



DENTAL **Blue** SELECT™

A Voluntary Dental Plan

Proposal for

Date:

About Blue Cross and Blue Shield of North Carolina

Blue Cross and Blue Shield of North Carolina (BCBSNC) is a leader in delivering innovative health care products, services and information to nearly 3.4 million members, including 744,000 served on behalf of other Blue Cross and Blue Shield Plans. For over 75 years, the company has served its customers by offering access to quality health care at a competitive price and has served the people of North Carolina through support of community organizations, programs and events that promote good health.

Dental Blue SelectSM OVERVIEW

Dental Blue Select is a Voluntary Dental plan underwritten by Blue Cross and Blue Shield of North Carolina.

BENEFIT HIGHLIGHTS:

- No network limitations – Freedom to choose any dentist
- \$100 Lifetime deductible feature
- Available to group size 5 and above (Complete & Enhanced Plans), group size 10 and above (Standard)
- No waiting period for preventive and diagnostic services
- No underwriting required
- No charge for eBenefitsNow when also enrolled with BCBSNC Medical
- Prior Coverage Credit available on Complete and Enhanced Plans
- Easy payment through payroll deduction
- Flexible funding plan – premiums may be either fully funded by employees or include employer contribution

THREE COVERAGE PLANS TO CHOOSE FROM:

DENTAL BLUE SELECT offers three coverage plans:

1. Standard – low cost option for price conscience customers
2. Complete – covers all of your dental needs, orthodontia coverage is optional
3. Enhanced – quality coverage at a great value, orthodontia coverage is optional

The next page provides a coverage plan comparison.

Dental Blue SelectSM PLAN COMPARISON

FEATURES	Standard	Complete (Orthodontia optional)	Enhanced (Orthodontia optional)
Diagnostic & Preventive Coverage (100%)	<ul style="list-style-type: none"> - Routine exams/ cleaning (1 per benefit period) - Bitewing X-rays (1 per benefit period) - Fluoride Treatment (1 per benefit period, children under age 19) - Emergency treatment for pain - Sealants for children ages 5 through 15 	<ul style="list-style-type: none"> - Routine exams/ cleaning (2 per benefit period) - Bitewing X-rays (1 per benefit period) - Fluoride Treatment (1 per benefit period, children under age 19) - Emergency treatment for pain - Sealants for children ages 5 through 15 	<ul style="list-style-type: none"> - Routine exams/ cleaning (2 per benefit period) - Bitewing X-rays (1 per benefit period) - Fluoride Treatment (1 per benefit period, children under age 19) - Emergency treatment for pain - Sealants for children ages 5 through 15
Basic Coverage (80%) Standard: 6 month waiting period Complete: 6 month waiting period Enhanced (with or without Orthodontia): No waiting period	<ul style="list-style-type: none"> - Simple restorative services - Simple teeth removal 	<ul style="list-style-type: none"> - Simple restorative services - Simple teeth removal 	<ul style="list-style-type: none"> - Simple restorative services - Simple teeth removal - Periapical X-rays - Full mouth X-rays (1 per 36 months) - Endodontics - Periodontics
Major Coverage (50%) 12 month waiting period all plans.	<ul style="list-style-type: none"> - Endodontics - Periodontics - Surgical teeth removal & oral surgery - Anesthesia - Space maintainers - X-rays of the roots - Full mouth X-rays (1 per 36 months) 	<ul style="list-style-type: none"> - Periapical X-rays - Full mouth X-rays (1 per 36 months) - Endodontics - Periodontics - Surgical teeth removal & oral surgery - Anesthesia - Space maintainers - Major restorative services - Prosthodontics - Denture relines - Recementations and repair of crowns, inlays, bridges and dentures 	<ul style="list-style-type: none"> - Surgical teeth removal & oral surgery - Anesthesia - Space maintainers - Major restorative services - Dental implants - Prosthodontics - Denture relines - Recementations and repair of crowns, inlays, bridges and dentures
Optional Orthodontia Coverage 12 month waiting period	Not available	<ul style="list-style-type: none"> - No deductible - 50% Coverage - Lifetime Maximum* Available options: \$1,000 or \$1,500 - Children under age 19 	<ul style="list-style-type: none"> - No deductible - 50% Coverage - Lifetime Maximum* Available options: \$1,000 or \$1,500 - Children under age 19

*The Lifetime Maximum amount selected for Orthodontia coverage must be consistent with the Maximum Contract Year Benefit Amount.

NOTE: Members who can demonstrate proof of prior dental coverage may have their waiting periods waived or reduced. Proof of prior coverage includes a bill or Certificate of Creditable Coverage from the prior carrier. (Complete and Enhanced Plans only)

STANDARD PLAN OPTION

Eligibility/Participation: At least 20% of eligible employees with a minimum of 10 employees

Lifetime Deductible: \$100 per person (all services)

Prior Coverage Credit: No

Maximum Contract Year Benefit: \$1,000

DIAGNOSTIC & PREVENTIVE SERVICES: 100% Coverage

No waiting period

- Routine exams (once per benefit period)
- Cleanings: prophylaxis, including scaling and polishing above the gum line (once per benefit period)
- Pulp-testing: evaluation of tooth nerve (limited to 1 charge per visit)
- Bitewing X-rays (once per benefit period)
- Topical fluoride application for children under age 19 (once per benefit period)
- Emergency treatment for pain
- Sealants for children ages 5-15 (one reapplication per tooth every 36 months)

BASIC SERVICES: 80% Coverage

6 Month Waiting Period

- Routine Fillings
- Simple extractions

MAJOR SERVICES: 50% Coverage

12 Month Waiting Period

- Endodontics including root canal: Treatment of the nerve chamber and canals
- Periodontics: Treatment of the disease of the gums and bone surrounding teeth
- Space Maintainers for children through age 15
- Surgical teeth removal and oral surgery
- Anesthesia when clinically necessary and related to covered surgery
- Periapical X-ray of the roots of teeth
- Full mouth X-ray (one every 36 months unless taken for covered diagnosis)

PRE-TREATMENT ESTIMATE OF BENEFITS:

As a service to protect members, when charges from a dentist for a proposed course of treatment are expected to be over \$250, a pre-treatment estimate of benefits is strongly recommended before any services are performed.

COMPLETE PLAN OPTION

Eligibility/Participation: At least 20% of eligible employees with a minimum of 5 employees

Lifetime Deductible: \$100 per person (all services)

Prior Coverage Credit: Yes

Maximum Contract Year Benefit: \$1,000 or \$1,500

DIAGNOSTIC & PREVENTIVE SERVICES: 100% Coverage

No waiting period

- Routine exams (twice per benefit period)
- Cleanings: prophylaxis, including scaling and polishing above the gum line (twice per benefit period)
- Pulp-testing: evaluation of tooth nerve (limited to 1 charge per visit)
- Bitewing X-rays (once per benefit period)
- Topical fluoride application for children under age 19 (once per benefit period)
- Emergency treatment for pain
- Sealants for children ages 5-15 (one reapplication per tooth every 36 months)

BASIC SERVICES: 80% Coverage

6 Month Waiting Period

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- Periodontics: Treatment of the disease of the gums and bone surrounding teeth
- Periapical X-ray of the roots of teeth
- Full mouth X-ray (one every 36 months unless taken for covered diagnosis)
- Space Maintainers for children through age 15
- Surgical teeth removal and oral surgery
- Anesthesia when clinically necessary and related to covered surgery
- Major restorative services including crowns, inlays, and onlays
- Prosthodontics: Full and partial dentures, bridges
- Fixed bridge and denture repairs
- Recementing of inlays, crowns, and/or bridges

PRE-TREATMENT ESTIMATE OF BENEFITS:

As a service to protect members, when charges from a dentist for a proposed course of treatment are expected to be over \$250, a pre-treatment estimate of benefits is strongly recommended before any services are performed.

COMPLETE PLAN OPTION WITH ORTHODONTIA

SAME BENEFITS AS THE COMPLETE PLAN, PLUS ORTHODONTIA COVERAGE

Eligibility/Participation: At least 20% of eligible employees with a minimum of 5 employees
Lifetime Deductible: \$100 per person (all services, except Orthodontia)
Prior Coverage Credit: Yes
Maximum Contract Year Benefit: \$1,000 or \$1,500

ORTHODONTIA:

- No deductible
- \$1,000 or \$1,500 Lifetime Maximum (must be consistent with maximum contract year benefit above)
- Children under age 19 only

DIAGNOSTIC & PREVENTIVE SERVICES: 100% Coverage

No waiting period

- Routine exams (twice per benefit period)
- Cleanings: prophylaxis, including scaling and polishing above the gum line (twice per benefit period)
- Pulp-testing: evaluation of tooth nerve (limited to 1 charge per visit)
- Bitewing X-rays (once per benefit period)
- Topical fluoride application for children under age 19 (once per benefit period)
- Emergency treatment for pain
- Sealants for children ages 5-15 (one reapplication per tooth every 36 months)

BASIC SERVICES: 80% Coverage

6 Month Waiting Period

- Routine Fillings
- Simple extractions

MAJOR SERVICES: 50% Coverage

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- Endodontics including root canal: Treatment of the nerve chamber and canals
- Periodontics: Treatment of the disease of the gums and bone surrounding teeth
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- Surgical teeth removal and oral surgery
- Anesthesia when clinically necessary and related to covered surgery
- Major restorative services including crowns, inlays, and onlays
- Prosthodontics: Full and partial dentures, bridges
- Fixed bridge and denture repairs
- Recementing of inlays, crowns, and/or bridges

ORTHODONTIA: 50% Coverage

12 Month Waiting Period

- Diagnosis, including examination, x-rays, study models and other aids to define problem
- Appliance: Coverage includes the design, making, placement and adjustment of device

PRE-TREATMENT ESTIMATE OF BENEFITS:

As a service to protect members, when charges from a dentist for a proposed course of treatment are expected to be over \$250, a pre-treatment estimate of benefits is strongly recommended before any services are performed.

ENHANCED PLAN OPTION

Eligibility/Participation: At least 20% of eligible employees with a minimum of 5 employees

Lifetime Deductible: \$100 per person (all services)

Prior Coverage Credit: Yes

Maximum Contract Year Benefit: \$1,000 or \$1,500

DIAGNOSTIC & PREVENTIVE SERVICES: 100% Coverage

No waiting period

- Routine exams (twice per benefit period)
- Cleanings: prophylaxis, including scaling and polishing above the gum line (twice per benefit period)
- Pulp-testing: evaluation of tooth nerve (limited to 1 charge per visit)
- Bitewing X-rays (once per benefit period)
- Topical fluoride application for children under age 19 (once per benefit period)
- Emergency treatment for pain
- Sealants for children ages 5-15 (one reapplication per tooth every 36 months)

BASIC SERVICES: 80% Coverage

No Waiting Period

- Routine Fillings
- Simple extractions
- Endodontics including root canal: Treatment of the nerve chamber and canals
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MAJOR SERVICES: 50% Coverage

12 Month Waiting Period

- Space Maintainers for children through age 15
- Surgical teeth removal and oral surgery
- Anesthesia when clinically necessary and related to covered surgery
- Major restorative services including crowns, inlays, and onlays
- Dental implants
- Prosthodontics: Full and partial dentures, bridges
- Fixed bridge and denture repairs
- Recementing of inlays, crowns, and/or bridges

PRE-TREATMENT ESTIMATE OF BENEFITS:

As a service to protect members, when charges from a dentist for a proposed course of treatment are expected to be over \$250, a pre-treatment estimate of benefits is strongly recommended before any services are performed.

ENHANCED PLAN WITH ORTHODONTIA OPTION ***SAME BENEFITS AS THE ENHANCED PLAN, PLUS ORTHODONTIA COVERAGE***

Eligibility/Participation: At least 20% of eligible employees with a minimum of 5 employees

Lifetime Deductible: \$100 per person (all services except Orthodontia)

Prior Coverage Credit: Yes

Maximum Contract Year Benefit: \$1,000 or \$1,500

ORTHODONTIA:

- No deductible
- \$1,000 or \$1,500 Lifetime Maximum (must be consistent with maximum contract year benefit above)
- Children under age 19 only

DIAGNOSTIC & PREVENTIVE SERVICES: 100% Coverage

No Waiting Period

- Routine exams (twice per benefit period)
- Cleanings: prophylaxis, including scaling and polishing above the gum line (twice per benefit period)
- Pulp-testing: evaluation of tooth nerve (limited to 1 charge per visit)
- Bitewing X-rays (once per benefit period)
- Topical fluoride application for children under age 19 (once per benefit period)
- Emergency treatment for pain
- Sealants for children ages 5-15 (one reapplication per tooth every 36 months)

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- Routine Fillings
- Simple extractions
- Endodontics including root canal: Treatment of the nerve chamber and canals
- Periodontics: Treatment of the disease of the gums and bone surrounding teeth
- Periapical X-ray of the roots of teeth
- Full mouth X-ray (one every 36 months unless taken for covered diagnosis)

MAJOR SERVICES: 50% Coverage

12 Month Waiting Period

- Space Maintainers for children through age 15
- Surgical teeth removal and oral surgery
- Anesthesia when clinically necessary and related to covered surgery
- Major restorative services including crowns, inlays, and onlays
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- Prosthodontics: Full and partial dentures, bridges
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PRE-TREATMENT ESTIMATE OF BENEFITS:

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MONTHLY RATES

Rating Tier Options:

- Employee
- Employee & Spouse
- Employee & Children
- Family

The Dental Blue Select rates listed below are effective from January 1, 2012 through December 31, 2012 and are guaranteed for 12 months from effective date.

Plan Options	Employee	Employee & Spouse	Employee & Children	Family
Standard Plan \$1,000 Max	\$19.60	\$39.20	\$47.90	\$73.36
Complete Plan \$1,000 Max	\$26.93	\$53.87	\$65.82	\$100.81
Complete Plan \$1,500 Max	\$29.03	\$58.05	\$70.94	\$108.65
Complete Plan with Orthodontia \$1,000 Max	\$27.19	\$54.39	\$66.46	\$101.79
Complete Plan with Orthodontia \$1,500 Max	\$29.38	\$58.77	\$71.82	\$109.99
Enhanced Plan \$1,000 Max	\$32.44	\$64.89	\$79.29	\$121.44
Enhanced Plan \$1,500 Max	\$34.97	\$69.94	\$85.47	\$130.90
Enhanced Plan with Orthodontia \$1,000 Max	\$32.77	\$65.54	\$80.09	\$122.66
Enhanced Plan with Orthodontia \$1,500 Max	\$35.41	\$70.81	\$86.53	\$132.52

This proposal is not a contract. It is a proposal to enter an agreement under certain terms and conditions, which will not be binding until reduced to writing and executed by both parties.

ADDITIONAL INFORMATION

ELIGIBILITY:

An eligible employee is an active full-time employee of the group who works, year-round, a minimum of 30 hours per week, has annual reporting of FICA withholdings by means of a W2 and is listed on the group's wage and tax statement. Sole proprietors and partners devoting a minimum of 30 hours per week to the business are considered full-time employees. Employees who are issued 1099 forms for annual tax filings are not considered full-time employees and are thus ineligible.

DEPENDENTS:

Dependents include:

- Spouse
- Eligible dependent children up to age 26, including natural children, legally adopted children, mentally retarded and/or physically disabled children if the condition existed and coverage was in effect upon attainment of the limiting age.
- Domestic partners, both same sex and opposite sex, for groups with over 50 members, if elected.

IMPORTANT INFORMATION:

This proposal is not a contract of insurance. It contains a brief description of benefits. Final interpretation and a complete listing of benefits and what is not covered are found in and governed by the group contract and the benefit booklet. You may preview the benefit booklet by requesting a copy of the benefit booklet from Dental Blue Select Customer Service at 1-888-471-2738

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 Blue Cross and Blue Shield of North Carolina. 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. Waiting periods may be waived on Complete and Enhanced Plans only, if members meet Prior Coverage Credit (Takeover) requirements. Waiting periods will not be waived if more than 63 days have passed between the termination of the prior coverage and the effective date of the current coverage.

Prior Coverage Credit (Takeover):

Prior coverage credit is available on Complete and Enhanced plans only. To qualify for prior coverage credit, members who can demonstrate proof of prior dental coverage may have their waiting periods waived or reduced. Members must submit proof of prior coverage by providing a bill or Certificate of Creditable Coverage listing covered persons' name, effective and term dates of coverage from prior carrier.

EXCLUSIONS: 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 the benefit booklet.*** Your dental benefit plan does not cover services, supplies, drugs or charges that are:

- Not medically necessary
- Hospitalization for any dental procedure
- Dental procedures solely for cosmetic or aesthetic reasons
- Dental procedures not directly associated with dental disease
- Procedures not performed in a dental setting
- 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 Blue Cross and Blue Shield of North Carolina
- 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
- Dental implants, oral orthotic devices, palatal expanders and orthodontics except as specifically covered by your dental benefit plan

CONTACTS / RESOURCES

For more information, please contact your Producer or BCBSNC Account Manager, or Group Sales at 1-888-258-3496.

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