**BENEFITS**

**How often can I go to the dentist for a routine cleaning/check-up?**
Twice a year.

**How do I know if a service is covered or not?**
Visit the NCFlex website at [www.ncflex.org](http://www.ncflex.org) and view the appropriate benefit grid. You can also refer to the Certificate of Coverage for a more detailed explanation of coverage and services. Always consult with your dentist on treatments and request a pre-estimate when you need to know whether or not a service is covered and how much you can expect to pay out of pocket. You can also call United Concordia's customer service representatives at 1-800-291-8039.

**What is a pre-estimate?**
A pre-estimate is a notification to an eligible member and the provider as to whether the procedures are covered by the plan, the amount that will be paid, and whether the benefits fall within the benefit maximums and procedure limitations.

**Are there services that require supporting documentation from my dentist before they will be paid?**
Yes. Complete details regarding the required supporting documentation for claims processing can be found in the Claims Processing Guide on the NCFlex website, [www.ncflex.org](http://www.ncflex.org).

**What is an annual maximum?**
It's the maximum dollar amount a program will pay toward the cost of dental care incurred by an individual during a specified time period. The annual program maximum per individual under United Concordia’s NCFlex is $1,250 under the High Option and $1,000 under the Low Option, per calendar year. The NCFlex calendar year is January 1 through December 31. The High Option plan includes United Concordia's Preventive Incentive® enhancement. With Preventive Incentive, all covered Class I Diagnostic and Preventive services do not count toward your annual plan maximum.

**What is a lifetime maximum?**
A lifetime maximum is the maximum amount of benefit you or your covered dependent(s) can receive toward a specific service. For example, orthodontic benefits are limited by a lifetime maximum.

**What are waiting periods?**
A benefit waiting period refers to the amount of time you or your eligible dependents 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 you or a dependent before the completion of the benefit waiting period.

**Why do I have waiting periods?**
Waiting periods help to keep health plan premiums more affordable so that more employees and their family members are able to enjoy the savings, service and care offered by the NCFlex dental plan. Note: there are no waiting periods for diagnostic and preventive services.
What date is considered the date of service if a treatment requires more than one visit to complete?
The date of service is the final date of treatment.

How do I pay the premium?
Premium is paid through payroll deductions, with pre-tax dollars.

Do I have to visit a network dentist?
NCFlex offers both a High Option and a Low Option dental plan. With either plan option you can visit a network or non-network dentist. However, choosing one of our participating providers helps lower out-of-pocket costs and eliminates the need to fill out claim forms. The State of North Carolina NCFlex program will have access to United Concordia’s Advantage Plus network. You may still use your dentist even if he/she does not participate in the network; however, the dentist may bill you for any difference between the benefit allowance and his/her fee. To find a dentist on the United Concordia Advantage Plus network, click here, or select the “Search for an Advantage Plus Dentist” button on the State of North Carolina Clients’ Corner page.

What happens to my calendar-year maximum if I don’t use it all in one calendar year?
The calendar-year maximum for each plan remains the same each year. Remaining balances from prior years do not carry forward. The calendar year is the period from January 1 through December 31 of each year.

If my child starts orthodontic treatment before his/her one-year waiting period is met, do I have a benefit?
The plan will not pay for (and covered dental services do not include) charges incurred before the completion of the benefit waiting period. If your child starts their orthodontic treatment before his/her one-year waiting period is met, United Concordia will only pay for services incurred after the child is eligible for this benefit.

What information is needed to file an orthodontic claim and how is it processed throughout the year?
To process an orthodontic claim, you or your dentist simply need to submit a copy of the proposed treatment plan, with a completed claim form. The initial claim is all it takes. Once the claim has been processed in our system, there is no additional paperwork. Reimbursement will be issued over the course of the treatment plan.

How is an orthodontic claim reimbursed with respect to what I will receive? (initial and ongoing services)
Once the initial claim has been submitted and the total benefit payable has been determined, United Concordia will issue 25% of the total benefit up front (for treatment plans started under the United Concordia plan) and the remaining benefit will be paid in equal monthly amounts over the remainder of the treatment plan. Qualified treatments in progress (treatment plans not started under the United Concordia plan) will receive a prorated amount in equal monthly payments over the remainder of the treatment plan. Contact Customer Services at 1-800-291-8039 for additional information regarding treatment plans in progress.

Is there a time limit for orthodontic services?
No, the time frame is determined by the treatment plan submitted by your orthodontist.

What is a deductible and how does it work?
A deductible is the amount you are required to pay toward certain classes of covered services before the plan starts to pay benefits toward those services. For example, under the Low Option, you have a $25 individual/$75 family deductible. This means that you pay the initial $25 toward covered services for each family member, but no more than $25 per person or $75 total for all family members combined. Once the deductible has been met, you are only responsible for the coinsurance amounts or amounts billed by the dentist in excess of the plan allowance.

Is coverage available for my dependents? If so, who is considered an eligible dependent?
Yes, coverage is available for your dependents if they are:

• your legally married spouse;
• your unmarried child(ren), including stepchild(ren) and foster child(ren), who is dependent upon you for support and
maintenance until the end of the month in which the child turns age 26;

- your unmarried child(ren), including stepchild(ren) and foster child(ren), of any age, who remain dependent upon you for support and maintenance and who is unable to make a living because of a mental or physical handicap.

If I have out-of-pocket expenses that are not reimbursed by my dental plan, can I file them to my flexible spending account (FSA)?
Yes, eligible out-of-pocket dental expenses can be reimbursed with pre-tax monies you have set aside in your FSA.

What is an EOB?
An EOB is an explanation of benefits statement sent to members each time a dental claim is processed by United Concordia. The EOB displays the expenses submitted by the provider and explains how the claim was processed.

The EOB has four major sections:

- Claim information includes the member and patient name, ID number and the specific claim number and identifies the dental care facility or provider.
- Service and Coverage Information identifies dates of services and charges and shows what was paid, what discounts and deductions apply and what part of the total expense was not covered.
- Explanations may be included to provide additional information after the above sections. For example, if a claim is not paid in full, the EOB notes what benefit limitations or exclusions apply.
- Patient Summary is found on the reverse side of the EOB. It details the benefit period, the amount applied to the individual annual program maximum and the group number.

What does assignment mean?
Assignment of benefits means you are able to give United Concordia permission to send payment for covered services provided directly to your dentist instead of to you. Complete the appropriate area of the claim form and United Concordia will pay the dentist directly. Otherwise, you would have to pay the entire amount at the time services are rendered, submit a claim form yourself to United Concordia and wait for the reimbursement to be paid directly to you from United Concordia.

Your Summary of Benefits includes percentages. I am unclear what the percentages shown mean. Please explain.
The percentages shown represent the portion of the plan allowance United Concordia will pay for a specific service. If you receive a service that shows an 80% benefit, United Concordia will pay 80% of the plan allowance for that service and you are responsible for the remaining 20% plus any amount the dentist charges above the plan allowance.

I may retire or leave State Government. Am I still eligible for this benefit?
You may continue the NCFlex benefit plan through COBRA continuation for a period of up to 18 months. You may wish to contact the Retiree System regarding dental benefits that may be available to you as a State retiree.

I have never had a dental plan and I want to join; what benefits will I receive in my first plan year?
The benefits you will receive in the first year will be determined by the plan you choose. Both plans offer immediate benefits for diagnostic and preventive services. For more information, please refer to the benefit grids provided in your Benefits Guide.

How long are the rates in effect?
The rates are in effect through December 31, 2013.

SERVICE

I do not speak English. Do you have a translator?
Yes, bilingual English/Spanish customer service representatives are available Monday through Friday from 8 a.m. – 8 p.m. ET. Translation services for 140 other languages are also available.
What if I have other questions or concerns regarding the United Concordia NCFlex plan?
Questions about your dental treatment should first be discussed with your dentist. If you have questions about eligibility, enrollment or premium deductions, please contact your benefits administrator. If you have general questions or would like clarification on your benefits, please call Customer Service at 1-800-291-8039.

Do I have to file claims for reimbursement or will my dentist file my claims?
United Concordia Advantage Plus network dentist have agreed to file claims on behalf of the member. Non-network dentist are not required to file claims on your behalf. United Concordia provides a number of electronic solutions to make it easy for providers to submit claims for you. However, it is possible that you may have to complete and submit your own claims. Claim forms can be downloaded from United Concordia’s website in the Members section, under Forms, or from the NCFlex website at www.ncflex.org. Claims and any required supporting documents should be mailed to United Concordia Dental Claims, P.O. Box 69421, Harrisburg, PA 17106-9421. For a list of required documents, refer to the NCFlex Dental Claims Processing Guide at www.ncflex.org.

I lost my card. Where do I get a new one?
To replace a lost card, select My Dental Benefits from the State of North Carolina’s Clients’ Corner page. You will be able to print a card immediately or request that a new ID card be issued. Or call Customer Service at 1-800-291-8039.

I want to be able to track my claims; how do I do that?
To track your claims, simply visit the State of North Carolina’s Clients’ Corner page and register or sign in to My Dental Benefits, where you can check claim status and review your EOB (explanation of benefits).

What happens if my claim is denied for a waiting period and I was a rollover?
If a claim is erroneously denied, you can call Customer Service at 1-800-291-8039. A representative will assist you with the correction. You may be asked to supply proof of prior coverage.

I have a child over the age of 18 and your customer service department will not discuss his/her benefits with me; what do I do?
Your dependent can supply written permission to United Concordia that will allow us to release information to specified individuals over the phone. Without this permission, dependents 18 and older will need to call to obtain their own information from Customer Service. Due to the HIPAA Privacy Rule, United Concordia is only permitted to supply you with information regarding yourself and any dependents under the age of 18. This includes spouses. Visit the NCFlex website at www.ncflex.org to download a HIPAA Privacy Authorization Form – NCFlex Program. Submit this form to United Concordia to allow release of information.

ENROLLMENT

How do I enroll?
An employee is eligible to participate in NCFlex dental if the employee is a state agency, university, or select community college employee working 20 hours per week in a permanent, probationary or time-limited position. Newly hired employees may enroll within 30 days of their hire date. You may also enroll during annual enrollment, or as a result of a qualifying life event. Visit www.ncflex.org and follow instructions for selecting the NCFlex dental plan of your choice or contact your Health Benefit Representative for more information on how to enroll.

When does coverage start?
If you elect coverage during the approved annual enrollment period, your coverage begins on January 1. If you elect coverage as a new hire or as a result of a qualifying event, your coverage begins on the first of the month following your hire date or your qualifying event date. Once you select your dental plan option, you must keep that option for the entire plan year. You may change your dental option (for example, Low Option to High Option or High Option to Low Option) during the annual enrollment period; however, waiting periods may apply.
What if I miss the annual enrollment period; can I still sign up for the program?
No, you will have to wait for the next annual enrollment period. There are some exceptions. Enrollment can take place during times other than the annual enrollment period if there is a qualifying life event such as a change in marital status, birth of a child, change of employment, etc.

I have a State of North Carolina after-tax dental plan and I am considering taking advantage of the “rollover” opportunity but my child is currently in orthodontic treatment. How will this benefit me and will I lose any benefits?
If you and your child currently participate in an after-tax dental plan sponsored by a State of North Carolina agency, university or select community college, you may enroll in one of the NCFlex dental plan options with full credit applied toward waiting periods for the types of services covered under the after-tax dental plan, 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 until the date of application for NCFlex dental benefits

The specific services for which benefit waiting periods are waived depends on the type of coverage you had under the after-tax dental plan. If your current State sponsored after-tax plan offers orthodontic coverage, then eligible dependents would receive a prorated benefit for the remainder of the treatment plan. If your current coverage does not have an orthodontic benefit, then waiting periods apply and there will be no benefit for the orthodontic treatment until the waiting period has been completed.

I am enrolled in my spouse’s dental plan, which is not a dental plan offered by a State of NC agency, university or select community college. Can I use the rollover option to avoid waiting periods under the NCFlex plan in January or as a result of a qualifying life event?
You are able to enroll in one of the NCFlex pre-tax dental plans during annual enrollment or as a result of a qualified family/employment status change. Credit toward waiting periods will be considered upon receipt of benefit plan summary documentation showing comparable continual dental coverage up to the date your NCFlex dental coverage begins. Plan comparisons will be reviewed to determine waiting period credit. Until required documentation is received and the review process is complete, benefits will default to the waiting periods as defined in the NCFlex Enrollment Guide (see page 17, under “Benefit Waiting Period”). For more information, see your NCFlex Guide or contact your HBR.

Can I add dependents to my plan? If so, when and how? Do they have waiting periods?
Yes, you may add dependents to your plan:

- if you experience a qualifying life event. For details about qualifying life events and the steps you need to take when one of them occurs, visit the Life Events section under General Benefits Info at www.ncflex.org.

- during a qualified annual enrollment period.

The waiting period for dependents follows the same waiting period for the member. If the member has met his/her waiting period, the dependent that is being added will have no waiting period. If the member has not completed his/her waiting period, the dependent will need to complete the remainder of the waiting period that is in place for the member. If the member changes from the low-option plan to the high-option plan and adds a dependent(s) to his/her plan at annual enrollment, the member and any added dependent(s) will have waiting periods as outlined in the “Benefit Waiting Period” chart found in the dental section of the NCFlex Guide.