

**This benefit does not require annual re-enrollment.**

# Dental



## WHY YOU SHOULD CONSIDER DENTAL COVERAGE

Proper dental care can help you keep your teeth and mouth healthy. It can also help you avoid certain medical conditions, such as heart disease, stroke, diabetes, respiratory disease, and preterm births. That is why it is so important to have a dental plan that covers both preventive and non-preventive care. Enrollment in the NCFlex pre-tax dental plan can help you care for your smile and your body.

## AFFORDABLE PLAN OPTIONS

The NCFlex program offers both a Low and High Option plan. The monthly premiums for both plans are deducted on a pre-tax basis, which means either option offers you tax savings not available on after-tax plans. Both options make it easy for everyone to meet their coverage needs and budget needs, whether transferring from an after-tax plan or choosing dental for the first time. Each option allows you to select a dentist of your choice.

## ENROLLING IN NCFLEX DENTAL

If you are currently enrolled in NCFlex dental, you are not required to re-enroll. The NCFlex pre-tax dental plans are administered by United Concordia, a national dental insurer with nearly 40 years of dental experience. **Your current dental plan election will carry over, unless you make a change during annual enrollment.**

To avoid waiting periods for dental services, it is important for you to enroll in NCFlex dental when first eligible — within 30 days of your employment date. Changing a dental benefit election at annual enrollment or enrolling after 30 days from your employment date **as a result of a qualifying life event**, may subject you and your dependents to waiting periods. Refer to the “Benefit Waiting Period” chart within this section.

## CHANGING DENTAL PLAN OPTIONS

Once you select your dental plan option, you must keep that option for the entire plan year even if you have a qualified life event. You may change your dental option during the annual enrollment period only (for example, Low Option to High Option or High Option to Low Option); however, waiting periods may apply. The “Benefit Waiting Period” chart in this section provides information on how the waiting period impacts the date benefits are payable for each type of service.

**The Dental Plan is administered by United Concordia and underwritten by United Concordia Life and Health Insurance Company. For information regarding claim payment, refer to the Certificate of Coverage found at [www.ncflex.org](http://www.ncflex.org).**

## COST



Your cost per month for the dental plan High and Low Options are as follows:

Rate Tier*	High Option	Low Option
Employee Only	\$ 36.30	\$ 20.72
Employee and Spouse	\$ 72.82	\$ 41.78
Employee and One Child	\$ 69.86	\$ 40.10
Employee and Two or More Children	\$ 88.30	\$ 51.08
Family	\$128.56	\$ 71.52
<b>*Rates are guaranteed until December 31, 2011</b>		

## FREEDOM TO ROLLOVER

During annual enrollment, take advantage of the freedom to participate in the NCFlex pre-tax dental plan options with full credit toward waiting periods, if:

- you and/or your dependents are currently enrolled in an after-tax dental plan sponsored by a State of North Carolina agency, university or select community college and your coverage has been continued on the after-tax dental plan through 12/31/09; **– or –**
- you and your dependents have been continuously covered under your spouse’s employer-sponsored plan. Credit toward waiting periods will be considered upon receipt of benefit plan summary documentation showing comparable continual coverage until the date of application for NCFlex dental. Plan comparisons will be reviewed to determine waiting period credit. Without required documentation, waiting periods will apply. Refer to the “Benefit Waiting Period” chart in this section.

The specific services for which benefit waiting periods are waived depends on the type of coverage you had under the after-tax plan. Refer to the “Benefit Waiting Period” chart in this section.

## COORDINATION WITH THE HEALTH CARE FLEXIBLE SPENDING ACCOUNT (HCFSAs)

Out-of-pocket dental expenses for you and your eligible dependents can be submitted to your HCFSAs, whether you are covered under a dental plan and are paying your applicable coinsurances or you have chosen not to have a dental plan and are paying the dentist’s full fee. Refer to page 7 of this guide for more information.

## SUMMARY OF BENEFITS

**Important Note:** The following is only a partial listing of services covered under your plan, and payments for services are subject to maximum amounts allowed by the plan. **Complete details can be found in your Certificate of Coverage.**

BENEFIT CATEGORY	High Option Plan Pays	Low Option Plan Pays
<b>Type I—Diagnostic and Preventive</b>		
Oral Examinations (2 per calendar year) Cleanings (2 per calendar year) X-rays (bitewing x-rays – 2 per calendar year; 1 full mouth radiograph series or panoramic series – every 3 years) Topical Fluoride (2 per calendar year under age 19) Sealants for First and Second Molars (under age 16) Space Maintainers (under age 19)	100%	
<b>Type II—Basic Services</b>		
Fillings (amalgam, synthetic or composite; replacements limited to once every 12 months) Simple Extractions Endodontics (root canal treatment) General Anesthesia Oral Surgery (wisdom teeth extractions) Recement Crowns, Inlays, Bridges Repair of Removable Dentures Periodontal Services (gingivectomy, gingivoplasty, osseous surgery, scaling and root planing) Periodontal Maintenance after Therapy (2 per consecutive 12 months)	80%	50%
<b>Type III—Major Services (Not covered under the Low Option plan; supporting documentation may be required)</b>		
Crowns, including Single Implant Crowns (replacements limited to every 5 years; not eligible for dependent children under age 14) Dentures (replacements limited to every 5 years) Bridges (replacements limited to every 5 years) Fixed Bridge Repairs Denture Adjustments/Relining (within 6 months of initial denture placement)	50%	Not Applicable
<b>Type IV—Orthodontics (Not covered under the Low Option plan)</b>		
Dependent children, up to age 19, participating in the High Option plan are eligible for orthodontic benefits. Benefits are payable for treatment plans that begin after the benefits waiting period, if applicable, is completed.	50%	Not Applicable
<b>Maximums/Deductibles</b>		
Calendar Year Maximum (per covered person; excludes orthodontic services under the High Option)	\$1,250	\$1,000
Lifetime Orthodontic Maximum (per covered person) <b>For orthodontic work in progress, the lifetime maximum will include any reimbursement received from the prior carrier.</b>	\$1,500	N/A
Calendar Year Deductible (per person/per family)	\$50/\$150 for Types II and III only	\$25/\$75 for Types I and II

## ELIGIBLE DEPENDENTS

**Eligible dependents include your spouse or unmarried dependent child(ren) up to age 19, or if enrolled as a full-time student up to age 26. A Dependent Certification Form verifying the full-time student status of eligible dependents must be filed annually with United Concordia in order for claims to be processed. Please note, for orthodontia expenses, dependent children are covered up to age 19. For more information on dependent eligibility, refer to the “Dependent Eligibility” section.**

## CLAIMS SUBMISSION

Dentists are not required to file claims on your behalf; however, many dentists will submit claims for you. It is also possible you may have to complete and submit your own claims. Claim forms are available on the NCFlex website at [www.ncflex.org](http://www.ncflex.org).

## PRE-ESTIMATE OF BENEFITS

If the estimated charges for a particular dental service are expected to be \$300 or more, United Concordia encourages you to request a pre-estimate. To request a pre-estimate, just ask your dental provider to submit the proposed treatment plan, applicable x-rays and estimated charges to United Concordia **before the work begins**. This provides an opportunity for you, your dentist and United Concordia to review the proposed course of treatment and estimated fees.

## IMPORTANT NOTE

**Claims must be filed and received by the dental plan within 365 days from the date of service.**

## NEED MORE INFORMATION?

On the NCFlex website, [www.ncflex.org](http://www.ncflex.org), you can:

- Review additional details on claim submission and requirements in the **Dental Claims Processing Guide**
- Find answers to frequently asked questions on your dental benefits in the **General Benefits** section

Visit the United Concordia website at [www.unitedconcordia.com](http://www.unitedconcordia.com) and...

- Choose **My Dental Benefits** to access dental benefits information, including eligibility, claim status, payment detail, and student certification form; find dental health information; and sign up for paperless explanation of benefits (EOBs).
- Click on the **Clients’ Corner** tab and search for State of North Carolina to view your Clients’ Corner page. There you can access benefits information, review frequently asked questions, and more.

Call Customer Service at **1-800-291-8039** to speak with a representative from 8 a.m. to 8 p.m., Monday–Friday, or to use our 24/7 automated system.

## EXCLUSIONS AND LIMITATIONS

This is a partial listing of the exclusions listed with the plan policy. Please refer to your plan certificate for a complete listing. If there are any discrepancies, the plan policy certificate and/or contract shall govern. The policy will not pay for the following dental expenses and services:

- crowns, inlays, cast restorations or other laboratory-prepared restorations on a tooth that is not extensively decayed and/or has a complete cusp fracture and can successfully be restored with an amalgam or composite resin filling;
- procedures, services or supplies which: (a) are not included in the policy’s list of covered dental services; or (b) have been rendered before the insured’s insurance begins; or (c) have been rendered before any applicable waiting period has been served; or (d) have been rendered after the insured’s insurance ends, except as defined under the plan policy;
- any procedure, service or appliance which relates to: (a) the change in bite; or (b) the alteration of the bite with the exception of periodontal surgery; or (c) bite registration; or (d) bite analysis; or (e) occlusal guard;
- dental implants (single implant crowns are covered under the High Option plan); pulp caps; adult fluoride treatments; athletic mouth guards; replacement of lost or stolen appliances; myofunctional therapy; infection control; oral hygiene instruction; separate charges for acid etch; treatment of jaw fractures; orthognathic surgery; personal supplies; broken appointments; completion of claim forms; exams required by a third party; travel time; transportation costs; professional advice given on the phone;
- chemotherapeutic agents that are provided on the same day or within 45 days following periodontal scaling or root planing or periodontal surgical procedures;
- procedures, services or supplies which do not have a reasonably favorable prognosis, as determined by us;
- any procedure, service or supply provided primarily for cosmetic purposes;
- services or supplies received as a result of disease, defect or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or committing or attempting to commit an assault or felony; or
- treatment performed outside of the United States of America, other than emergency treatment. However, for such emergency treatment, the maximum allowable charge shall not exceed the plan’s allowable charge.

## WAITING PERIODS

The benefit waiting period refers to the amount of time the employee or dependent must be covered by the plan or a qualified after-tax plan (see chart below) before specified benefits are payable. The plan will not pay for (and covered dental services do not include) charges incurred by the insured individual or dependent before the completion of the benefit waiting period.

## BENEFIT WAITING PERIOD

**Important Note:** The waiting periods outlined below apply to covered services under each plan type. Please see Summary of Benefits or Certificate of Coverage for details.

### Enrolling as a New Hire

Employee Status	2010 NCFlex Plan	Waiting Period
Enrollment must be within 30 days of hire	High Option	12-month waiting period for Type IV (Orthodontic) services*
	Low Option	No waiting period for covered services

### Enrolling from an After-Tax, State-Sponsored Dental Plan\*\*

State Plan	2010 NCFlex Plan	Waiting Period
High/Low Option	Low Option	No waiting period for covered services
High Option with orthodontic benefit**	High Option	No waiting period for covered services
High Option without orthodontic benefit**	High Option	12-month waiting period for Type IV (Orthodontic) services*
Low Option	High Option	12-month waiting period for Type III (Major) and Type IV (Orthodontic) services*

### Changing an NCFlex Dental Election at Annual Enrollment

Current NCFlex Plan	2010 NCFlex Plan	Waiting Period
Low Option	High Option	12-month waiting period for Type III (Major) and Type IV (Orthodontic) services*
High Option	Low Option	No waiting period for covered services

### Enrolling in NCFlex Dental after 30 Days from Employment Date (Qualifying Event or Annual Enrollment)

Current Status	2010 NCFlex Plan	Waiting Period
Not enrolled in any dental option prior to January 1, 2010	High Option	12-month waiting period for Type II (Basic), Type III (Major) and Type IV (Orthodontic) services*
	Low Option	12-month waiting period for Type II (Basic) services
Covered under spouse's employer-sponsored plan	Credit toward waiting periods will be considered upon receipt of benefit plan summary documentation showing <b>comparable</b> continual coverage until the date of application for NCFlex dental. Plan comparisons will be reviewed to determine waiting period credit. Without required documentation, waiting periods will apply as follows:	
	High Option	12-month waiting period for Type II (Basic), Type III (Major) and Type IV (Orthodontic) services*
	Low Option	12-month waiting period for Type II (Basic) services

\*Dependent children, up to age 19, participating in the High Option plan are eligible for orthodontic benefits. Benefits are payable for treatment plans which begin after the benefit waiting period is completed. For orthodontic work in process, the lifetime maximum will include any reimbursement received from the prior carrier.

\*\* An after-tax dental plan must be sponsored by a State of North Carolina agency, university or select community college.