

Plan Selected	NC - Plan AA #7779 Delta Dental PPO plus Premier			NC - Plan B #7776 Delta Dental PPO plus Premier			NC - Plan C #7777 Delta Dental PPO plus Premier			NC - Plan D #7778 Delta Dental PPO plus Premier		
	Delta Dental PPO	Delta Dental Premier / Nonpar	Covered Services	Delta Dental PPO	Delta Dental Premier / Nonpar	Covered Services	Delta Dental PPO	Delta Dental Premier / Nonpar	Covered Services	Delta Dental PPO	Delta Dental Premier / Nonpar	Covered Services
Non-EHB Benefits												
Diagnostic & Preventive Services	100%	80%	Exams, cleanings, fluoride, space maintainers, emergency palliative treatment, brush biopsy, and sealants	80%	80%	Exams, cleanings, fluoride, space maintainers, emergency palliative treatment, brush biopsy, sealants, and radiographs	100%	80%	Exams, cleanings, fluoride, space maintainers, emergency palliative treatment, brush biopsy, and sealants	50%	50%	Exams, cleanings, fluoride, space maintainers, emergency palliative treatment, brush biopsy, sealants, and radiographs
Basic Services	80%	60%	Radiographs, minor restorative services, periodontal maintenance, simple extractions, relines and repairs	60%	60%	Minor restorative services, periodontal maintenance, relines and repairs	80%	60%	Radiographs, minor restorative services, periodontal maintenance, simple extractions, relines and repairs	50%	50%	Minor restorative services, periodontal maintenance, simple extractions, relines and repairs
Major Services	50%	50%	Endodontics, periodontics, other oral surgery, other basic services, major restorative services, prosthodontics, and implants	40%	40%	Endodontics, periodontics, oral surgery, other basic services, major restorative services, prosthodontics, and implants	0%	0%	Endodontics, periodontics, other oral surgery, other basic services, major restorative services, prosthodontics, and implants	50%	50%	Endodontics, periodontics, other oral surgery, other basic services, major restorative services, prosthodontics, and implants
Maximum (per person, per calendar year)	\$1,000			\$1,000			\$1,000			\$1,000		
Deductible (per person/per family, per calendar year)	\$50/\$150 Applies to basic and major services			\$75/Unlimited Applies to basic and major services			\$75/Unlimited Applies to basic and major services			\$75/Unlimited Applies to all services		
Waiting Period	12 Months* Applies to major services			None			None			12 Months* Applies to major services		

Area 1 Counties: Alamance, Cabarrus, Cumberland, Durham, Forsyth, Guilford, Mecklenburg, Orange, Union, Wake									
	Standard Occupation	High-Risk Occupation	Standard Occupation	High-Risk Occupation	Standard Occupation	High-Risk Occupation	Standard Occupation	High-Risk Occupation	
Single	\$35.10	\$39.12	\$30.84	\$34.24	\$20.98	\$23.29	\$21.91	\$24.32	
Two Party	\$68.62	\$76.47	\$60.95	\$67.65	\$43.32	\$48.09	\$44.59	\$49.50	
Family	\$120.58	\$131.51	\$108.39	\$120.32	\$87.73	\$97.37	\$89.97	\$99.87	
Area 2 Counties: All other counties not in Area 1									
	Standard Occupation	High-Risk Occupation	Standard Occupation	High-Risk Occupation	Standard Occupation	High-Risk Occupation	Standard Occupation	High-Risk Occupation	
Single	\$30.61	\$34.12	\$27.38	\$30.39	\$18.26	\$20.28	\$19.48	\$21.64	
Two Party	\$59.55	\$66.38	\$53.72	\$59.63	\$37.45	\$41.57	\$39.29	\$43.61	
Family	\$108.14	\$114.51	\$96.38	\$103.76	\$68.46	\$73.51	\$72.17	\$77.64	

Rates do not include any applicable claims taxes.

Rates are for both Non-EHB plans and plans that require EHB benefits for members under age 19.

\*The waiting period can be waived for employees previously enrolled in an equivalent dental plan for the 12 months prior to the client's initial effective date. Proof of prior dental coverage is required with the new Client Information Form for clients who wish to have the waiting periods waived.

**High Risk Occupations:** \* Amusement/entertainment groups (amusement parks, casinos, movie theater, pool halls) \* Auto sales and service (new and used auto sales, car washes, repair shops) \* Bars/taverns \* Gas stations \* Health/sport/country clubs \* Hotels/motels \* Insurance agencies \* Janitorial services \* Laundry/dry cleaning \* Liquor stores \* Parking lot facilities \* Pawn shops/used merchandise stores \* Professional offices (doctors, lawyers, architects) \* Real estate agencies \* Religious organizations \* Restaurants \* Security guard services \* Studios (dance, theatrical groups, photography)

**Industries Not Eligible** (the following industry groups are not eligible for coverage, however they may be eligible for coverage through our individual product offerings. Contact your Delta Dental sales representative for more information): \* 1099 Contractors \* Beauty/barber shops \* Leased employees \* Private households \* Seasonal work (farming and agricultural labor)

Participation Requirements:										
Number Eligible:	2	3	4	5	6	7	8	9	10+	
Minimum Insured:	2	3	3	4	4	4	5	5	50%	

**NOTE:** Immediate family members must be enrolled on one application and count as one eligible member. At least 75 percent of the employees must be physically located in the state where the contract is held.

To enroll, complete the Client Information Form and return to your Account Manager at Delta Dental along with enrollment information and proof of prior dental coverage (if applicable) and first month's premium.

Client Information Form:

To download, visit the Producers section of our website at

[www.deltadentalnc.com](http://www.deltadentalnc.com)

Questions? Call us at 800-587-9514