



North Carolina Retirement Systems

Teachers' and State Employees' Retirement System
 Local Governmental Employees' Retirement System
 Consolidated Judicial Retirement System
 Legislative Retirement System

2010 ENROLLMENT DENTAL & VISION PLAN

Retirees...Your Dental & Vision Enrollment Information for 2010 Is Here

State Insurance Services, Inc.* will once again offer vision and dental coverage for retirees of the North Carolina Retirement Systems listed above. Both dental and vision coverage are offered through UnitedHealthcare Specialty Benefits. This gives us a "One Company" approach to streamline benefits and services.

Please review the detail regarding both the Dental and Vision programs in this information packet.

There are currently more than 88,000 participants enjoying the benefits of the dental and vision programs. You may choose to participate in one or both of the plans offered.

We have a second Vision plan option which covers materials only, specifically lenses, frames and contacts.

	UnitedHealthcare Vision Plans 2009 through 2012	
Plan Coverage Monthly Rates	Plan 1 Exam & Materials Plan	Plan 2 Materials Only Plan
Retiree	\$9.76	\$6.82
Retiree/Family	\$20.00	\$13.98

Plan Coverage Monthly Rates	UnitedHealthcare Dental 2010 Rates
Retiree	\$32.45
Retiree & One	\$76.89
Retiree & Family	\$107.81

NEW ENROLLEES

To enroll, complete the enclosed enrollment form and return to State Insurance Services, Inc. in the provided self-addressed envelope for coverage to begin. New enrollees will receive identification card(s) prior to their effective date. Your effective date is the first of the month following your payroll deduction for the dental or vision premium from your retirement pay.

**Dental Toll-Free Number
 1-877-905-0659**

**Vision Toll-Free Number
 1-800-980-2965**

*State Insurance Services, Inc. is a licensed insurance agent in North Carolina that has been authorized to arrange this coverage, but it is not part of the North Carolina State Government or its Retirement Systems.

DENTAL PLAN FEATURES

- No waiting period. Your effective date is the first of the month following your payroll deduction for the dental premium from your retirement pay.
- Preventive and Diagnostic Services covered at 100% of UCR
- \$1,000 annual maximum (**Can be higher – please refer to the MaxMultiplier Benefit outlined below**)
- See the dentist of your choice
- Monthly premium automatically deducted from your State Retirement Benefit
- Consumer MaxMultiplier

ENHANCEMENT

Consumer MaxMultiplier. This feature, which was added to the dental plan in 2008, encourages you to seek preventive and diagnostic care through an awards-based framework. There is a benefit period maximum award balance that can be carried forward each year so that accumulated funds are available when you need them. Each family member is eligible to earn his or her own awards.

You must utilize your dental benefit at least once between Jan. 1, 2009, and Dec. 31, 2009, to be eligible for this carryover benefit.

For example: If you visited your dentist in 2009 **and** your paid claims totaled \$500.00 or less, you will be eligible to carry forward an award maximum of \$250.00 which will be applied to your annual maximum in 2010. The annual plan maximum each calendar year is \$1,000.00. If you meet the criteria listed above, beginning January 2010, you would have your standard annual maximum of \$1,000.00 plus your carryover of \$250.00, giving you a total annual maximum of \$1,250.00 in 2010.

This carry-forward award criteria is available each year until you have reached a total combined regular annual maximum of \$1,000.00, plus \$1,000.00 award carry-forward maximum, for a total of \$2,000.00 in annual benefits.

For plan information, contact UnitedHealthcare Dental's Customer Care at 1-877-905-0659.

Listed below are some of the featured services you'll find on the special Web site for North Carolina retirees – www.yourdentalplan.com/npd:

- **Ability to view eligibility, benefit summary and claim information for all covered dependents (including spouse and adult dependents)**
- **Print claim forms**
- **View the certificate of coverage**

**Dental Toll-Free Number
1-877-905-0659**

Contract Year Maximum: \$1,000 Per Person

No deductible for Diagnostic and Preventive Services

One \$25.00 deductible, per member per plan year, applies to Basic Restorative and Major Services.

Please see the certificate of coverage on the Web site for complete benefit information including exclusions and limitations.

DIAGNOSTIC & PREVENTIVE SERVICES

Covered at 100% of UCR*

This includes:

Diagnostic

- Initial Oral Exam
- Periodic Oral Exam
- Emergency Exams for Pain Relief
- Full Mouth X-Rays (once every 60 months)
- Bitewing X-Rays
- Single Tooth X-Rays

Preventive

- Prophylaxis (2 per calendar year)
- Fluoride Treatments for children under age 19
- Sealants for children under age 16

BASIC RESTORATIVE

Covered at 50% of UCR*

This includes:

Restorative

- Silver Fillings
- White Fillings
- Anterior (front) Teeth Only
- Temporary Fillings
- Space Maintainers for children under age 14

Oral Surgery

- Simple Extraction
- Surgical Extraction
- General Anesthesia

Periodontics

- Periodontal Surgery
- Scaling and Root Planing

Endodontics

- Root Canal Treatment
- Pulpotomy

Prosthetic Maintenance

- Bridge or Denture Repair
- Rebase or Reline of Dentures
- Re-cement of Crowns and Onlays

MAJOR SERVICES

Covered at 50% of UCR*

This includes:

Gold/Cast Restorations

- Gold or Cast Restorations
- Crowns (when teeth cannot be restored with amalgam, composite or plastic restorations)

Prosthodontics

- Dentures
- Bridges
- Partials

Premiums

Effective Jan. 1, 2010

Monthly Rates

Retiree	\$32.45
Retiree & One	\$76.89
Retiree & Family	\$107.81

* Please note: Percentage is of usual, reasonable and customary charges, based upon zip codes by geographic regions.

Dental Toll-Free Number
1-877-905-0659

- 1. Who is eligible?** Retirees, their spouses and unmarried children (up to age 19 or 25 if a full-time student). Handicapped children are eligible regardless of age. As a surviving spouse, you must enroll in the plan through the normal enrollment process. However, you must complete a new enrollment form and submit it to State Insurance Services at the address below.
- 2. Member must notify State Insurance Services by mail or fax when dependents no longer meet eligibility requirements.** Mailing address: State Insurance Services, P.O. Box 30397, Raleigh, NC 27622 or Fax: 1-919-571-0920
- 3. How are the monthly premiums collected?** The monthly cost for the program is deducted from your retirement pay. Certain circumstances may arise that allow us to provide direct billing to members when payroll deduction is not possible.
- 4. What is the waiting period?** There is no waiting period. **Your effective date is the first of the month following your payroll deduction for the dental premium from your retirement pay.** There are no pre-existing condition exclusions.
- 5. How long am I enrolled?** You will be continuously enrolled unless you are notified of a change by the Retirement System Division, or you personally cancel your coverage in writing to: State Insurance Services, P.O. Box 30397, Raleigh, NC 27622, or Fax to: 919-571-0920.
- 6. If my spouse is still working and has a dental plan, can that spouse still be enrolled under the Retirees dental plan?** Yes, your spouse can be enrolled through the Retiree's dental plan and have dual coverage. Coordination of benefits will apply.
- 7. Where are my claims processed?**

Claims should be submitted to:
UnitedHealthcare Dental
Attn: Claims Unit
P.O. Box 30567
Salt Lake City, UT 84130-0567
- 8. If I have questions about my claims or coverage, where do I call?**

Questions regarding your UnitedHealthcare Dental Policy and Claims can be answered by calling **Customer Care at 1-877-905-0659.**
- 9. Must I choose between Diagnostic and Preventive, Basic or Major Restorative Services?**

No, all three types of coverage are included in your dental plan.
- 10. What is the \$25 deductible?** The deductible is per person, per calendar year for Basic or Major Services. This deductible does not apply to Diagnostic and Preventive Services.
- 11. Do I have to use a specific provider to access my dental benefits under the plan?**

No, you may choose any dentist you wish.
- 12. If I am enrolled in another plan and I want to enroll in this plan, will the other plan be automatically cancelled or replaced?** No. New enrollees in these plans that are already enrolled in other plans offered by other organizations will be responsible for cancelling other coverage even if the other coverage is payroll-deducted from your retirement benefit. The new plan coverage **will not automatically** cancel or replace any other coverage you may have that is provided by other organizations or associations.



VISION PLAN ENHANCE-

- **Dedicated Customer Advocate located in Raleigh, North Carolina to better serve the needs of the North Carolina State Retirees.**

	Plan 1	Plan 2
Retiree	\$9.76	\$6.82
Retiree/Family	\$20.00	\$13.98

VISION PLAN HIGHLIGHTS

- **You may get your eye exam at one place, and take your prescription to an in-network retailer to fill.**
- **\$130 frame allowance**
- **Standard scratch coating covered in full**
- **Polycarbonate lenses covered in full**
- **Covered-in-full contact lens benefit ^{1,2}**
- **Lower out-of-pocket expense**
- **No waiting period**

FREQUENCY OF SERVICES

Comprehensive Exam:	Once every 12 months
Lenses:	Once every 12 months
Frame:	Once every 24 months
Contact Lenses:	Once every 12 months (contacts in lieu of lenses and frame)

Benefit	PLAN 1 Exam and Materials Plan		PLAN 2 Materials Only Plan	
	In-Network ¹	Out-of-Network ²	In-Network ¹	Out-of-Network ²
Copayments	\$20.00 Exam Copayment \$20.00 Materials Copayment	Not applicable	\$20.00 Materials Copayment	Not applicable
Comprehensive Exam by an Ophthalmologist (MD) or Optometrist (OD)	Covered in Full	Up to \$64.00	Not applicable	Not applicable
Standard Lenses – per pair				
Single Vision	Covered in Full	Up to \$40.00	Covered in Full	Up to \$40.00
Lined Bifocal	Covered in Full	Up to \$60.00	Covered in Full	Up to \$60.00
Lined Trifocal	Covered in Full	Up to \$80.00	Covered in Full	Up to \$80.00
Lenticular	Covered in Full	Up to \$80.00	Covered in Full	Up to \$80.00
Frames – Standard	Up to \$130.00 ³	Up to \$50.00	Up to \$130.00 ³	Up to \$50.00
Contact Lenses (in lieu of lenses and frame)				
Cosmetic – Elective	Covered in Full ⁴	Up to \$125.00	Covered in Full ⁴	Up to \$125.00
Necessary	Covered in Full ⁵	Up to \$210.00	Covered in Full ⁵	Up to \$210.00
Patient Lens Options	Standard scratch coating and polycarbonate lenses are covered in full. Items such as basic and high-end progressive, transition, UV coating and anti-reflective coating are available to members at a reduced cost.	Included in lens pricing	Standard scratch coating and polycarbonate lenses are covered in full. Items such as basic and high-end progressive, transition, UV coating and anti-reflective coating are available to members at a reduced cost.	Included in lens pricing
Laser Vision Correction	Discounts available through network providers. For additional information contact 1-800-980-2965 or visit www.myuhcvision.com	No coverage	Discounts available through network providers. For additional information contact 1-800-980-2965 or visit www.myuhcvision.com	No coverage

RETIREE'S VISION PLAN SELECTION APPLIES TO RETIREE AND ALL DEPENDENTS

Exam and Materials Plan / Materials Only Plan

- ¹ Network Benefits: Materials copays and patient options are paid to the network provider by the plan participant.
- ² Out-of-Network Benefits: The plan participant pays full fee to the provider and UnitedHealthcare Vision reimburses the member for services rendered up to maximum allowance. There are no copays or deductibles.
- ³ Frame Benefit: UnitedHealthcare Vision's generous frame benefit applies to virtually all of the frames on the market today, and most of those are covered in full, with no additional cost to the member, other than applicable copay. With UnitedHealthcare Vision's frame benefit, all frames with a \$50.00 wholesale cost or less are covered in full at private practice providers. For any frame with a wholesale cost greater than \$50.00 at private practice providers, the member only pays the difference between the wholesale cost of the frame and the \$50.00 allowance. Plan participants receive a \$130.00 retail frame allowance for frames purchased at retail chain providers, and for any frame above \$130.00, the member will only pay the difference.
- ⁴ Contact Lens Benefit: Contact lenses are provided in lieu of eyeglasses (lenses and frame). UnitedHealthcare Vision's contact lens benefit covers in-full (after applicable copayment) the fitting/evaluation fees, contacts (including up to four boxes of disposables, depending on prescription), and up to two follow-up visits. An allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside of UnitedHealthcare Vision's covered-in-full contacts (materials copay does not apply). Toric, gas permeable and bifocal contact lenses are all examples of contacts that are outside of our covered-in-full selection.
- ⁵ Necessary contact lenses are determined at the eye care provider's discretion for one or more of the following conditions: Following cataract surgery without intraocular lens implant; To correct extreme vision problems that cannot be corrected with spectacle lenses; With certain conditions of anisometropia; With certain conditions of keratoconus. If an out-of-network provider considers contacts necessary, members should ask their out-of-network provider to contact UnitedHealthcare Vision concerning the reimbursement that UnitedHealthcare Vision will make before they purchase such contacts.

Plan Enhancement

Dedicated Senior Level Customer Advocate | 1-800-980-2965, Press option #2

Provider List Issues/Out-of-Network Claims

How Does It Work?

Members that are having an issue with their provider not being in-network can call this dedicated customer advocate to ensure special assistance in receiving the highest level of reimbursement allowed.

1. Who is eligible?

Retirees, their spouses and unmarried children (up to age 19 or 25 if a full time student). Handicapped children are eligible regardless of age. As a surviving spouse, you must enroll in the plan through the normal enrollment process. However, you must complete a new enrollment form and submit it to State Insurance Services at the address below.

Member must notify State Insurance Services by mail or fax when dependents no longer meet eligibility requirements. Mailing address: State Insurance Services, P.O. Box 30397, Raleigh, NC 27622 or Fax: 1-919-571-0920

2. How do I verify my eligible benefits and plan coverage?

To view your certificate of coverage (plan document), please visit the SIS Web site at: www.stateinsservices.com.

3. How do I identify myself as a UnitedHealthcare Vision member utilizing a network provider?

When contacting a network provider to make your appointment, simply give the provider the subscriber's unique identification number, the patient's name and date of birth, and identify yourself as a member of the UnitedHealthcare Vision Plan. The network provider will verify your eligibility and coverage with UnitedHealthcare Vision prior to your scheduled appointment.

4. Am I limited in the kind of frames I can choose?

No, when you visit a UnitedHealthcare Vision in-network provider your plan allowance applies to any frame available.

5. Are the UnitedHealthcare Vision in-network providers the same as our previous vendor?

(a) No, to verify if your provider participates with UnitedHealthcare Vision, ask your provider or contact UnitedHealthcare Vision at 1-800-980-2965 before services are performed.

(b) You may nominate your provider by calling UnitedHealthcare Vision. A customer service representative will ask you for the provider's name, address and telephone number. UnitedHealthcare Vision will contact your provider. You may also visit the UnitedHealthcare Vision Web site at www.myuhcvision.com and complete a Provider Nomination Form.

6. My provider is not in your network, but was in the last vendor's network. I have used my doctor for a long time and I don't want to change doctors. What can I do?

The customer advocate has been created to ensure customer satisfaction and reimbursement to the highest amount allowed. This dedicated representative is available Monday through Friday from 8:00 a.m. to 4:30 p.m. (Refer to box at top of page)

7. How do I file my out-of-network claims?

For all out-of-network claims you will need to send your itemized receipts, with the primary insured's unique identification number, and the patient's name and date of birth to:

UnitedHealthcare Vision
P.O. Box 30978
Salt Lake City, UT 84130

You do not need a claim form to submit receipts for reimbursement.

Options available to members that seek services using an out-of-network provider (Refer to box at top of page):

To ensure that members who visit an out-of-network provider are compensated at the highest level of reimbursement allowed, please call 1-800-980-2965, press #2 and our Dedicated Senior Level Customer Advocate will answer any questions and review your claims. The dedicated representative is available Monday through Friday 8:00 a.m. to 4:30 p.m.

Listed below is just some of the information you can find and utilize on UnitedHealthcare Vision's Web site:

- UnitedHealthcare Vision Web site www.myuhcvision.com
- Look up network providers for current and future members
- View eligibility, benefits summary, claim information and Provider nomination form

Vision questions? Call UnitedHealthcare Vision 1-800-980-2965 | Fax: 1-248-733-6060

Monday through Friday from 8 a.m. to 11 p.m. | Saturday from 9 a.m. to 5:30 p.m. | www.myuhcvision.com

Arranged by:

State Insurance Services, Inc. | P.O. Box 30397 | Raleigh, NC 27622 | 1-800-462-7864 | www.stateinsservices.com | Fax 919-571-0920

This dental and vision products are underwritten by UnitedHealthcare Insurance Company and is administered by Dental Benefit Providers, Inc.
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