STATE OF NORTH CAROLINA
POST TAX DENTAL PLAN

Rates Effective January 1, 2019 to December 31, 2019

- Employee Only $37.02
- Employee Spouse $73.96
- Employee Child(ren) $78.88
- Family $127.76

- Dependent children covered to age 26

- All waiting periods will apply to New Hires, Open Enrollment Enrollees and Late Adds
  - Diagnostic and Preventative – No Waiting Period
  - Basic Services – 6 Month Waiting Period
  - Major Services and Orthodontic Services – 12 Month Waiting Period

Note – To have waiting periods waived, you must provide a letter of creditable coverage from your previous employer which includes the following: prior dental company, effective date, termination date and plan participants. There must be a less than 63 day lapse in coverage between prior coverage and the effective date of the BCBS dental coverage. Credit can be given up to 12 months based on number of months on prior coverage.
**Dental Blue® Benefit Highlights**

<table>
<thead>
<tr>
<th>Services</th>
<th>Benefits</th>
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<tbody>
<tr>
<td><strong>Diagnostic &amp; Preventive Care</strong></td>
<td>100%</td>
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<tr>
<td>Routine Oral Exams, Cleanings, X-rays, Flouride Application, Sealants</td>
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<tr>
<td><strong>Basic Care</strong></td>
<td>80% after Dental deductible</td>
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<tr>
<td>Routine Fillings, Oral Surgery, Simple Extractions, Endodontics, Space Maintainers</td>
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<tr>
<td><strong>Major Care</strong></td>
<td>50% after Dental deductible</td>
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<tr>
<td>Crowns, Periodontics, Inlays and Onlays, Dentures, Fixed Bridges</td>
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<tr>
<td><strong>Benefit Period Deductible</strong> (Applies to Basic and Major Care)</td>
<td></td>
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<tr>
<td>Individual</td>
<td>$25</td>
</tr>
<tr>
<td>Family</td>
<td>$75</td>
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<tr>
<td><strong>Combined Benefit Period Maximum</strong></td>
<td>$1,000</td>
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<tr>
<td>(Includes Diagnostic and Preventive, Basic and Major Restorative Care)</td>
<td></td>
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<tr>
<td><strong>Orthodontic Care</strong></td>
<td>50%</td>
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<tr>
<td><strong>Lifetime Orthodontic Maximum</strong></td>
<td>$1,500</td>
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</tbody>
</table>

Services offered twice per Benefit Period: exams, cleanings, X-rays
Services offered once every 5 years: crowns, bridges, dentures, inlays, onlays

**ADDITIONAL INFORMATION ABOUT DENTAL BLUE FROM BCBSNC**

**Benefit Period**
The period of time, usually 12 months as stated in the group contract, during which charges for covered services provided to a member must be incurred in order to be eligible for payment by BCBSNC. A charge shall be considered incurred on the date the service or supply was provided to a member.

**Waiting Period**
Waiting periods may apply to some services. A waiting period is the amount of time that a member must be enrolled in this dental benefit plan prior to receiving specific services.

**What is Not Covered?**
The following are summaries of some of the coverage restrictions. A full explanation and listing of restrictions will be found in your benefit booklet.

Your dental benefit plan does not cover services, supplies, drugs, or charges that are:

- Not clinically necessary
- Hospitalization for any dental procedure
- Dental procedures solely for cosmetic or aesthetic reasons
- Dental procedures not directly associated with dental disease
- Procedures that are considered to be experimental
- Drugs or medications obtainable with or without a prescription unless they are dispensed and utilized in the dental office during the patient visit
- Services related to temporomandibular joint (TMJ)
- Expenses for dental procedures begun prior to the member’s eligibility with BCBSNC
- Clinical situations that can be effectively treated by a more cost effective, clinically acceptable alternative procedure will be assigned a benefit based on the less costly procedure
- Replacement of missing natural teeth lost prior to the effective date of coverage
- Dental implants, oral orthotic devices, palatal expanders and orthodontics except as specifically covered by your dental benefit plan

The benefit highlights is a summary of dental benefits. This is meant only to be a summary. Final interpretation and a complete listing of benefits and what is not covered are found in and governed by the group contract and benefit booklet. You may preview the benefit booklet by requesting a copy of the benefit booklet from BCBSNC Customer Services.

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