porcelain substrate, and cast restorations are not payable for individuals under age 12.
- An occlusal guard is payable once per Benefit Year for children from age 13 to age 19, and once per lifetime for individuals age 19 years of age and over.
- Optional Treatment Plans: If an individual selects a more expensive service than is customarily provided, Delta Dental may make an allowance for certain services based on the fee for the customarily provided service. You are responsible for the difference in cost. In all cases, Delta Dental will make the final determination regarding optional treatment and any available allowance.
- Composite resin restorations on posterior teeth—Delta Dental will pay only the applicable amount that it would have paid for an amalgam restoration.

Conditions of Coverage

- Coverage remains in effect as long as you pay the required premium on time and maintain eligibility. Your coverage will be terminated if you become ineligible due to the following circumstances—non-payment of premium, failure to meet residency requirements and other reasons permitted by law.