



United Concordia Dental Enrollment & Billing Guide

Managing dental insurance should be simple and hassle-free. That's why we provide online tools and services to make enrollment and billing easy.

SECTION 1—ENROLLMENT

Options for Updating Enrollment

Electronic Enrollment—Groups with 200+ enrolled contracts can send secure, electronic enrollment transmissions. Contact your account manager for more information.

Web Enrollment—Use the enrollment application within the account management portal to:

- View and update member enrollments, changes and cancellations
- Request identification cards
- Run enrollment rosters

To access the account management portal, visit the **Employers** section of **UnitedConcordia.com**.

Dental Enrollment Forms—Forms are available in the **Employers** and **Producers** sections on **UnitedConcordia.com**. When submitting a form to United Concordia, please:

- Provide the 9-digit identification number (for example: social security number)
- Provide the 9-digit group number
- Review for completeness and legibility

To submit changes, fax forms to our office at 1-800-329-9093 or mail them to:

United Concordia Companies, Inc.
4401 Deer Path Road
Harrisburg, PA 17110

Please note: Incomplete or illegible forms may delay processing.

What if no enrollment effective date is provided on the dental enrollment form?

If the form is received between the 1st and the 15th of the month, the effective date entered in our system will be the 1st of the current month.

If the form is received between the 16th and the last day of the month, the effective date entered will be the 1st of the following month.

Retroactive Enrollment Policy

We have a 3-month policy for retroactive enrollment additions, cancellations and changes. To ensure timely billing adjustments, please submit enrollment changes with effective dates within the 3-month retroactive policy period, which includes the current month plus the two previous months (current month is defined as the month in which the request was received).

Retroactive enrollment activity outside the 3-month window is monitored by United Concordia and could result in follow-up communication with your group and/or denial of the enrollment request(s), if claims were paid with a date of service after the requested cancellation date.

Please note: Due to COBRA regulations and requirements, United Concordia will process retroactive COBRA enrollment changes with effective dates within the 6-month period prior to the receipt date of the request.



Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA)

USERRA provides two types of protection relative to health care coverage for members who serve temporarily in the uniformed services:

- **Continuation of Coverage During Deployment**—The member has the right to elect continuation of coverage for up to 24 months during deployment in the uniformed services, upon payment of premiums as required by the mandate.
- **Reinstatement of Coverage After Deployment**—The member has the right to request reinstatement of coverage upon reemployment with no pre-existing condition exclusion or waiting period, unless the exclusion or waiting period would have applied if the member had not been deployed.

If a member's coverage was previously cancelled and the member elects to reinstate coverage during deployment, complete a member dental enrollment form and the USERRA enrollment form, and fax both forms to our office at 1-800-329-9093 or mail both forms to:

United Concordia Companies, Inc.
4401 Deer Path Road
Harrisburg, PA 17110

Find the USERRA enrollment form in the **Employers** and **Producers** sections on **UnitedConcordia.com**.

SECTION 2—ENROLLMENT & BILLING RECONCILIATION

Enrollment and billing representatives reconcile enrollment and billing activity each month. To facilitate accurate and timely reconciliations of your group information, please advise us of enrollment updates prior to the next billing cycle.

For an explanation of the invoice, see the Invoice Guide in the **Employers** and **Producers** sections on **UnitedConcordia.com**.

SECTION 3—EBILL

Manage your account using eBill, our convenient, online tool that allows you to:

- View account billing information.
- Pay your dental premium online.
- View invoice and online payment history.
- Download your invoice summary and detailed roster.
- Participate with our medical or vision plans and use eBill to make one payment.
- Choose paperless invoices and save paper, energy and trees.

Visit UnitedConcordia.com/signup to register for eBill.

SECTION 4—PAYMENT

Premium payments can be made using **eBill, check, electronic transfer of funds** or **pay by phone**.

Sending payments via **eBill**:

- If paying an amount other than what was billed, please include reason for adjusted payment in comment box.
- Refer to Section 3 above.

Sending premium payments via **check**:

- Include the invoice remittance slip along with your check. Record your recipient number on the check to ensure timely and accurate processing of your payment.
- Send your payment to the address listed on the remittance slip.

Sending premium payments via **electronic transfer**:

- Include the recipient number and invoice month of premium for proper cash posting.
- Contact Enrollment & Billing for your specific bank information to remit funds electronically.

Sending premium payments via **phone**:

- Contact Enrollment & Billing at 1-888-320-3316 to process your payment by check or credit card. (Please note, credit card payments are limited to \$2,500.)

SECTION 5—CANCELLATION DUE TO DELINQUENCY

Make payments by the due date specified on the invoice to prevent disruption of service. (Refer to the General Policy/Contract Rules, Section A in your Group Insurance Policy/Group Contract regarding Payment of Premiums).

Failure to pay an outstanding balance promptly could result in the cancellation of your coverage and you will be responsible for delinquent payment(s) according to the terms outlined in your Group Insurance Policy/Group Contract. (Refer to the General Policy/Contract Rules, Section B-3 regarding the terms outlined for delinquency.)

If you elected to structure your group into two or more sub-groups for purposes of independently receiving and paying invoices, United Concordia will treat those sub-groups as if they were separate groups to which a separate Group Insurance Policy/Group Contract has been issued for purposes of addressing delinquency in making monthly premium payments. Specifically, United Concordia will issue default notices that will advise the sub-group of a grace period within which overdue payment must be made, as specified in the General Policy/Contract Rules, Section B-3.

Non-payment of the premium due within the specified grace period will result in the cancellation of the members' coverage under the Group Insurance Policy/Group Contract. You may be asked to confirm and verify this cancellation. In the event that delinquency results in cancellation, the sub-group will be notified in writing that coverage of its members will be cancelled as of a specified date.



COBRA BENEFITS

All states except California:

COBRA is an acronym for the Consolidated Omnibus Budget and Reconciliation Act. The COBRA law was passed to provide current or former employees, their spouses and dependents with a temporary extension of group health insurance when coverage is lost due to certain events.

The administration of COBRA is the responsibility of the employer. United Concordia Companies, Inc., does not administer COBRA benefits for its plans nor do we directly invoice the COBRA-insured members. We can, however, assist in the administration of this benefit by separately identifying COBRA-insured members on the group invoice as a separate, unique subgroup.

By separating the active members from the COBRA-insured members, the group administrator can readily determine the premium amount to be collected from COBRA-insured members. The group administrator also is allowed to add a two percent (2%) increase to the initial premium to cover the administrative costs for the COBRA insurance.

If you have any questions regarding COBRA administration or if the law applies to your company, we encourage you to seek legal counsel.

California policy:

On January 1, 1998, a new California State Law became effective for employees not covered under federal COBRA. Cal-COBRA (SB719) gives employees of businesses with 2 to 19 eligible employees the ability to continue any employer-sponsored healthcare coverage upon occurrence of a qualifying event.

A qualifying event is any of the following events, which would result in loss of health coverage under the group benefit plan:

1. The death of the covered employee or subscriber.
2. The termination or reduction in hours of the employee's employment, except termination for gross misconduct.
3. The divorce or legal separation of the covered employee from the covered employee's spouse.
4. The loss of dependent status by a dependent enrolled in the group benefit plan.
5. With respect to dependents only, the employee's eligibility for coverage under Medicare.

Employees and their dependent spouses and children who are enrolled in their employer's employee benefit plans at the time of a qualifying event are known as "qualified beneficiaries" and are eligible for Cal-COBRA, unless the individual:

- becomes covered under another group benefit plan, which does not impose any pre-existing condition limitations affecting the individual;
- becomes eligible for federal COBRA;
- becomes entitled to Medicare;
- becomes eligible for coverage under the Public Health Service Act;
- fails to notify the health plan of a qualifying event in the time specified by the law (within 60 days); or
- fails to pay their premium in a timely manner.

The cost of Cal-COBRA coverage is 110% of the qualified beneficiary's group rate. If a qualified beneficiary is determined to be disabled under Title II or XVI of the United States Social Security Act, the cost changes to 150% of the group rate after the first 18 months of Cal-COBRA coverage.

The qualified beneficiary must notify the Plan (United Concordia) within 60 days of the qualifying events numbered 1, 3, 4 and 5 above. The employer must notify the Plan within 30 days of the event for qualified beneficiaries who qualify due to termination or reduction in hours of employment. If the qualified beneficiary fails to notify the Plan of a qualifying event in time, we are under no obligation to offer the qualified beneficiary Cal-COBRA coverage.

As an employer, your responsibilities under Cal-COBRA are to inform United Concordia of qualifying events and explain to your eligible employees their Cal-COBRA rights.

You must notify qualified beneficiaries of changes or termination of their group benefit plan 30 days prior to making such changes.

If an employee is covered under Cal-COBRA, and his/her former employer becomes eligible for federal COBRA, the qualified beneficiary stays with Cal-COBRA until this coverage is exhausted. However, if any employer's COBRA status changes annually, the following will apply:

1. If the employer's status is Cal-COBRA one year, and changes to federal COBRA the next year, so will the qualified beneficiary's.
2. If the employer's status is federal COBRA and changes to Cal-COBRA, the qualified beneficiary remains under federal COBRA.

Cal-COBRA coverage will terminate on the earliest of the following:

1. 36 months from the date continuation coverage began if continuation was extended because of a termination or reduction in hours of employment;
2. 29 months from the date continuation began if coverage was extended due to qualified beneficiary being incapacitated for Social Security purposes either at the time of the qualifying event or within the first 60 days of continuation coverage;
3. 36 months from the date continuation coverage began if coverage ended for a dependent due to other qualifying events;
4. The end of the period for which the last premium was paid if the qualified beneficiary stops paying premium or does not pay timely or in the correct amount;
5. The date the qualified beneficiary becomes entitled to Medicare or federal COBRA;
6. The date the qualified beneficiary becomes covered under another group benefit plan that does not have any exclusion or limitation with respect to pre-existing conditions that would limit coverage for the qualified beneficiary;
7. The date the qualified beneficiary moves outside the state of California;
8. The date the employer ceases to provide any group benefits to employees;
9. The occurrence of any other event that justifies termination under the terms of the Group Agreement;
10. After January 1, 1999, employees who are 60 years or older when they become eligible for Cal-COBRA and have worked for the employer for at least five years may continue their coverage even after Cal-COBRA until they turn 65.

The administration of Cal-COBRA is primarily the responsibility of United Concordia. However, you may elect to administer your Cal-COBRA program.

UNITED CONCORDIA® DENTAL
Protecting More Than Just Your Smile®