



# ***Municipal Insurance Trust of NC Dental Plan II***

***These are only the highlights.***

*This Benefit Summary highlights only some of the many benefits available under the **Dental Plan II.***

*A complete description regarding the terms of coverage, including exclusions and limitations are provided in your summary plan description.*

***The Municipal Insurance Trust of North Carolina benefits are administered by the North Carolina League of Municipalities and MedCost Benefit Services.***

***This is a summary of benefits. In the event of a discrepancy between this summary and the Summary of Benefits (booklet), the approved Summary of Benefits (booklet) will govern.***

#### **PREVENTIVE AND DIAGNOSTIC CARE**

Our goal is to keep you healthy. Preventive and diagnostic dental coverage (Class I Expenses) help uncover potential problems before they affect your dental health.

#### **EMERGENCY DENTAL CARE**

Don't worry. No matter where you travel in the U.S. or worldwide, you are covered for emergency dental care.

#### **CHOICE OF DENTIST**

There is no network of providers for dental services. You can use any dentist. Depending on the dental office you select, you may have to pay for services received and file a claim for reimbursement.

#### **CUSTOMER SERVICE TOLL-FREE NUMBER FOR DENTAL**

You can also get facts on dental benefit coverage, dental claim status and dental eligibility by calling MBS Customer Service at **1-800-795-1023**

#### **CLAIMS FILING ADDRESS: MBS**

**P O BOX 25987  
Winston-Salem, NC 27144-5987**

#### **REIMBURSEMENT METHOD**

Coverage is based on the fixed fee schedule for Dental Plan II.

**July 1, 2011**

***This is a summary of benefits for Dental Plan II.***

<b><i>Benefits</i></b>	<b><i>Dental Plan II</i></b>
<b><i>Calendar Year Maximum (Class I, II, III Expenses)</i></b>	\$1,000 per person
<b><i>Calendar Year Deductible</i></b> Individual Aggregate Family Maximum *Note: Dental Expenses that were incurred and applied toward the Individual or Family Deductible during the last 3 months of the Calendar year will be applied toward the next year's Deductible.	\$50 per person \$100 per family
<b><i>Class I Expenses - Preventive &amp; Diagnostic Care</i></b> Oral Exams (Two per Calendar Year) Cleanings (Two per Calendar Year) Full Mouth X-rays (One complete set every 3 Calendar Years) Bitewing X-rays (Two per Calendar Year) Panoramic X-ray (One per every 3 Calendar Years) Fluoride Application (One per Calendar Year, up to age 14) Space Maintainers (Limited to non-orthodontic treatment) Sealants (Limited to permanent posterior teeth, up to age 14) Emergency Care to relieve pain	100%, no deductible
<b><i>Class II Expenses - Basic Restorative Care</i></b> Fillings Root Canal Therapy Osseous Surgery Periodontal Scaling and Root Planing Denture Adjustments and Repairs Extractions Anesthetics Oral Surgery	80%, after deductible
<b><i>Class III Expenses - Major Restorative Care</i></b> Crowns Dentures Bridges	50%, after deductible
<b><i>Missing Tooth Provision</i></b>	Individual is covered at 50% until insured for 24 months.
<b><i>Late Enrollees</i></b> (Does not apply to Class I expenses.)	If employee or dependents are not added when first eligible, then payment at 50% for 12 months.
<b><i>Pretreatment Review</i></b>	Available on a voluntary basis when extensive dental work in excess of \$200 is proposed.

**Special claims filing note:** Claims must be filed within one year from the date covered expense is incurred.

Dependents currently covered under the plan will continue to be eligible for coverage to age 26 without proof of full time student status

Dependents not currently covered under the plan that have aged out (age 19 and over) will be eligible for coverage as a dependent July 1, 2011 without proof of full time student status.

**Benefit Exclusions** *(by way of example but not limited to):*

- Treatment by anyone other than a Dentist or Physician, except of performed by a duly qualified technician under the direction of a Dentist or Physician;
- Services performed solely for cosmetic reasons;
- Replacement of a lost or stolen appliance;
- Replacement of a bridge or denture within five years following the date of its original installation;
- Replacement of a bridge or denture which can be made useable according to dental standards;
- Procedures, appliances or restorations, other than full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of TMJ, stabilize periodontal involved teeth, or restore occlusion;
- Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars;
- Bite registrations; precision or semi-precision attachments; splinting;
- Surgical implant of any type including any prosthetic device attached to it;
- Instruction for plaque control, oral hygiene and diet;
- Dental Services that do not meet common dental standards;
- Services that are deemed to be medical services;
- Services and supplies received from a hospital; medically necessary charges incurred by a participant during confinement in a hospital, including anesthetics, will be considered for payment as a medical expense.
- Charges which the person is not legally required to pay;
- Charges made by a hospital which performs services for the U.S. Government if the charges are directly related to a condition connected to a military service;
- Experimental or investigational procedures and treatments;
- Any injury resulting from, or in the course of, any employment for wage or profit;
- Any sickness covered under any workers' compensation or similar law;
- Charges in excess of the reasonable and customary allowances;
- Reasonable and customary other than the 90th percentile