



P.O. Box 30416
Lansing, MI 48909-7916

<https://www.DeltaDentalNC.com>

March 1, 2021

Mr. Christopher Pierce
Pierce Group Benefits
4928 Linksland Dr Ste 201
Holly Springs, NC 27540-7455

Dear Mr. Pierce,

Thank you for your continued support of Delta Dental. We value our relationship with you and your clients, and we appreciate your business. Please find enclosed a copy of the contract effective July 1, 2020 between Delta Dental and Stanly County Schools, Client Number 0388-0005.

Please review this contract with your client and return the signed contract to Delta Dental at your earliest convenience. If you have any questions or concerns, please contact me at (919) 863-0188. The signed contract may be sent to my attention at:

Delta Dental
Attn: Lucy B Spencer
4242 Six Forks Road, Suite 970
Raleigh, NC 27609

If we are not in receipt of the signed contract by the effective date, we will consider remittance of payment as acceptance of the contract, and we will begin administering the client's dental benefits accordingly. By permitting us to do so, your client accepts the terms of this contract in full and agrees that this contract is binding, even if you do not return a signed copy of the contract to us.

Again, thank you for your business. We look forward to providing your client with the best dental benefits programs and services available.

Sincerely,

A handwritten signature in cursive script that reads 'Lucy B Spencer'.

Lucy B Spencer
Client Manager

CC: Ms. Kim Thompson



P.O. Box 30416
Lansing, MI 48909-7916

Ms. Kim Thompson
Stanly County Schools
1000 N 1st St
Suite 4
Albemarle, NC 28001-2833



Delta Dental of North Carolina

Delta Dental Contract For Stanly County Schools

This revised ("Contract") is entered into by and between Stanly County Schools (the "Contractor") and Delta Dental of North Carolina, a North Carolina non-profit corporation ("Delta Dental"). This is a legally binding contract between the Contractor and Delta Dental and is effective on July 1, 2020, the ("Effective Date"), replacing any previous Declarations, Section I, with the balance of such Contract continued as if fully set forth herein.

SECTION I - DECLARATIONS

The Benefits afforded are only with respect to such benefits as are indicated in this Contract, including the Summary of Dental Plan Benefits. Delta Dental's liability is limited to the Benefits stated herein; subject to all the terms of this Contract having reference thereto. This Declarations Section and the Summary of Dental Plan Benefits supersedes any contrary provision contained in subsequent sections of this Contract.

- A. **Effective Date:** 12:01 A.M. Standard Time, July 1, 2020
- B. **First Renewal Date:** July 1, 2022
- C. **Client Number:** 0388-0005
- D. **Rate(s):**
See Addendum

DELTA DENTAL OF NORTH CAROLINA

BY: 
President and CEO

DATE: March 1, 2021

CONTRACTOR

BY: _____
(Authorized Signature)

(Title)

BY: _____
(Witnessed By)

(Title)

DATE: _____

THIS IS A LEGAL CONTRACT. Please read it carefully.

Important Cancellation Information

Please read the provision entitled "Term and Termination" found on page 6.

ADDENDUM

Stanly County Schools
0388-0005
July 1, 2020

D. Rate(s):

July 1, 2020 through August 31, 2020

Enrollee only - \$0.00 per month per Enrollee

Enrollee and spouse - \$0.00 per month per Enrollee

Enrollee and children - \$0.00 per month per Enrollee

Enrollee, spouse and child(ren) - \$0.00 per month per Enrollee

September 1, 2020 through June 30, 2021

Enrollee only - \$42.56 per month per Enrollee

Enrollee and spouse - \$70.57 per month per Enrollee

Enrollee and child(ren) - \$95.66 per month per Enrollee

Enrollee, spouse and child(ren) - \$131.10 per month per Enrollee

July 1, 2021 through August 31, 2021

Enrollee only - \$0.00 per month per Enrollee

Enrollee and spouse - \$0.00 per month per Enrollee

Enrollee and children - \$0.00 per month per Enrollee

Enrollee, spouse and child(ren) - \$0.00 per month per Enrollee

September 1, 2021 through June 30, 2022

Enrollee only - \$42.56 per month per Enrollee

Enrollee and spouse - \$70.57 per month per Enrollee

Enrollee and child(ren) - \$95.66 per month per Enrollee

Enrollee, spouse and child(ren) - \$131.10 per month per Enrollee

These rates are contingent upon the enrollment of a minimum of 75 percent of the eligible members of the defined group and their eligible dependents with 50 percent of the cost paid by the Contractor. Rates do not include any applicable claims taxes.

These rates assume that claims from nonparticipating dentists outside of North Carolina will be paid using our national Table 50.



Delta Dental PPO plus Premier™
Summary of Dental Plan Benefits
For Group# 0388-0005
Stanly County Schools

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's Maximum Approved Fee for each service and it may vary due to the Dentist's network participation.*

Control Plan – Delta Dental of North Carolina

Benefit Year – July 1 through June 30

Covered Services –

	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment – to temporarily relieve pain	100%	100%	100%
Sealants – to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%
Radiographs – X-rays	100%	100%	100%
Periodontal Maintenance – cleanings following periodontal therapy	100%	100%	100%
Basic Services			
Minor Restorative Services – fillings and crown repair	80%	80%	80%
Oral Surgery Services – extractions and dental surgery	80%	80%	80%
Other Basic Services – misc. services	80%	80%	80%
Major Services			
Endodontic Services – root canals	50%	50%	50%
Periodontic Services – to treat gum disease	50%	50%	50%
Major Restorative Services – crowns	50%	50%	50%
Relines and Repairs – to bridges, implants, and dentures	50%	50%	50%
Prosthodontic Services – bridges, implants, dentures, and crowns over implants	50%	50%	50%

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This Nonparticipating Dentist Fee may be less than what your dentist charges, which means that you will be responsible for the difference.

The explanation and sample calculation of how these services will be paid can be found in Section VI - How Payment is Made in your Certificate.

- Oral exams (including evaluations by a specialist) are payable twice per benefit year.
- Prophylaxes (cleanings) are payable twice per benefit year. Full mouth debridement is payable once per lifetime.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.
- Fluoride treatments are payable twice per benefit year for people age 18 and under.
- Bitewing X-rays are payable once per Benefit Year and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Sealants are payable once per tooth per lifetime for first and second permanent molars for people age 15 and under. The surface must be free from decay and restorations.
- Composite resin (white) restorations are payable on posterior teeth.

- Porcelain and resin facings on crowns are payable on posterior teeth.
- Vestibuloplasty is a Covered Service.
- Full and partial dentures are payable once in any five-year period. Reline and rebase of dentures are payable once in any two-year period.
- Implants are payable once per tooth in any five-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are Covered Services.

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our Web site or contact your benefits representative to get a copy of our Passport Dental information sheet.

Maximum Payment – \$2,500 per person total per Benefit Year on all services.

Deductible – \$50 Deductible per person total per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, X-rays, sealants, brush biopsy, and periodontal maintenance.

Waiting Period – Employees who are eligible for dental benefits are covered 30 days following the date of hire.

Eligible People – All active employees of the Contractor working at least 30 hours per week who choose the dental plan (0005) and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees. The Contractor and Subscriber share the cost of this plan.

Also eligible are your Spouse and your Children to the end of the month in which they turn 26, including your Children who are married, who no longer live with you, who are not your Dependents for Federal income tax purposes, and/or who are not permanently disabled. Also eligible is your domestic partner, as defined by the contractor. Enrollees and dependents choosing this dental plan are required to remain enrolled for a minimum of 12 months. Should an Enrollee or Dependent choose to drop coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may only enroll if the Enrollee is enrolled (except under COBRA) and must be enrolled in the same plan as the Enrollee. An election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled together on one application or separately on individual applications, but not both. Your Dependent Children may only be enrolled on one application. Delta Dental will not coordinate Benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Enrollees under This Plan.

Benefits will cease on the last day of the month in which the employee is terminated.