

Indemnity Program

Non-network plan for groups of 5-99 eligible employees

We set the standard for service

- Groups appreciate having a strong plan administrator who pays more than 98% of claims in less than 10 business days – with better than 99% accuracy.

Watching out for your bottom line

- Our operating costs are among the industry's very lowest, so we're able to pass those savings on to our members.
- We offer groups the ability to lock in rates for 24 months as a simple, affordable way to ensure price predictability.

Custom programs for groups of 100+

- If your group has 100 or more employees, we will tailor a dental benefits program that meets your specific needs.

Your hometown team for more than 30 years

For more information, contact your broker or call our Delta Dental ConnectSM team at **1-888-332-4617**, or visit **www.deltadentalnc.org**.



Our Indemnity program features affordable, easy-to-understand benefits that apply when members visit any licensed dentist nationwide.

Benefits overview

- Freedom to see any dentist
- 100% coverage for preventive care
- Strong coverage for basic and major services
- Optional **Escalating MaximumSM** – allows the plan's annual maximum to grow by \$200 each year, from \$1,000 to \$2,000
- Optional **Lifetime Deductible** – once the member satisfies the deductible, they never pay it again as long as they remain in the plan as a member of the group
- Optional orthodontic coverage
- Worldwide emergency coverage automatically included
- 24-month rate lock available
- Offered on an employer-paid or voluntary basis

INDEMNITY PROGRAM

SERVICE	DESCRIPTION	BENEFIT										
Diagnostic and Preventive Services	Oral evaluations/checkups, bitewing X-rays, dental cleanings, fluoride treatments	100%										
Basic Services	<p>Miscellaneous X-Rays: Full mouth/complete series or panoramic X-rays, periapical X-rays, occlusal X-rays</p> <p>Basic Restorative Care and Services: Amalgam (silver) fillings, anterior composites, sealants, space maintainers, palliative treatment for emergencies</p> <p>Basic Oral Surgery Services: Basic extraction of erupted tooth or exposed root</p> <p>Complex Surgical Procedures: Impacted tooth, bony impaction, alveoplasty, vestibuloplasty, frenulectomy, tooth reimplantation</p> <p>Adjunctive General Services: Intravenous conscious and IV sedation with complex surgical services</p>	<p>80%</p> <p>80%</p> <p>80%</p> <p>80%</p> <p>80%</p>										
Option to cover these services as basic or major	<p>Basic Endodontic Therapy: Pulpal therapy, root canal therapy, pulpotomy</p> <p>Complex Endodontic Services: Hemisection, apicoectomy</p> <p>Basic Periodontal Services: Non-surgical periodontal care</p> <p>Complex Surgical Periodontal Care: Surgical periodontal care</p>	<table border="1"> <thead> <tr> <th style="text-align: center;">Covered as Basic</th> <th style="text-align: center;">Covered as Major</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">80%</td> <td style="text-align: center;">50%</td> </tr> <tr> <td style="text-align: center;">80%</td> <td style="text-align: center;">50%</td> </tr> <tr> <td style="text-align: center;">80%</td> <td style="text-align: center;">50%</td> </tr> <tr> <td style="text-align: center;">80%</td> <td style="text-align: center;">50%</td> </tr> </tbody> </table>	Covered as Basic	Covered as Major	80%	50%	80%	50%	80%	50%	80%	50%
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Major Restorative Services	Posterior composite resins, onlays	50%										
Employer-paid plans— No waiting period	Inlays	Optional†										
Voluntary plans— 12-month waiting period*	Crowns and crown repairs	50%										
	Restorative cast post and core buildup, including pins and posts for crown	50%										
Prosthetic Services	Removable prosthetic services – dentures and partials	50%										
Employer-paid plans— No waiting period	Fixed prosthetic services – bridges	50%										
Voluntary plans— 12-month waiting period*	Restorative cast post and core buildup, including pins and posts for bridge	50%										
	Repairs – removable and fixed prosthetic services	50%										
Optional Orthodontic Coverage	A minimum of 10 enrolled employees required. Available only for dependent children, age 8 through 18.	50% \$1,000 lifetime maximum										
Deductible	Per person, per calendar year – <i>Applies to all services except orthodontics.</i>	\$25 or \$50										
	Optional per person Lifetime Deductible (only available on employer-paid plans) – <i>Applies to all services except orthodontics.</i>	\$100										
Annual Plan Maximum	Standard annual plan maximum.	\$500, \$750 or \$1,000										
Per Person/Per Calendar Year	Escalating Maximum SM option (only available on employer-paid plans) – Annual plan maximum starts at \$1,000 and escalates each calendar year by \$200 until it reaches \$2,000 in year 6.	\$1,000 → \$2,000										

†Optional Treatment: Plan member receives the amalgam benefit for the least costly, commonly performed course of treatment. The plan member is responsible for the balance of the treatment cost.
* Waiting period may be waived for prior comparable coverage.