



DELTA DENTAL OF NORTH CAROLINA

Delta Dental Premier[®] for Individuals



You'll benefit from:

Freedom

- See any dentist you like, with the greatest savings at a network dentist.
- Enjoy access to the largest dental network in the state and the nation – Delta Dental Premier®

Finding a network dentist is easy – visit www.deltadentalnc.org and click “Dentist Search” to locate one near you, or call us toll-free at 1-866-280-8379.

Protection

- Coverage for a broad spectrum of dental care (*see chart for details*).
- Peace of mind knowing you're backed by the hometown dental experts.

Savings

- Choose among three great plans to balance your coverage and costs.
- Coverage for emergency dental procedures when you're traveling internationally.

What kind of shape is your oral health in?

Whether you're self-employed, working part-time without benefits, retired, or no longer covered through a parent's plan, having an individual dental plan can pay big dividends for oral health while making a lot of sense financially.

And with a growing body of evidence now indicating a link between oral and overall health, taking care of your mouth and teeth is even more important.

Through Delta Dental of North Carolina, a leading dental benefits provider in North Carolina for more than 35 years, you can take advantage of an individual plan designed to protect your smile – and also protect your wallet from costly procedures or unplanned emergencies that can really put a dent in your budget.

Any North Carolina resident age 18 and over who is not covered by a Delta Dental of North Carolina group product can purchase this plan. Add your spouse and eligible dependents, too.

For more information,
call 1-866-280-8379,
or visit
www.deltadentalnc.org.

Your Coverage*

	Plan A In- and Out-of- Network	Plan B In- and Out-of- Network	Plan C In- and Out-of- Network
Services covered immediately			
Diagnostic/Preventive • Exam and cleaning** (once per 12 months) • Fluoride treatment (once per 12 months for children through age 18) • X-rays (coverage for bitewing, periapical and occlusal; full-mouth/panoramic X-rays not covered)	100% (no deductible)	100% (no deductible)	80% (no deductible)
Prosthodontic (denture) repairs and adjustments	80%	Not Covered	Not Covered
Services covered after a 6-month period			
Basic Restorative*** • Fillings • Sealants (covered once per lifetime on 1st and 2nd molars for children through age 15)	60%	70%	50%
Endodontics • Root canals	50%	Not Covered	Not Covered
Oral Surgery (including extractions)	50%	50%	Not Covered
Services covered after 12-month waiting period			
Periodontics (treatment of gum disease)	50%	50%	Not Covered
Major Restorative • Crown and cast restorations	50%	Not Covered	Not Covered
Prosthodontics • Dentures and Bridges (fixed and removable)	50%	Not Covered	Not Covered
Deductible and Annual Benefit Maximum			
Annual Deductible Per person/per family – calendar year	\$75 / \$225	\$75 / \$225	\$50 / \$150
Annual Benefit Maximum Per person/per calendar year	\$1,000	\$1,000	\$500

***Important note:** While members who receive coverage at non-network dentists are covered at the same benefit level as those who see Delta Dental network dentists, coverage at non-network dentists is subject to the maximum amount payable (MAP), which is the maximum amount Delta Dental will pay for a given procedure. If you receive care from a non-network dentist who charges more than the MAP, you'll be responsible for the additional amount. Delta Dental network dentists agree not to charge more than the MAP.

******Coverage for cleaning is limited to one prophylaxis or one periodontal maintenance procedure per 12 months (not both).

*******Reimbursement for posterior composites under basic restorative coverage is alternated to amalgams.

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 Dental Benefit Policy

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

The Dental Benefit 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 Web site, www.deltadentalnc.org.

You will receive the Dental Benefit 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. We will then promptly refund your paid premium minus any claims that may have been paid. You will not be eligible to re-enroll for two years.

Find out if your dentist is part of our network

Call toll-free **866-280-8379** or visit www.deltadentalnc.org and click on *Dentist Search*.

Delta Dental of North Carolina
343 E. Six Forks Road,
Suite 180
Raleigh, NC 27609
Toll-free: 866.280.8379

Delta Dental Premier for Individuals – Summary of key exclusions and limitations

Please refer to your Dental Benefit Policy for complete exclusions, limitations and coverage details.
The Dental Benefit Policy prevails if discrepancies are noted between this brochure and the Dental Benefit Policy.

Exclusions

Coverage is NOT provided for:

- Dental services that a Covered Person would be entitled to receive for a nominal charge or without charge if this Policy were not in force under any Federal Medicare program, or Federal Veteran's Administration program. Dental services or health care services not specifically covered under this Policy.
- New, experimental or investigational dental techniques or services.
- Dental services performed for cosmetic purposes. Dental services completed prior to the person's coverage date.
- Services of anesthesiologists.
- Anesthesia Services, except by a Dentist or by an employee of the Dentist, certified in their profession to provide anesthesia services, in his or her office.
- Deep sedation/general anesthesia, analgesia, analgesic agents, anxiolysis nitrous oxide, therapeutic drug injections, medicines, or drugs.
- Services performed other than by a licensed dentist, licensed physician, his or her employees.
- Dental services, appliances or restorations that are necessary to alter, restore or maintain occlusion.
- Artificial material implanted or grafted into or onto bone or soft tissue, including but not limited to implant services.
- Services or supplies that have the primary purpose of improving the appearance of your teeth. Orthodontic treatment services.
- Case presentations, office visits and consultations.
- Incomplete, interim or temporary services.
- Athletic mouth guards, enamel microabrasion and odontoplasty.
- Treatment to correct or relieve the results of treatment previously benefited under this Policy.
- Procedures to enable prosthetic or restorative services to be performed such as a crown lengthening.
- Bacteriologic tests.
- Cytology sample collection.
- Separate services billed when they are an inherent component of a Dental Service where the benefit is reimbursed at an Allowed Amount.
- Pediatric removable or fixed prosthetic appliances (dentures, partials or bridges).
- Interim or temporary removable or fixed prosthetic appliances (dentures, partials or bridges).
- Services for the replacement of an existing partial denture with a bridge.
- Additional, elective or enhanced prosthodontic procedures.
- Provisional splinting, temporary procedures or interim stabilization.
- Placement or removal of sedative filling, base or liner used under a restoration.
- Services or supplies that are medical in nature.
- Oral hygiene instruction.
- Restorative cast post/core or core build-up, including pins and posts.
- Occlusal procedures.
- Pulp vitality tests.
- Adjunctive diagnostic tests.
- Diagnostic casts.
- Incomplete root canals.
- Cone beam images.
- Anatomical crown exposure.
- Temporary anchorage devices.
- Sinus augmentation.
- Brush biopsy and the accession of a brush biopsy.
- Restorations placed for preventive or cosmetic purposes.
- Inlays, onlays and crowns placed for preventive or cosmetic purposes.
- Crowns and indirectly fabricated restorations (inlays and onlays) unless the tooth is damaged by decay or fracture with loss of tooth structure to the point it cannot be restored with an amalgam or resin restoration.
- 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

- **Optional Treatment Plans:** In all cases in which there are alternative treatment plans carrying different costs, the benefits payable here under will be made only for the applicable percentage of the least costly, commonly performed course of treatment.
- **Reconstructive Surgery:** Benefits shall be provided for reconstructive surgery when such dental procedure is incidental to or follows surgery resulting from injury, sickness or other diseases of the involved part, or when such dental procedure is performed on a covered dependent child because of congenital disease or anomaly which has resulted in a functional defect as determined by the attending physician, provided such services are dental reconstructive surgical services.
- Dental orthodontic services not related to the management of the congenital condition of cleft lip and cleft palate is not covered under this Dental Benefit Policy.

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, residency requirements or other reasons permitted by law.