



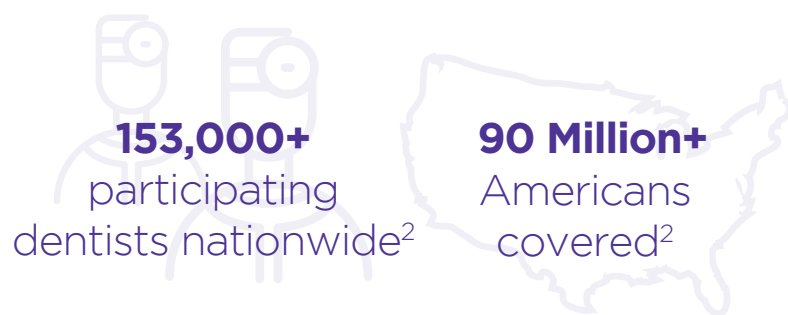
Individual & Family Dental Plans

2025 EHB-Certified

Delta Dental of North Carolina

Affordable oral health care for you and your family.

Delta Dental is the premier dental benefits provider locally and nationally. With the **largest network of dentists**¹, Delta Dental of North Carolina provides the **broadest access to the most affordable oral health care** to families and individual customers.



31% more in-network dentists in NC than our closest competitor²

COMMUNITY FOCUS

As a not-for-profit, a portion of our residual at the end of each year goes back into our communities. Our programs provide oral health services and education to underserved children and families across the state.



WHO IS ELIGIBLE?

Any North Carolina resident can enroll. Membership is open to all North Carolina residents and their eligible dependents. If you have been covered by a Delta Dental of North Carolina individual or family policy and drop coverage, you are not eligible to re-enroll for 12 months.

WHEN DOES MY COVERAGE BEGIN?

Your coverage begins on the first day of the month following the day we receive your application and initial premium. The initial coverage period is for 12 months and we guarantee not to change your premiums during the coverage period.

WHAT IS THE WAITING PERIOD?

Waiting periods for all plans are 6 months for basic services and 12 months for major services. There is no waiting period for preventive and diagnostic services. Waiting periods may be waived if you had qualifying dental coverage prior to enrolling.

To determine if waiting periods for your Delta Dental plan can be waived, submit documentation from your previous insurance carrier or your employer group administrator, stating the coverage period (effective date and termination date).

ORAL HEALTH'S IMPACT ON OVERALL HEALTH

Oral health has a direct impact on your overall health. **Routine dental exams can detect the first warning signs for 90% of all systemic diseases**, including heart disease, diabetes and even cancer³.

120 signs & symptoms of non-dental diseases can be detected through an oral exam⁴

1. Delta Dental Internal Data, 2024.
2. Netminder Report, October 2024.
3. Academy of General Dentistry, "Dental Care and Oral Health Information You Need," web.
4. James W. Little et al., Dental Management of the Medically Compromised Patient (St. Louis: Mosby, 2012).

Choosing the plan that’s right for you and your family.

With Delta Dental of North Carolina’s individual and family plans, it’s easy to get the coverage you need to protect your health – and your wallet. Here are some things to consider when choosing your plan:

EVALUATE YOUR NEEDS

A single adult under the age of 30, with very good dental health and no history of oral disease, has very different dental benefit needs than an individual with a history of extensive oral health issues or even a family of four. Be sure to determine your specific dental needs when finding a plan that’s right for you.

UNDERSTANDING OUR DIFFERENT NETWORKS

Delta Dental PPO Network™
Lowest out-of-pocket costs

Delta Dental Premier Network®
Higher out-of-pocket costs than Delta Dental PPO™, but may be lower than a nonparticipating dentist

You are free to visit any licensed dentist, but if you visit an out-of-network dentist you may have the highest out-of-pocket costs.

4,000+ licensed dentists in North Carolina

DELTA DENTAL BENEFITS (For Individuals 19 Years Of Age Or Older)				
Network Type	Plan A Enhanced Delta Dental PPO Plus Premier	Plan A Standard Delta Dental PPO Plus Premier	Plan B Delta Dental PPO Standard	Plan C Delta Dental PPO Standard
Diagnostic and preventive services covered immediately				
Exams, Cleanings, Fluoride and Space Maintainers, Emergency Palliative Treatment and Radiographs (X-rays)	100%/90%	100%	100%	80%
Basic services covered after a six-month waiting period				
Relines and Repairs—To repair bridges, dentures and implants	80%/70%	80%	Not covered	Not covered
Minor Restorative—Crown repair and fillings	80%/70%	60%	70%	50%
Endodontics—Root canals	80%/70%	50%	Not covered	Not covered
Periodontics—Treatment of gum disease	80%/70%	50%	50%	Not covered
Oral Surgery—including extractions	80%/70%	50%	50%	Not covered
Major services covered after a 12-month waiting period				
Major Restorative—Crown and cast restorations	50%/40%	50%	Not covered	Not covered
Prosthodontics—Dentures and bridges (fixed and removable)	50%/40%	50%	Not covered	Not covered
Annual deductible and annual benefit maximum				
Annual Deductible—Per person/per family, per calendar year	\$50/\$150 basic and major services	\$75/\$225 all services	\$75/\$225 all services	\$50/\$150 all services
Annual Benefit Maximum—Per person per calendar year	\$1,000	\$1,000	\$1,000	\$500
EHB covered services for individuals under the age of 19* (There are no waiting periods and no annual or lifetime maximum payments)				
Exams, Cleanings, Fluoride, Space Maintainers, X-rays and Sealants	100%	100%	100%/80%	100%/80%
Emergency Palliative Treatment	100%	100%	100%	100%
Basic Services—Minor restorative, endodontic services, periodontic services, oral surgery, relines and repairs	80%/60%	80%/60%	50%/50%	50%/50%
Major Services—Major restorative, prosthodontic and medically necessary orthodontia (deductible waived)	50%/50%	50%/50%	50%/50%	50%/50%
Annual Deductible—Per person/per family, per calendar year	\$50/\$150	\$50/\$150	\$75/\$225	\$75/\$225

In-network out-of-pocket maximum for EHB-covered services—\$375 per benefit year if policy covers one individual under the age of 19, or \$750 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 home ZIP code)

Plan A Enhanced	ZIP code areas 270–274, 280–282		ZIP codes 275–277, 279		All other NC ZIP codes	
	Monthly	Annual	Monthly	Annual	Monthly	Annual
Subscriber	\$48.46	\$581.52	\$51.37	\$616.44	\$45.56	\$546.72
Subscriber +1	\$94.50	\$1,134.00	\$100.17	\$1,202.04	\$88.84	\$1,066.08
Family	\$157.50	\$1,890.00	\$166.95	\$2,003.40	\$148.07	\$1,776.84
Plan A Standard	Monthly	Annual	Monthly	Annual	Monthly	Annual
Subscriber	\$43.21	\$518.52	\$45.80	\$549.60	\$40.61	\$487.32
Subscriber +1	\$84.26	\$1,011.12	\$89.31	\$1,071.72	\$79.19	\$950.28
Family	\$140.43	\$1,685.16	\$148.85	\$1,786.20	\$131.98	\$1,583.76
Plan B	Monthly	Annual	Monthly	Annual	Monthly	Annual
Subscriber	\$28.47	\$341.65	\$30.19	\$362.28	\$26.76	\$321.12
Subscriber +1	\$55.52	\$666.24	\$58.87	\$706.44	\$52.18	\$626.16
Family	\$92.53	\$1,110.36	\$98.12	\$1,177.44	\$86.97	\$1,043.64
Plan C	Monthly	Annual	Monthly	Annual	Monthly	Annual
Subscriber	\$21.50	\$258.00	\$22.78	\$273.36	\$20.20	\$242.40
Subscriber +1	\$41.93	\$503.16	\$44.42	\$533.04	\$39.39	\$472.68
Family	\$69.88	\$838.56	\$74.04	\$888.48	\$65.65	\$787.80

Each plan includes the pediatric dental benefit as required by the Affordable Care Act. Rates are effective January 1, 2025 – December 31, 2025. 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.

FINDING A DENTIST

We are continuously adding dentists to our network. While you are free to visit any licensed dentist of your choice, remember that you will obtain the deepest discounts and least amount of out-of-pocket costs by choosing a dentist from the Delta Dental PPO™ network.

To find a participating dentist or to see if your current dentist is in our network, visit our website, **www.mysmilecoverage.com/nc**, call us toll-free at **800-971-4108**, or use our free mobile app for iPhone and Android.

CUSTOMER SERVICE

We make accessing your dental insurance easy. Our Member Portal is available 24/7 and allows you to make decisions in real-time online, or on your mobile device, and provides you access to your ID card.



READY TO ENROLL?

When you are ready to enroll in a plan, please call our toll free number 800-971-4108 or go to the enrollment website at **www.mysmilecoverage.com/nc**

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SUMMARY OF KEY EXCEPTIONS AND REDUCTIONS

Below is a partial list of services that are not covered under Delta Dental of North Carolina's Individual and Family Plans. Your coverage may be terminated by Delta Dental for failure to pay premiums when due, fraudulent statements on your application, among other reasons. You will be notified 30 days in advance of any change in coverage. Please review your Policy for complete information.

Refer to our website at **www.deltadentalnc.com/exceptionsandreductions** or your Policy (QINVD-100-Delta-2025-NC) for complete exclusions, limitations and coverage details.

The Policy prevails if discrepancies are noted between this brochure and the Policy.

- Services or supplies, as determined by Delta Dental, that are investigational in nature including services or supplies required to treat complications from investigational procedures
- Charges for failure to keep a scheduled visit with the Dentist, late payments, the completion of forms or submission of claims.
- Services or supplies, as determined by Delta Dental, which are not provided in accordance with generally accepted standards of dental practice.

Dental procedures performed solely for cosmetic or aesthetic reasons, except when dental procedures are performed in order to restore normal function to minor children with congenital or developmental malformations.

- Placement of dental implants and implant-supported abutments.
- Expenses for dental procedures begun prior to the member's eligibility with Delta Dental.
- Appliances, restorations, or services for the diagnosis or treatment of disturbances of the temporomandibular joint (TMJ).
- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any five year period.
- Composite resin (white) restorations are an optional service on posterior teeth and Delta Dental will pay only the applicable amount that it would have paid for an amalgam restoration.
- Preventive fluoride treatments are payable twice per calendar year for individuals age 18 and under.
- Orthodontic Services are payable for individuals age 18 and under in situations that are only deemed medically necessary.

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