

Dental

This benefit does not require annual enrollment

Why You Should Consider Dental Coverage

Proper dental care can help you keep your teeth and mouth healthy. It may also be able to 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

When enrolling for the NCFlex dental plan, you can choose from either the High Option Plan or the Low Option Plan. This gives you the flexibility to choose the plan that's right for both your dental health needs and your budget.

With either plan option, you can visit a network or a non-network dentist and get the same amount of coverage, but you can save more money by visiting a Concordia Advantage Plus network dentist. That's because United Concordia's network dentists have agreed to provide services at rates that offer significant savings to you. Please see the "Summary of Benefits" section on page 16 to review the services covered under each plan.

Enrolling in an NCFlex Dental Plan

If you are currently enrolled in NCFlex dental, you are not required to re-enroll. **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 Periods" chart on page 17.

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 Periods" chart on page 17 provides information on how the waiting period affects 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.

Monthly Cost

Rate Tier	High Option	Low Option
Employee Only	\$ 37.40	\$ 21.34
Employee and Spouse	\$ 75.00	\$ 43.04
Employee and One Child	\$ 71.96	\$ 41.30
Employee and Two or More Children	\$ 90.96	\$ 52.62
Family	\$ 132.42	\$ 73.68

Dental Claims Processing

United Concordia encourages you to discuss your treatment plan with your provider and submit a pre-estimate before the **work begins** if the estimated charge for a particular dental service is expected to be \$300 or more.

To submit a pre-estimate, just ask your dentist to submit the proposed treatment plan, applicable x-rays, supporting documents and estimated charges to United Concordia. This provides an opportunity for you, your dentist and United Concordia to review the proposed course of treatment and estimated fees.

In addition, certain procedures require supporting documentation of clinical evidence for approval. (Refer to the "Summary of Benefits" on page 16.) *The Dental Claims Processing Guide* contains complete details regarding required supporting documents for claim processing. **Important Note: Claims must be filed and received by the dental plan within 365 days from the date of service.**

Need More Information?





Visit...	And look under...	To find...
www.ncflex.org	Forms	<i>Dental Claims Processing Guide</i>
	General Benefits	Frequently Asked Questions
www.unitedconcordia.com	Members, then Clients' Corner	<ul style="list-style-type: none"> My Dental Benefits (benefits information, claims history, etc.) <i>Dental Claims Processing Guide</i> Frequently Asked Questions A network dentist search tool

Or 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. Your 12-digit ID number found on your ID card must be used when accessing the 24/7 automated system.

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Summary of Benefits

Important Note: This is only a summary of the benefit plan. You may review and/or obtain a copy of the Certificate of Coverage by selecting “Certificates” under the “General Benefits Info” tab on www.ncflex.org. You may register on *My Dental Benefits* at www.unitedconcordia.com to get information about what is and is not covered on your plan. Payments for services are subject to **maximum amounts allowed** by the plan.

Benefit Category	High Option Plan Pays	Low Option Plan Pays
Type I — Diagnostic and Preventive		
Oral Examinations (2 per calendar year)	 100% High Option Plan includes Preventive Incentive feature—all Type I services are excluded from your annual maximum, leaving you with more benefit dollars to use for other covered services.	100%
Cleanings (2 per calendar year)		
X-rays (bitewing x-rays — 1 per calendar year; full-mouth radiograph series or panoramic series — 1 every 5 years)		
Topical Fluoride (2 per calendar year under age 19)		
Sealants for Permanent First and Second Molars (under age 16; see Certificate for frequencies)		
Space Maintainers (under age 19)		
Type II — Basic Services (Supporting documentation required for Periodontal Services*)		
 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	80%	50%
Periodontal Services* (gingivectomy, gingivoplasty, osseous surgery, scaling and root planing)	50%	
Periodontal Maintenance after Therapy* (2 per consecutive 12 months)	50%	
Type III—Major Services (Not covered under the Low Option Plan; supporting documentation is required)		
 Crowns, including Single Implant Crowns* (not eligible for dependent children under age 14; replacements limited to every 7 years. Single prosthetic procedures are considered completed on the date they are inserted, not the date of impression.) 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 Covered
 Implants*		
Type IV — Orthodontics (Not covered under the Low Option Plan)		
Dependent children, up to age 19, participating in the High Option Plan are eligible for orthodontic benefits. Orthodontic treatment in progress (treatment plans not started under the United Concordia plan or started when a member was establishing a waiting period) will be prorated based on the date the benefit is eligible on the United Concordia plan.	50%	Not Covered
Maximums/Deductibles		
Calendar-Year Maximum (per covered person; excludes orthodontic services under the High Option Plan)	\$1,250	\$1,000
Lifetime Orthodontic Maximum (per covered person) The lifetime maximum will include any reimbursement received from the prior carrier or the cost of services rendered before waiting period ends.	\$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

*These services require supporting documentation of clinical evidence. Complete details regarding required supporting documents for claim processing are in the *Dental Claims Processing Guide*. You may review and/or obtain a copy of this guide by visiting the “Forms” section at www.ncflex.org or visiting the State of North Carolina Clients’ Corner page at the United Concordia website, www.unitedconcordia.com, under the “Members” section.

Benefit Waiting Periods

Important Note: 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 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. If orthodontic work is started before the waiting period is complete, benefits payable after the waiting period is complete will be prorated. The waiting periods outlined below apply to covered services under each plan type. Please see the Summary of Benefits or Certificate of Coverage for details.

Enrolling for the First Time

Employee Status	2012 NCFlex Plan	Waiting Period
New Hire (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
Not enrolled in any dental option prior to January 1, 2012	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

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

State Plan	2012 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	2012 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/Changing an NCFlex Dental Election Due to a Qualifying Life Event

Current Status	2012 NCFlex Plan	Waiting Period
Covered under spouse's employer-sponsored plan	Credit toward waiting periods will be awarded upon receipt of documentation showing continual coverage. 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
Covered under NCFlex plan and need to add dependents	High Option	Waiting periods for dependents match remaining waiting periods applicable to member at time of addition of dependents
	Low Option	

*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. Orthodontic treatment in progress (treatment plans not started under the United Concordia plan or started when a member was establishing a waiting period) will be prorated based on the date the benefit is eligible in the United Concordia plan. 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.

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;
- 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. For such emergency treatment, the maximum allowable charge shall not exceed the plan's allowable charge.

Review your Certificate or register on My Dental Benefits for a complete overview of your benefit exclusions, limitations and frequencies.