



Dental Benefits Summary for State of North Carolina

Effective Date: January 1, 2008

Representative listing of covered services—Certificate of Coverage provides a detailed description of benefits.

Benefit Category	HIGH Option Plan Pays	LOW Option Plan Pays
Type I – Diagnostic and Preventive Services		
Oral Examinations (2 per calendar year)	100%	
Cleanings (2 per calendar year)		
X-Rays (bitewing x-rays—2 per calendar year; full mouth x-rays—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)		
Type II – Basic Services		
Fillings (amalgam, synthetic or composite; replacements limited to once every 12 months)	80%	
Simple Extractions		
Endodontics (root canal treatment)	80%	50%
General Anesthesia		
Oral Surgery (wisdom teeth extractions)		
Recent Crowns, Inlays, Bridges		
Repair of Removable Dentures		
Periodontic Services (gingivectomy, gingivoplasty, osseous surgery, scaling and root planing)	50%	
Type III – Major Services (Not covered under the low option plan)		
Crowns, Including Single Implant Crowns (replacements limited to every 5 years; not eligible for dependent children under age 14)	50%	Not Applicable
Inlays and Onlays (replacements limited to every 5 years)		
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)		
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, if applicable, is completed.	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)	\$1,500	Not Applicable
Calendar Year Deductible (per person/per family)	\$50/\$150 for Types II & III only	\$25/\$75 for Types I & II only
Waiting Periods - Refer to the benefits waiting period chart in the Benefits Guide for more details.		

Reimbursement is based on United Concordia's schedule of Maximum Allowable Charges (MAC).

CONTACT UNITED CONCORDIA

- Phone** Dedicated Customer Service at 1-800-291-8039
Customer service representatives are available from 8 a.m. to 8 p.m. ET.
- Mail** United Concordia, PO Box 69420, Harrisburg PA 17106-9420
- Web** www.unitedconcordia.com
Once enrolled, register to use **My Dental Benefits** for 24/7, secure access to benefit information including eligibility, claim status, ID card requests and more!

