

DENTAL **Blue** SELECT<sup>SM</sup>

# Administrative Guide

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**BlueCross BlueShield  
of North Carolina**

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# Dental Blue Select Administrator Guide

Welcome to Blue Cross and Blue Shield of North Carolina Dental Blue Select plan. We have prepared this Administrative Guide to provide you with a resource regarding enrollment, billing, claims filing, initial contact information and other important items.

## I. Implementing a New Dental Blue Select Plan

The first step in implementing your new plan is to ensure the Dental Blue Select Employer Group Application has been fully completed and signed by an authorized group representative, the Dental Blue Select Application/Change Form has been fully completed and signed by each enrolling employee and a binder check for the 1<sup>st</sup> month's premium has been issued. All forms and the binder check should be mailed to the address listed below at least fourteen (14) days prior to the effective date of the plan. All applications are available on our website at [www.bcbsnc-dental.com](http://www.bcbsnc-dental.com). The Dental Blue Select Employer Group Application and Dental Blue Select Application/Change forms, along with a binder check must be mailed to:

**BCBSNC Dental Blue Select  
ATTN: Billing Department  
P.O. Box 2400  
Winston-Salem, NC 27102-2400**

Upon approval of a completed Dental Blue Select Employer Group Application and timely submission of completed Dental Blue Select Application/Change forms along with a binder check, your employees will receive their ID cards within three (3) business days before the effective date of coverage and their Benefit Booklet within fifteen (15) days after the effective date of coverage. If Dental Blue Select Application/Change forms are not submitted timely and correctly completed, ID cards will be delayed. **The member should present his or her ID card each time dental services are provided.**

Upon approval of your Dental Blue Select Employer Group Application and receipt of your binder check, Dental Blue Select will send you an email or contact you via telephone within three (3) business days notifying you of the acceptance of your Dental Blue Select Employer Group Application. You will receive a Dental Blue Select Contract, copy of the Dental Blue Select Employer Group Application and the Benefit Booklet within fifteen (15) days of the effective date of the plan.

If your Dental Blue Select Employer Group Application is declined by Dental Blue Select, you will receive written notification along with your initial binder check within ten (10) business days of the receipt date of the Dental Blue Select Employer Group Application notifying you of the reason for denial of the Dental Blue Select Employer Group Application.

To avoid any unnecessary delays in the processing of the Subscribers' Dental Blue Select Application/Change form, please review the forms to ensure that:

1. All enrolling members have completed the Application/Change form.
2. All members signed and dated the Application/Change form prior to the effective date of the plan.
3. If applicable, the employer division number is on the Application/Change form
4. Tier coverage has been selected (i.e. employee, employee and spouse, employee and child(ren), employee and family).

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5. If a dependent child is identified as handicapped, ensure that the required form has been completed and is attached to the Application/Change form. The handicapped form can be found at [www.bcbsnc-dental.com](http://www.bcbsnc-dental.com).

**It is very important to remember that if employees have elected medical coverage the medical enrollment will not enroll them in the Dental Blue Select plan.** A Dental Blue Select Application/Change form must be completed and submitted to Blue Cross Blue Shield of North Carolina Dental Blue Select in order for your eligible employees to receive Dental Blue Select coverage.

### **A. How to Submit Initial Eligibility & Membership Data**

1. Employees must complete the paper enrollment forms and employer must mail the signed completed forms to:

**BCBSNC Dental Blue Select  
Attn: Enrollment Department  
P.O. Box 2400  
Winston-Salem, NC 27102-2400**

2. Send electronic eligibility files through eBenefitNow. Please contact your Producer or Account Manager for more information about electronic eligibility submission. If elected, Blue Cross Blue Shield of North Carolina will work directly with BenefitFocus to ensure a successful transmission of electronic eligibility files.

### **B. How to Submit Eligibility & Membership Data after Initial Enrollment**

1. Please visit our website [www.bcbsnc-dental.com](http://www.bcbsnc-dental.com) for prompt submission of enrollment, termination and eligibility changes. The signed paper applications must be mailed or faxed to BCBSNC Dental Blue Select for coverage to be effective.
2. Employees must complete the paper enrollment forms and employer may mail the signed completed forms to:

**BCBSNC Dental Blue Select  
Attn: Enrollment Department  
P.O. Box 2400  
Winston-Salem, NC 27102-2400**

3. Employees must complete the paper enrollment forms and employer may fax the signed completed forms to:

**BCBSNC Dental Blue Select  
Attn: Enrollment Department  
Fax: 336-714-1445**

4. Send electronic eligibility files through eBenefitsNow. Please contact your Producer or Account Manager for more information about electronic eligibility submission. If elected, Blue Cross Blue Shield of North Carolina will work directly with BenefitFocus to ensure a successful transmission of electronic eligibility files.

## II. Membership Maintenance Updates

Membership Maintenance includes additions, changes, and terminations of coverage. Employer groups should submit eligibility/member maintenance on a daily/weekly basis. All membership maintenance requests will be processed within 3-5 business days of the receipt date. **It is very important to remember that if employees have elected medical coverage the medical enrollment will not enroll them in the Dental Blue Select plan.** A Dental Blue Select Application/Change form must be completed and submitted to Blue Cross Blue Shield of North Carolina Dental Blue Select department in order for your eligible employees to receive Dental Blue Select coverage. Membership maintenance falls into three categories:

1. **Additions** - adding a new member
2. **Changes** – changing name, address, marital status and coverage type
3. **Terminations** – removing any member from an active certificate at the time ineligibility occurs. All coverage will terminate the last day of the month in which the event occurred.

Probationary periods:

Employers may choose one of three probationary periods for all new employees by making the appropriate selection on the group application form:

1. First day of the month following date of hire;
2. First day of the month following thirty days from the date of hire;
3. First day of the month following sixty days from the date of hire.

Eligibility forms can be printed or submitted from our website located at [www.bcbsnc-dental.com](http://www.bcbsnc-dental.com). You may mail or fax the completed form to:

**BCBSNC Dental Blue Select  
Attn: Enrollment Department  
P.O. Box 2400  
Winston-Salem, NC 27102-2400  
Fax: 336-714-1445**

**Eligibility additions, terminations or changes written in on your monthly invoice will not be processed. The signed completed enrollment/change form must accompany the invoice in order for the request to be processed.**

### A. Member Eligibility

The following are Blue Cross and Blue Shield of North Carolina's standard eligibility definitions. Please refer to your existing Blue Cross Blue Shield of North Carolina group contract for identification of any special Dental Blue Select eligibility circumstances.

1. Eligible Employees
  - a. Active full-time Employee

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

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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 filing are not considered full-time employees and are thus ineligible.

### b. Military Leave of Absence

The federal Uniformed Services Employment and Reemployment Rights Act (USERRA) requires employers to allow employees who enter into service in the Uniformed Services and their covered dependents to extend group dental coverage. The Uniformed Services includes the Armed Forces, the Army and Air National Guards, and the Commissioned Corps of the Public Health Service (*and any other category of persons designated by the President of the United States in time of war or national emergency*). This period of time is referred to as a military leave of absence.

The employer must provide the employee an opportunity to elect extension of coverage (*for him/herself and covered dependents*) beginning on the date the absence from employment begins, for the lesser of:

- i. A period of 24 months, or
- ii. A period ending on the day following the employee's failure to notify the employer of intent to return to work following conclusion of service in the Uniformed Services.

*(See time frames for reporting for reemployment below)*

- An employee, who elects to continue coverage, as described above, may not be required to pay more than 102% of the full premium under the plan, in the same manner it is calculated for COBRA.
- If service in the Uniformed Services is less than 31 days, the person who continued coverage may not be charged more than the regular employee contribution under the plan for him/herself and any covered dependents.

You must notify Blue Cross Blue Shield of North Carolina within 90 days following the start of the military leave that the employee's coverage is to be extended/suspended.

Employees returning to their civilian employers after military leave must be treated as if they had been employed continuously. They should be considered as having been on furlough or leave of absence during their period of active service. They are entitled to participate in insurance benefits offered by the employer in accordance with the employer's rules and practices related to employees on furlough or leave of absence.

The full text of USERRA can be found at [http://www/esgr.org/userra.html](http://www.esgr.org/userra.html).

### c. Elected Officials

If your plan has more than 50 eligible employees, your plan may elect to cover Elected Officials under this Blue Cross Blue Shield of North Carolina

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Dental Blue Select plan. You must note on the enrollment application that this member is an elected official.

### 2. Eligible Spouse:

#### a. Spouse

An eligible spouse is a person married to the employee. The person is eligible while married to the employee. The marriage must be legally valid and between persons of the opposite sex.

#### b. *If Employee Marries:* If an employee marries and chooses to include his or her spouse on the Dental Blue Select plan, the employee must complete a change application within 30 days following the date of marriage. The coverage change becomes effective on the first day of the month following the date of marriage. Any requests for coverage of a spouse made more than 30 days after the date of marriage may require a waiting period

#### c. *If Employee Separates:* In the event of a separation, the employee may continue coverage of the spouse during the period of separation or remove the spouse from his/her coverage. If the spouse is to be removed, the employee must complete and sign a Change Application. You should make sure that the date of separation and the name and address of the spouse to be removed are recorded on the form. A change in the employee's marital status may necessitate a change in the type of contract. A dependent spouse must be removed from the Dental Blue Select plan in the event of death or divorce.

### 3. Domestic Partner:

#### a. If your plan covers domestic partners, they are covered so long as the employee and his or her domestic partner have attested to the group administrator, in writing to the following:

- i. That the employee and his or her domestic partner are both mentally competent;
- ii. That the employee and his or her domestic partner are both at least the age of consent for marriage in the state of North Carolina;
- iii. That the employee and his or her domestic partner are not blood to a degree of closeness that would prohibit legal marriage in North Carolina;
- iv. That the employee and his or her domestic partner are not married to anyone else;
- v. That the employee and his or her domestic partner are mutually responsible for the cost of basic living expenses as evidenced by joint home ownership, common investments, or some other similar evidence of financial interdependence;
- vi. That the employee and his or her domestic partner live together and intend to do so permanently;
- vii. That the employee has not had a domestic partner covered under this dental benefit plan at any time within the past twelve months before adding this domestic partner unless the previous domestic partnership was terminated by death.

The conditions listed in ii-vii above must remain true and correct for your domestic partner to remain an eligible dependent under the terms of this coverage.

### 4. Eligible Dependent Child(ren):

Eligible dependent child(ren) are the employee's unmarried dependent child(ren). If the same group employs both parents and each is enrolled on a separate certificate, eligible child(ren) may be split between the two certificates. However, both spouses cannot cover the same child(ren) on each of their certificates. Employees may cover their dependent child(ren) not living with them if they are legally responsible for their dental care. Legal court ordered documentation would be required.

#### a. Definition of Dependent Child(ren):

Blue Cross and Blue Shield of North Carolina defines dependent child(ren) as listed below:

- i. The employee's natural child(ren) less than age 26.
- ii. Legally adopted child(ren), child(ren) legally placed for adoption, stepchild(ren) and foster child(ren) less than age 26. Child(ren) legally placed for adoption require additional court ordered documentation.
- iii. Mentally retarded and/or physically disabled child(ren), if the condition existed and coverage was in effect upon attainment of the limiting age. In order to establish a child's eligibility for continuation of coverage after attainment of the limiting age the "Coverage Request for Mentally Retarded or Physically Handicapped Child(ren)" form must be completed and submitted for underwriter approval within 30 days of the limiting age as defined in the Group Contract. An eligible mentally retarded and/or physically disabled child may be continued until:
  - The child ceases to be classified as mentally retarded and/or physically disabled.
  - The child marries (*if this occurs, the child is no longer eligible for coverage regardless of age, subsequent separation, or divorce*); or the employee removes the child from coverage.

### **B. Enrollment Request**

Employer groups should submit enrollments on a daily/weekly basis. The requests will be processed within 3-5 business days of the receipt date. Blue Cross and Blue Shield of North Carolina will update your group's membership record and your next monthly invoice according to the enrollments submitted. In order to ensure your membership is processed in a timely manner, please review the applications to ensure that:

1. The member filled out the Application/Change form completely.
2. Member signed and dated the application within thirty (30) days of the eligibility date. Members will be made effective as a late add and will be subject to waiting period conditions if the application is not signed within 30 days of the eligibility date. (*see late enrollment section*)
3. Effective date is listed on the application.
4. Member included hire date, birth date and dependent information on the application.
5. Tier coverage has been selected (*i.e. employee, employee and spouse, employee and child(ren), employee and family*).

### **C. Member Loss of Coverage**

1. Employee loss of coverage

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You should submit a Dental Blue Select Application/Change form to Blue Cross Blue Shield Dental Blue Select as soon as your employee or covered dependents lose Dental Blue Select coverage. All loss of coverage effective dates will be the last day of the month in which the event occurs. (*i.e. Employees employment terminates on April 20<sup>th</sup>, coverage will end April 30<sup>th</sup>.*) The form must contain the employee's name, social security number, date of birth, loss of coverage event date (use last day of the month coverage will end), and reason for loss of coverage. The form will be processed within 3-5 business days of the receipt date and your next monthly invoice will be adjusted accordingly. Blue Cross Blue Shield of North Carolina will give a retro premium credit of 30 days from the date of the end of coverage, if necessary. If your plan has a premium pre-tax deduction plan (Section 125 Plan), the employee must incur a qualifying event in order to drop coverage. Qualifying events are termination of employment for any reason, reduction in hours, or obtained other coverage.

### 2. Removing a Spouse or Dependent Child

*Dependents* must be removed from coverage when they are no longer eligible, such as when a child is no longer eligible due to age, marriage or loss of full-time student status, or when a spouse is no longer eligible due to divorce or death. To remove a dependent you should submit to Dental Blue Select the appropriate form with all the required fields of dependent's name, dependent's date of birth, qualifying event date (last day of the month coverage will end) and reason for termination. The form will be processed within 3 – 5 business days of the receipt date and your next monthly invoice will be adjusted accordingly. Blue Cross Blue Shield of North Carolina will give a retro premium credit of 30 days from the date of the end of coverage, if necessary. Examples of when a dependent must be removed are below:

- a. Child reaches the maximum age of 26,
- b. Child marries,
- c. Child dies,
- d. Child no longer qualifies as mentally retarded and/or physically disabled,
- e. Divorce of spouse,
- f. Legal separation from spouse, or
- g. Spouse dies.

### D. Adding a Dependent Spouse or Child

1. You should submit a Dental Blue Select Application/Change form on a daily/weekly basis to BCBSNC Dental Blue Select when a subscriber needs to add an eligible member to their coverage. (*i.e. employee marries on May 20<sup>th</sup>, employee signs and dates a form to add spouse within thirty (30) days the spouse will be effective June 1<sup>st</sup>.*) A member being added due to a qualifying event will be added the 1<sup>st</sup> day of the following month. Qualifying events must be submitted in writing within 30 days of the event. The form will be processed within 3-5 business days of the receipt date and your next monthly invoice will be adjusted accordingly. A qualifying event is one of the following:
  - a. Marriage
  - b. Birth \*
  - c. Adoption or foster care, from date of legal placement

\*A newborn infant may be added for coverage at birth or within one year of birth. The employee must sign a change application within 30 days after the birth of the child or 30 days within the child's first birthday, listing the newborn's name and date of birth, and indicating the new tier type.

## E. Late Enrollments

### Dental Late Enrollments

You are a timely enrollee if you apply for coverage and/or add dependents within a 30-day period of when you first become eligible for coverage under this dental benefit plan or within 30 days following a qualifying event as described above. Once dental coverage has terminated, regardless of the reason, you may not re-enroll, unless a qualifying event occurs.

If you apply for coverage at a time which does not qualify you or your dependents as timely enrollees as stated above, then you are considered late enrollees. Late enrollees have no waiting period for diagnostic and preventive services. Where timely enrollees have waiting periods, these waiting periods are doubled for late enrollees. See “Waiting Periods” below for late enrollees.

#### 1. Waiting Periods

- a. STANDARD PLAN
  - i. Late enrollees will not have a waiting period on Diagnostic and Preventive services
  - ii. Late enrollees will have a 12 month waiting period on Basic
  - iii. Late enrollees will have a 24 month waiting period on Major
  - iv. Members who drop Dental Blue Select cannot re-enroll without a qualifying event
- b. COMPLETE PLAN
  - i. Late enrollees will not have a waiting period on Diagnostic and Preventive services
  - ii. Late enrollees will have a 12 month waiting period on Basic
  - iii. Late enrollees will have a 24 month waiting period on Major
  - iv. Members who drop Dental Blue Select cannot re-enroll without a qualifying event
- c. ENHANCED PLAN
  - i. Enrollees will not have a waiting period on Diagnostic and Preventive services
  - ii. Late enrollees will have a 12 month waiting period on Basic
  - iii. Late enrollees will have a 24 month waiting period on Major
  - iv. Late enrollees will have a 24 month waiting period on Orthodontia, if selected
  - v. Members who drop Dental Blue Select cannot re-enroll without a qualifying event

## III. Your Monthly Invoice

### A. The Invoice

1. Blue Cross and Blue Shield of North Carolina will produce your Dental Blue Select group's invoice systematically and mail/email the invoice twenty (20) calendar days prior to the due date.

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2. Payment for the invoice is due no later than the 1<sup>st</sup> of the month of the month of coverage (i.e. coverage for April is due by April 1<sup>st</sup>), if paying by check. Bank drafts will be initiated the 2<sup>nd</sup> business day of the month of coverage.
3. Your monthly invoice is made up of several components that break down the total monthly charges for your group. The length of your invoice will depend upon the size of your account. The components are:
  - a. Premium payment coupon that **must** be returned with your premium payment.
  - b. A total summary of each account by group by the tier code.
  - c. A list of each subscriber by tier code broken out by group.
  - d. An Invoice Adjustment Form.
4. Terminations may qualify for one (1) month of retroactivity. The maximum credit you may receive is one (1) month of premium for any terminations that are received by Dental Blue Select Customer Service regardless of the termination date. This includes changing tiers of coverage (*i.e. John Doe gets divorced February 1<sup>st</sup>. John notifies the group May 1<sup>st</sup>, who immediately notifies Dental Blue Select Enrollment Department. John's coverage changes from Employee + Spouse to Employee Only effective February 28th, but only one (1) month of premium credit will be given*).
5. An Invoice Adjustment form will be provided as part of the invoice for your group to make any changes to the invoice that you receive on the 10<sup>th</sup>. This form along with the accompanying signed and completed Employee Change forms **must be returned with payment for your paid thru date to be advanced (These forms are necessary to assure that any COBRA qualifying events are handled promptly and appropriately)**. If the proper paperwork is not received, an email will be sent to the Group Administrator and Producer notifying what information is missing.
6. Please call Dental Blue Select Customer Service at 888-471-2738 with any questions you have regarding your invoice.

### **B. Invoice Reconciliation Process**

To ensure accurate and timely processing of your invoice, please keep the following in mind when reconciling your invoice:

Assemble all Dental Blue Select Application/Change forms completed since your last reconciliation statement.

Review your invoice and submit the Invoice Adjustment form with the completed Application/Change forms and the premium remittance coupon along with payment.

1. Any credits due to changes received after the Invoice Adjustment form is submitted will be applied to your next invoice.
2. Any premiums posted will be applied to the group not to individual subscribers.
3. Please return the payment coupon attached to your invoice with any premium payment.

### **C. Reviewing Your Monthly Invoice**

To ensure continued accuracy of your membership data, you should audit your invoice monthly. Here are a few helpful hints on what you should verify monthly:

1. The Enrollment of all Eligible Employees
2. Effective Dates
3. Terminations

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4. Rates
5. Tiers (*Employee/Spouse*)
6. From and To Dates
7. Paid Thru Dates
8. Balance Forwards

After reviewing fill out the Invoice Adjustment form and return the form along with the completed Application/Change forms to receive credit for the changes your group has made.

If your group does not receive a regularly scheduled invoice, call Dental Blue Select Customer Service toll-free immediately at 888-471-2738.

### **D. Group Reinstatement**

Blue Cross and Blue Shield of North Carolina does not allow reinstatements for groups terminated due to non-payment of premiums.

### **E. Payment Method**

1. Payment can be made via check or bank draft. Bank drafts will be processed on the 2<sup>nd</sup> business day of the month of coverage.
2. Any groups that wish to change from paying by check to paying by bank draft must notify Dental Blue Select Customer Service at 888-471-2738 by the 20<sup>th</sup> of the month preceding the month of coverage (*i.e. for an April invoice we must be notified by March 20<sup>th</sup>*).

## **IV. How to File a Claim**

Employees needing assistance with filing a claim may call the Dental Blue Select Customer Service toll free number at 888-471-2738 between the hours of 8:00 am – 6:00 pm eastern standard time. The employee should have their ID card readily accessible as they will be asked to provide their Member Identification Number.

The employee may obtain a dental claim form by accessing our website at [www.bcbsnc-dental.com](http://www.bcbsnc-dental.com). The printed web claim form will contain the Dental Blue Select claims mailing address as well as the provider payer ID number for submitting claims electronically. Before filing a claim, the employee should make sure the top portion of their dental claim form is completed. Incomplete fields will delay processing of their claim.

When submitting a claim, the employee or their provider should mail the completed claim form to:

**BCBSNC Dental Blue Select  
Attn: Claims Unit  
P.O. Box 2400  
Winston-Salem, NC 27102  
Fax: 336 714-1445**

The member may access [www.bcbsnc-dental.com](http://www.bcbsnc-dental.com) for claims status 24 hours a day 7 days a week or call Dental Blue Select Customer Service toll free at 888-471-2738, Monday – Friday, 8:00 am – 6:00 pm.

## V. Grievance/Appeals Process

BCBSNC offers a grievance procedure for our members. Grievances include dissatisfaction with a claims denial or any of our decisions (including an appeal of a non-certification decision), policies or actions related to the availability, delivery or quality of dental services. If you have a grievance, you have the right to request that BCBSNC review the decision through the grievance process. The grievance process is voluntary and may be requested by the member or an authorized representative acting on the member's behalf with the member's written consent. In the event you appoint an authorized representative, references to "you" under this section mean "you or your authorized representative" (i.e., the authorized representative may pursue your rights and shall receive all notices and benefit determinations). For each step in this process, there are specified time frames for filing a grievance and for notifying you or your provider of the decision. All correspondence related to a request for a review through BCBSNC's grievance process should be sent to:

**BCBSNC Dental Blue Select  
Attn: Claims Unit  
P. O. Box 2400  
Winston Salem, NC 27102-2400  
Fax: 336-714-1445**

### Steps To Follow In the Grievance Process

#### 1. First Level Grievance Review

The review must be requested in writing, within 180 days of a denial of benefit coverage. To request a form to submit a request for a first level grievance review, you may visit our Web site at [www.bcsnc-dental.com](http://www.bcsnc-dental.com) or call BCBSNC Dental Blue Select Customer Service at the number given in "How to Communicate with us".

Any request for review should include:

- a. Subscriber's ID Number
- b. Subscriber's Name
- c. Patient's Name
- d. The Nature of the grievance
- e. Any other information that may be helpful for the review

Within three (3) business days after receipt of a review request, BCBSNC will provide the member with a mailed acknowledgement letter indicating the name, address and phone number of the grievance coordinator. BCBSNC will also give instructions on how to submit written materials. For grievances concerning quality of care (i.e. member complaint about treatment from the provider), an acknowledgement will be sent by BCBSNC to the member within 3-10 business days.

Although the member is not allowed to attend a first level grievance review, BCBSNC asks that the member send all of the written material they feel is necessary to make a decision. BCBSNC will use the material provided in the request for review, along with other available information, to reach a decision. The member will be notified in clear written terms of the decision, within a reasonable time but no later than thirty (30) days from the date BCBSNC received the request. The member may then request all information that was relevant to the review.

### 2. Second Level Grievance Review

If the member is dissatisfied with the first level grievance review decision, they have the right to a second level grievance review. Second level grievances are not allowed for benefits or services that are clearly excluded by this benefit booklet, or quality of care complaints. The request must be made in writing within 180 days of the first level grievance review decision. Within ten business days after BCBSNC receives the request for a second level grievance review, the following information will be mailed to the member:

- a. Name, address and telephone number of the grievance coordinator
- b. A statement of the member's rights, including the right to:
  - i. Request and receive from us all information that applies to the case
  - ii. Attend the second level grievance review meeting
  - iii. Present their case to the review panel
  - iv. Submit supporting material before and at the review meeting
  - v. Ask questions of any member of the review panel
  - vi. Be assisted or represented by a person of their choosing, including a family member, employer representative, or attorney

The second level review meeting, which will be conducted by a review panel coordinated by BCBSNC using external physicians and/or benefit experts, will be held within 45 days after BCBSNC receives a second level grievance review request. The member will receive notice by mail of the meeting date and location at least 15 days before the meeting. The member has the right to a full review of their grievance even if they do not attend the meeting. A written decision will be issued by mail to the member within five (5) business days of the review meeting.

## VI. Renewing your Dental Blue Select Plan

### A. Renewing Current Coverage:

Blue Cross Blue Shield of North Carolina Dental Blue Select will send your group and your group's Producer a renewal form at least 60 days prior to your group's contract expiration date. To renew your group's plan with your group's current Dental Blue Select Plan at the renewal rates simply sign and return the renewal form no later than thirty (30) days prior to renewal date.

### B. Terminating Coverage at Renewal:

If your group chooses to terminate coverage under the Dental Blue Select Plan your group must return the renewal form indicating that the group wishes to terminate coverage and state the reason for termination.

Your group must return renewal/termination paperwork **at least 30 days prior to the renewal date** to:

**BCBSNC Dental Blue Select  
Attn: Dental Blue Select Billing  
P.O. Box 2400  
Winston-Salem, NC 27102-2400  
Fax: 336 714-1445**

### C. Changing Plan Options:

Please contact your Producer to discuss changing your Dental Blue Select plan. **Changing benefit plans will require the submission of a new Dental Blue Select Employer Group Application at least 30 days prior to the renewal/effective date.** Once the new application has been processed your group will receive a copy of the group contract, signed Dental Blue Select Employer Group Application and member booklet for the new plan in which your group has enrolled. All subscribers will receive a new ID card showing the new benefit plan.

### D. Renewal Deadline:

If BCBSNC has not received your group's renewal paperwork within the prescribed 30 days prior to the renewal date the group and the group's Producer will be notified via email or contact you via telephone 10 days prior to your renewal date that the renewal decision is needed as soon as possible. If BCBSNC does not receive your paperwork it will be assumed that your group has chosen to renew with the current plan and an invoice sent reflecting the renewal rates.

### E. Coverage Validation:

During the renewal process please make sure that your group still meets the minimum participation requirements for the plan chosen. Please contact Dental Blue Select Customer Service at 888-471-2738 if your group does not know the minimum requirements. If your group falls below the minimum requirement for the currently enrolled plan, then the coverage may be terminated at renewal.

## VII. Agent of Record Change

If your group wishes to change the Producer for the Dental Blue Select coverage an Agent of Record Change Form must be completed. The form can be obtained by accessing [www.bcbsnc-dental.com](http://www.bcbsnc-dental.com) or by contacting Dental Blue Select Customer Service at 888-471-2738. A copy of the completed form **must be sent to both addresses below:**

BCBSNC  
Attention: Producer Operations  
P.O. Box 2291  
Durham, NC 27702  
Fax: (919) 765-3334

BCBSNC  
Attention: Billing Department  
P.O. Box 2400  
Winston-Salem, NC 27102-2400  
Fax: (336) 714-1445

BCBSNC Producer Operations will review your group's request to change producers. Your group will be notified should this change be declined.

### VIII. Consolidated Omnibus Budget Reconciliation Act (COBRA)

Federal COBRA Continuation Law applies to employer groups covering 20 or more employees. This law generally allows eligible enrollees the right to continue under the employer group dental plan for up to 18 months; although under special circumstances that time may be extended up to 36 months. Stiff penalties may be imposed on groups that do not comply with this legislation. COBRA Continuation Law applies to both fully insured (Underwritten) and self-funded (ASO) plans. However, it does **not** apply to certain church-related plans, plans covering **fewer than 20 employees**, student groups and plans covering federal employees.

Blue Cross and Blue Shield of North Carolina has chosen ACS Benefit Services, Inc. (ACS) to assist groups in providing COBRA compliance services. Please contact ACS for assistance and information on COBRA administration at:

**ACS Benefit Services, Inc.  
Attn: COBRA Department  
8025 North Point Blvd., Suite 100  
Winston-Salem, NC 27106  
Toll free: 800 849-5370, ext 1121  
Fax: 336 759-2741**

A written notice must be submitted to ACS if you do not wish for ACS to be your Dental Blue Select COBRA Administrator. If your group does not utilize the COBRA services of ACS, the group benefit administrator is responsible for all COBRA notifications, tracking COBRA membership and collecting fees from members. Neither ACS nor BCBSNC assume any responsibility for your group's COBRA administration if any administrator, other than ACS is chosen. Blue Cross Blue Shield of North Carolina does not provide legal or tax advice and you should consult with your own legal counsel for definitive advice and opinion regarding your plan's compliance.

There are three elements to qualifying for COBRA benefits. COBRA establishes specific criteria for plans, qualified beneficiaries, and qualifying events:

1. **Plan Coverage:** Group health plans for employers with 20 or more employees who are employed on more than 50 percent of its typical business days in the previous calendar year are subject to COBRA. Both full and part-time employees are counted to determine whether a plan is subject to COBRA. Each part-time employee counts, as a fraction of an employee, with the fraction equal to the number of hours that the part-time employee worked divided by the hours an employee must work to be considered full-time.
2. **Qualified Beneficiaries:** A qualified beneficiary generally is an individual covered by a group dental plan on the day before a qualifying event who is an employee, the employee's spouse, or an employee's dependent child. In certain cases, disabled or retired employees and their spouses and dependent child(ren) may be qualified beneficiaries. In addition, any child born to or placed for adoption with a covered employee during the period of COBRA coverage is considered a qualified beneficiary. Agents, independent contractors, and directors who participate in the group dental plan may also be qualified beneficiaries.

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3. **Qualifying Events:** Qualifying events are certain events that would cause an individual to lose dental coverage. The type of qualifying event will determine who the qualified beneficiaries are and the amount of time that a plan must offer the dental coverage to them under COBRA. A plan, at its discretion, may provide longer periods of continuation coverage.

### A. Qualifying Events for Employees

1. Voluntary or involuntary termination of employment for reasons other than gross misconduct.
2. Reduction in the number of hours of employment.
3. Employee is laid off.

### B. Qualifying Events for Spouses and Dependents

1. Voluntary or involuntary termination of the covered employee's employment for any reason other than gross misconduct.
2. Reduction in the hours worked by the covered employee.
3. Divorce or legal separation of the covered employee.
4. Death of the covered employee.
5. Loss of "dependent child" status under plan rules.

#### The Employer is Responsible for:

1. Upon receiving notice of a qualifying event, if you did not select ACS as your group COBRA administrator, you must provide an election notice to the qualified beneficiaries of their right to elect COBRA coverage. The notice must be provided in person or by first class mail within 14 days after receiving the notice regarding the qualifying event,
2. If ACS is the group COBRA administrator, ACS will send a COBRA notice to qualified beneficiaries within five (5) business days from the receipt of the termination notice,
3. Notifying Blue Cross Blue Shield of North Carolina within 30 days of the qualifying event.

#### The Employee/Beneficiary is Responsible for:

1. Notifying the COBRA Administrator within sixty (60) days from termination date or COBRA notification date, whichever is later, of their continue coverage acceptance,
2. Paying the initial premium within 45 days of election of continue coverage,
3. If the Employee/Beneficiary does not contact the COBRA Administrator within sixty (60) days of the termination date or COBRA notification date, which ever is later, of their acceptance and does not pay the initial premium within 45 days of election of continue coverage, then Employee/Beneficiary loses their rights for COBRA coverage.

### C. Managing Qualifying Events

When an employee and/or dependent leaves the group or has a qualifying event (*as previously listed*). ACS refers to that person as a "qualified beneficiary". A qualified beneficiary is anyone eligible for COBRA. At the occurrence of a qualifying event you should do the following:

1. The Group Administrator must remove the employee and/or dependent from coverage by promptly submitting a change form to Dental Blue Select noting the qualifying event, reason and date.
2. ACS will mail a COBRA notification form and rate sheet to the employee and spouse (*if applicable*) at the last known home address. The COBRA rate sheet outlines all dental plans

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and rates applicable to the qualified beneficiary. Included in the rate is a 2% COBRA Administration fee that is retained by ACS.

- a. The qualified beneficiary must complete the appropriate section of the notification form and mail it to ACS within sixty (60) days from the later of date of termination or date of notification,
  - b. If the employee or dependent elects COBRA, ACS will verify that the qualified beneficiary has made a timely election and has paid **applicable premiums**. A beneficiary who elects COBRA is considered a COBRA continuant. The continuant is assigned a nine-digit number based on social security number,
  - c. ACS will update the qualified beneficiary member report to the group explaining what action to take regarding the program. COBRA status will be reflected on your next billing statement.
3. ACS bills the beneficiary, collects the fees, and sends monthly member status report to you.

### D. Removing COBRA Qualified Beneficiary and Dependents

A qualified beneficiary is removed from COBRA for failure to make timely payments, reaching the end of the continuation period or becoming ineligible. Upon COBRA termination, ACS will forward a COBRA report indicating the termination reason and date to the qualified beneficiary.

### E. Renewing COBRA Rates

You will receive a COBRA Rate Renewal Form from ACS 60 days in advance of your contract expiration date. Complete the form and return it to ACS. Our contract with ACS requires that renewal rates be received by them 30 days in advance of the renewal. If you do not reply to the COBRA Rate Renewal Form, your ACS services will remain in place. ACS will notify all active qualified beneficiaries of the new COBRA rate.

## IX. How to Communicate With Us

### A. Telephone

For your convenience, Blue Cross and Blue Shield of North Carolina has provided a Dental Blue Select Customer Service toll-free number 888-471-2738, please have your account information available. Calling this number will put you in touch with a Customer Service Account Representative who will be happy to assist you with questions, concerns, issues, and requests. If at any time your inquiry requires management intervention, inform the representative of your desire to speak with management and your call will be referred accordingly. If a member of management is unavailable, your call will be returned within 24 hours.

Dental Blue Select Customer Service will exhaust all means to assist you at the time of your call; however, there may be circumstances in which it will be appropriate for your call to be referred to another area. The following chart will assist you in reaching the appropriate department on initial contact.

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Questions about your <b>initial rates, renewal rates or if you would like to discuss changing your Dental Blue Select plan option</b>	Call your Producer or Account Manager
Questions about your <b>benefits, eligibility, or claims status</b>	Call Dental Blue Select Customer Service at 888-471-2738
Questions about <b>COBRA</b> Subscriber information and COBRA enrollment status	Call ACS COBRA Administration 800-849-5370, Ext 1121

### **B. Mail**

You may also correspond with us through the United States Postal Service. Upon receipt at Blue Cross and Blue Shield of North Carolina, the mail will be sorted and distributed to Dental Blue Select Customer Service. Correspondence is processed within three to ten (10) business days of receipt. All correspondence should be sent to:

**BCBSNC Dental Blue Select  
Post Office Box 2400  
Winston-Salem, North Carolina 27102-2400**

*The remittance address for invoices is:*

**BCBSNC Dental Blue Select  
Attn: Billing Department  
Post Office Box 2400  
Winston-Salem, North Carolina 27102**

### **C. Fax**

In the event of an emergency, you can fax information to Dental Blue Select Customer Service. When submitting a fax, please use a cover sheet to detail your request. Emergency requests are processed within 72 hours of receipt. The fax number is 336-714-1445. Please do not send multiple requests.

### **D. Internet – Website Services**

**Group Administrators can perform the following activities via [www.bcbsnc-dental.com](http://www.bcbsnc-dental.com)**

1. Submit Member Enrollment Form
2. Submit Eligibility Changes
3. Submit Terminations
4. Review Claim Status
5. Review Eligibility Status
6. Review your Dental Blue Select Benefits
7. Request a New ID Card
8. Review and/or Print your Booklet
9. Print a Dental Blue Select Claim Form
10. Print an Authorization Form
11. Print a Physically Handicapped Certification Form

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Members can perform the following activities via [www.bcbsnc-dental.com](http://www.bcbsnc-dental.com)

1. Review Claim Status
2. Review Eligibility Status
3. Review your Dental Blue Select Benefits
4. Request a New ID Card
5. Review and/or Print your Booklet
6. Print a Dental Blue Select Claim Form
7. Print an Authorization Form
8. Print a Physically Handicapped Certification Form

**X. Protected Health Information**

**AUTHORIZATION  
FOR RELEASE OF PROTECTED HEALTH INFORMATION  
FOR CONTINUITY OF CARE**

I authorize the use and disclosure of my protected health information as described below.

I understand that my protected health information is individually identifiable health information, including demographic information, collected from me or created or received by a health care provider, a health plan, my employer, or a health care clearinghouse and that relates to: (i) my past, present, or future physical or mental health or condition; (ii) the provision of health care to me; or (iii) the past, present or future payment for the provision of health care to me.

I authorize any current or past medical professional, medical care institution, pharmacy or other medical caregiver that has treated me or provided medical services or supplies to me to disclose my protected health information to **Blue Cross and Blue Shield of North Carolina ("BCBSNC")**.

The protected health information that may be used and disclosed is as follows:

**Medical records or any information concerning my current or past health status or treatment received from my medical care providers.**

I understand that BCBSNC will use and disclose my protected health information for the following purpose: **To coordinate continuity of medical care.**

I understand that if my protected health information is to be received by individuals or organizations that are not health care providers, health care clearinghouses, or health plans covered by federal privacy regulations, my protected health information described above may be re-disclosed and no longer protected by federal privacy regulations.

I understand that BCBSNC will not condition the provision of health plan benefits on this authorization.

I understand that I may revoke this authorization at any time by sending a written notification addressed to: **Dental Blue Select, P. O. Box 2400, Winston-Salem, NC 27102**, and this revocation will be effective for future uses and disclosures of protected health information. However, I further understand that this revocation will not be effective: (i) for information that BCBSNC already has used or disclosed, relying on this authorization or (ii) if the authorization was obtained as a condition for coverage in BCBSNC and, by law, BCBSNC has a right to contest the coverage.

This authorization expires 30 months from the date of signature.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Patient or Personal Representative

\_\_\_\_\_  
Description of Personal Representative's Authority

**Return this Authorization Form to:  
Dental Blue Select  
P.O. Box 2400  
Winston-Salem, NC 27102  
Fax: 336-714-1445**

***BCBSNC WILL PROVIDE PATIENT WITH A COPY OF THIS AUTHORIZATION***

## XI. Glossary of Terms

The following is a glossary of terms that may be found in this administrative guide. While these terms are not comprehensive nor universally accepted definitions, they are meant to assist you in understanding concepts, services and information related to Blue Cross and Blue Shield of North Carolina. Please refer to the member handbook for additional definitions.

<b>Account Manager</b>	Person responsible for your contractual agreement, supply requests and service management.
<b>Account Number</b>	Number assigned to your group.
<b>Adjudication</b>	Process of determining the reimbursement applicable to a particular claim.
<b>Allowable Charge Amount</b>	Maximum amount to be reimbursed to a provider as negotiated.
<b>Annual Benefit Maximum</b>	The maximum dollar amount BCBSNC will pay toward the cost of dental care incurred by an individual in a specified period.
<b>Appeal</b>	Request for review for non-certification of services, which have not been received ( <i>i.e., a denial of a request for services</i> ).
<b>Balance Forward</b>	Amount not paid from the previous cycle
<b>Benefits</b>	The amounts payable by a dental plan for the cost of various dental care services.
<b>Benefit Maximum Orthodontia</b>	The maximum benefit paid out for an Orthodontic Treatment Plan
<b>Benefits Period</b>	Specified period of time during which charges for covered service provided to a member must be incurred in order to be eligible for payment. Typical benefits period is a calendar year.
<b>Benefits Booklet</b>	Document containing a general explanation of the member's benefits; also known as member handbook.
<b>Bill Cycle</b>	Date of the month that your bill will produce
<b>Billed Charge</b>	Amount a dental provider bills a member for a particular dental service or procedure.
<b>Billing</b>	Itemized account of (1) member dues owed to BCBSNC by a group or subscriber or (2) services rendered by a dental provider.
<b>Bill to Account (BTA)</b>	Aggregate bill for all your group's sub-accounts
<b>Calendar Year</b>	Period of time beginning on January 1st and ending on December 31st of any given year.
<b>Certificate</b>	Contract issued to a group or individual by a dental plan or carrier that describes the scope of covered services and establishes the level of benefits payable
<b>Continuant</b>	Someone who has elected COBRA coverage
<b>Date of Service</b>	Date on which dental care services were provided to the member.

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<b>Dis-Enrollment</b>	Process of terminating individuals or groups from their enrollment with a carrier.
<b>Effective Date</b>	Date on which coverage begins under a certificate.
<b>Eligible Employee</b>	Full-time individual working 30 or more hours per week receiving an annual W2 compensation record from the employer.
<b>Eligibility Date</b>	Date on which an individual becomes eligible for benefits under an insurance plan.
<b>Exclusions</b>	Specific conditions or services listed in the certificate for which benefits are not available.
<b>Explanation of Benefits</b>	Statement to the member that explains the action taken on each claim.
<b>From Date</b>	Starting billing period for that bill cycle
<b>From/Thru</b>	Statement period
<b>Grievance</b>	Request for review of a denied claim for services that have been received ( <i>i.e., the denial of a claim after services have occurred</i> )
<b>Incurred Services</b>	Services rendered during a given time period.
<b>Identification Card</b>	Card issued by a plan to a subscriber as evidence of membership.
<b>Inquiry</b>	Request for information, action or document from a member, provider, account or general public. Inquiries can be telephonic or written.
<b>Lapse</b>	Termination of a policy upon the policyholder's failure to pay the premium within the time required.
<b>Lifetime Deductible</b>	The amount a member pays before any benefit payments are issued.
<b>Medical Review</b>	Process of determining the appropriateness of care or treatment; usually a part of claims adjudication.
<b>Member</b>	An individual for whom BCBSNC has a contractual obligation to provide, or arrange for the provision of dental services.
<b>Out-of-Pocket Costs</b>	Portion of payments for dental services paid by the member including co-payments, deductibles and coinsurance.
<b>Plan</b>	BCBSNC or other Blue Cross and Blue Shield organization
<b>Premium</b>	Payment required to keep policy in force.
<b>Pre-treatment Estimate</b>	A process where a dentist submits a treatment plan to BCBSNC before the treatment begins. BCBSNC will review the treatment plan and notify the dentist and patient of covered services.
<b>Probationary Period</b>	Period after beginning a job that an individual must wait before becoming eligible for group coverage, also known as waiting period.
<b>Qualified Beneficiary</b>	Anyone who is eligible for COBRA coverage.

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<b>Subscriber</b>	Employee who is enrolled according to the records of the Plan.
<b>Thru Date</b>	Ending period of the billing cycle.
<b>Tier</b>	Package type ( <i>employee, employee and spouse, employee and child(ren), employee and family</i> )