

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 may also be able to help you avoid certain medical conditions, such as heart disease, stroke, diabetes, respiratory disease and pre-term 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 you to meet your 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 affects the date benefits are payable for each type of service.

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

FREEDOM TO ROLLOVER

Take advantage of the freedom to participate in NCFlex pre-tax dental plan options with credit towards waiting periods during annual enrollment or as a result of a qualified life event, 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 12/31/10;
– 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 any waiting period credit. Until required documentation is received and the review process is completed, benefits will default to the waiting periods as defined in the “Benefit Waiting Period” chart in this section.

The specific services for which benefit waiting periods are waived depend 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 (HCFS)

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, you can set aside money from your pay on a pre-tax basis and be reimbursed for eligible out-of-pocket expenses under the HCFS. See page 8 for more information.

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.

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) 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 Permanent First and Second Molars (under age 16) Space Maintainers (under age 19)	100%	
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) Recent 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%
Type III—Major Services (Not covered under the Low Option plan; supporting documentation is required *)		
Crowns, including Single Implant Crowns* (replacements limited to every 5 years; not eligible for dependent children under age 14 . 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 Applicable
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. Benefits are payable for treatment plans that begin after the benefits waiting period is completed, if applicable.	50%	Not Applicable
Maximums/Deductibles		
Calendar Year Maximum (per covered person; excludes orthodontic services under the High Option)	\$1,250	\$1,000
Lifetime Orthodontic Maximum (per covered person) For orthodontic work in progress, the lifetime maximum will include any reimbursement received from the prior carrier.	\$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 Client's Corner at the United Concordia website www.unitedconcordia.com, under the "Members" section.

ELIGIBLE DEPENDENTS

Eligible dependents include your spouse or unmarried dependent child(ren) up to age 26 regardless of student status. 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. The change in dependent eligibility is subject to approval by the State Insurance Department.

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.

In addition, certain procedures require supporting documentation of clinical evidence for approval. (Refer to the Summary of Benefits found in this guide.) 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 Client's Corner at the United Concordia website; www.unitedconcordia.com, under the "Member" section.

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.

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, 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, select **Members** and...

- register on **My Dental Benefits** using your 12 digit ID number found on your ID card to access dental benefits information, including eligibility, claim status and payment detail; find dental health information; and sign up for paperless Explanation of Benefits (EOB).
- click on **Clients' Corner** 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. Your 12 digit ID number found on your ID card must be used when accessing the 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.



WELLNESS TIP

Did you know gum disease is often referred to as the sixth complication of diabetes? If you are diabetic, work with your dentist to create a dental care routine that works for you. For more dental health tips, visit the Dental Health Center on www.UnitedConcordia.com.

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	2011 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	2011 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	2011 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	2011 NCFlex Plan	Waiting Period
Not enrolled in any dental option prior to January 1, 2011 or prior to a qualifying life event that enabled enrollment	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 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 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.