

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

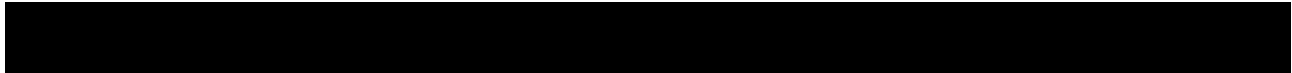
# ADMINISTRATIVE GUIDE

# DENTAL BLUE SELECT ADMINISTRATIVE GUIDE

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# DENTAL BLUE SELECT ADMINISTRATIVE GUIDE

Welcome to Blue Cross and Blue Shield of North Carolina Dental Blue Select. 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 Dental Plan

The first step in implementing your new Dental 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, to be considered timely submission. 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:

### Normal Mailing Address

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

### Overnight Address

**Blue Cross NC Dental Blue  
Select Attn: Premium Billing  
8025 North Point Blvd, Suite 100  
Winston-Salem, NC 27106**

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 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.

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2. All *Members* signed and dated the Application/Change form.
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* or *Children* or Family.
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 Dependent 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 Blue Cross NC medical coverage the medical enrollment form 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:

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

2. 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.

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

1. Employees must complete the paper enrollment form and the employer may email to [enrollment@bcbsnc-dental.com](mailto:enrollment@bcbsnc-dental.com) or mail the signed, completed forms to:

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

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

**Blue Cross NC Dental Blue  
Select Attn: Enrollment  
Department FAX:  
336-714-1445**

1. Send electronic eligibility files through eBenefitsNow. Please contact your Producer or Account Manager for more information about electronic eligibility submission through eBenefitsNow. If elected, Blue Cross Blue Shield of North Carolina will work directly with BenefitFocus to ensure a successful transmission of electronic dental 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 BCBSNC medical coverage the medical enrollment form 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 Enrollment Department in order for your *Eligible Employees* to receive Dental Blue Select coverage. Membership maintenance falls into three categories:**

- **Additions** - adding a new **Member** or **dependent**.
- **Changes** – changing name, address, marital status, demographics and coverage type.
- **Terminations** – removing any **Member** from an active *Certificate* at the time ineligibility occurs. **Coverage will terminate as follows:**
  - **End of the contract month following employment termination**
  - **Last day of employment (available to groups of 6 or more eligible employees, only)**

### **Probationary periods:**

Employers may choose one of seven probationary periods for all new employees by making the appropriate selection on the Group Application form:

- Effective Date of Hire;
- Effective First day of the month following date of hire;
- Effective thirty-first (31<sup>st</sup>) day following date of hire;
- Effective first day of the month following thirty (30) days from date of hire;
- Effective sixty-first (61<sup>st</sup>) day following date of hire;
- Effective first day of the month following sixty days from date of hire;
- Effective on first day following the ninetieth (90<sup>th</sup>) day after the date of hire

Eligibility forms can be printed or submitted from our online enrollment tool located at [www.bcbsnc-dental.com](http://www.bcbsnc-dental.com). You may email the completed form to: [enrollment@bcbsncdental.com](mailto:enrollment@bcbsncdental.com) or fax the completed form to 336-714-1445.

**Eligibility additions or changes written 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. You may use your invoice to request terminations however, you must give the last date of employment, reason for termination, and sign and date so that we know that an authorized plan administrator is requesting the change. Termination requests received via invoice will not be processed without this information.**

### **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

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contract for identification of any special Dental Blue Select eligibility circumstances.  
**Note: Dental Blue Select does not have an open enrollment period.**

### 1. *Eligible Employees*

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 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.

a. **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:

- A period of 24 months, or
- 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 were employed continuously throughout their period of military leave. 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

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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).

### 2. 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 Dental Blue Select plan. You must note on the enrollment application that this **Member** is an elected official.

### 3. Eligible 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.

- *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
- *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.

### 4. Domestic Partner:

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:

- That the employee and his or her domestic partner are both mentally competent;
- 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;
- 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;
- That the employee and his or her domestic partner are not married to anyone else;
- 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,



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common investments, or some other similar evidence of financial interdependence;

- That the employee and his or her domestic partner live together and intend to do so permanently;
- 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 a - g above must remain true and correct for your domestic partner to remain an eligible dependent under the terms of this coverage.*

**5. Eligible Dependent Children:** The words “*Child*” and “*Children*” are used interchangeably. Eligible dependent *children* are the employee’s unmarried dependent *children*. If the same group employs both parents and each is enrolled on a separate *Certificate*, eligible *children* may be split between the two *Certificates*. However, both spouses cannot cover the same *child* on each of their *Certificates*. Employees may cover their dependent *children* not living with them if they are legally responsible for their dental care. Legal court ordered documentation would be required.

Definition of Dependent *Child*: Blue Cross and Blue Shield of North Carolina defines dependent *child* as listed below:

The employee’s natural child less than age 26;

- A legally adopted *child* legally placed for adoption, stepchild and foster *child* less than age 26. A *child* legally placed for adoption requires additional court ordered documentation;
- Mentally and / or physically disabled *child*, 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 the attainment of the limiting age the “coverage Request for Mentally or Physically Handicapped *Child*” form must be complete and submitted for underwriter approval within thirty (30) days of the limiting age as defined in the Group Contract. An eligible mentally and / or physically disabled child may be continued until:
  - The *child* ceases to be classified as mentally 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

**Note: Dental Blue Select does not have an open enrollment period.**

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

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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**.
- 3 **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*)
- 4 **Effective Date** is listed on the application.
- 5 Member included hire date, birth date and dependent information on the application. 6 **Tier** coverage has been selected (*i.e. employee, employee and spouse, employee and children or child, employee and family*).

### C. Member Loss of Coverage

#### 1. Employee loss of coverage

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. The Application/Change 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 Domestic Partner or Dependent Child (*Dependents*)

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. Or a Domestic Partner, if coverage is allowed, is no longer a Domestic Partner due to death or physical separation. To remove a dependent you should submit to Dental Blue Select the appropriate form signed by employee 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), reason for termination and employee's signature. 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:

- **Child** reaches the maximum age of twenty-six (26);
- **Child** marries;
- **Child** dies;
- **Child** no longer qualifies as mentally and/or physically disabled;

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- Divorce of spouse / dissolution of Domestic Partnership;
- Legal separation from spouse / Domestic Partner;
- Spouse / Domestic Partner dies.

### D. Adding a Dependent Spouse or *Child*

You should submit a Dental Blue Select Application/Change form on a daily/weekly basis to Blue Cross NC Dental Blue Select when a subscriber needs to add an eligible **Member** to their coverage. (*i.e. employee marries on May20<sup>th</sup>, employee signs and dates form to add spouse within thirty (30) days of the marriage*). 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:

1. Marriage
2. Birth \*
3. 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 thirty (30) days within the **Child's** first birthday, listing the newborn's name and date of birth, and indicating the new tier type. If a newborn is not added during the eligibility period they will be enrolled as a late entrant and late penalties will apply. **See Dental Late Enrollment section.**

### DI. 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 Late Enrollees

##### a. Standard Plan

- Late enrollees will not have a waiting period on Diagnostic and Preventive services
- Late enrollees will have a twelve (12) month waiting period on Basic
- Late enrollees will have a twenty-four (24) month waiting period on Major
- **Members** who drop Dental Blue Select cannot re-enroll without a qualifying event

##### b. Complete Plans

- Late enrollees will not have a waiting period on Diagnostic and Preventive services
- Late enrollees will have a twelve (12) month waiting period on Basic

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- Late enrollees will have a twenty-four (24) month waiting period on Major
- **Members** who drop Dental Blue Select cannot re-enroll without a qualifying event

### c. Enhanced Plans

- Enrollees will not have a waiting period on Diagnostic and Preventive services
- Late enrollees will have a twelve (12) month waiting period on Basic
- Late enrollees will have a twenty-four (24) month waiting period on Major
- Late enrollees will have a twenty-four (24) month waiting period on Orthodontia, if covered under the selected plan.
- **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.
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 **Account Number**.
4. Terminations may qualify for three (3) months 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 28<sup>th</sup>, but only one (1) month of premium credit will be given.*)
5. Please call Dental Blue Select Premium Billing Department at 888-483-8597 with any questions you have regarding your invoice. This is the telephone number printed on 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 with any completed Application/Change forms and the premium remittance coupon along with payment.
  1. Any credits due to changes received after the Invoice is submitted will be

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- 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 to:

**Blue Cross NC Dental Blue Select**  
**Attn: Dental Blue Select Premium Billing**  
**P.O. Box 2400**  
**Winston-Salem, NC 27102-2400**

4. Once you review the invoice and identify changes to be made, submit changes via email to the Dental Blue Select Enrollment Team at [enrollment@bcbsncdental.com](mailto:enrollment@bcbsncdental.com).

### 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:

- *The Enrollment of all Eligible Employees*
- *Effective Dates*
- *Terminations*
- *Rates*
- *Tiers*
- *From and To Dates*
- *Paid Thru Dates*
- *Balance Forwards*

After reviewing fill out 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 Premium Billing Department at 866-48397.

### D. Group Reinstatement

Blue Cross and Blue Shield of North Carolina does not allow reinstatements for groups who have 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 Premium Billing Department at 866-483-8597 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

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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.

If payment is to be made to the **Subscriber**, attach a Paid Receipt from the Provider.

If payment is to be made to the Provider, attach an Invoice for the claim printed by the Provider.

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

**Blue Cross NC Dental Blue  
Select Attn: Claims Unit  
P.O. Box 2400  
Winston-Salem, NC 27102-2400**

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 888.471.2738  
Monday – Friday 8:00 am – 6:00 pm**

## V. Grievance/Appeals Process

Blue Cross NC 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 Blue Cross NC 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:

**Blue Cross NC Dental Blue  
Select Attn: Grievances /  
Appeals  
P.O. Box 2400  
Winston-Salem, NC 27102-2400**

### A. 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.bcbsnc-dental.com](http://www.bcbsnc-dental.com) or call Blue Cross NC Dental Blue Select Customer Service at the number given in "How to Communicate with us".

Any request for review should include:

- *Subscriber's* ID Number
- *Subscriber's* Name
- Patient's Name
- The nature of the *Grievance*;
- Any other information that may be helpful for the review.

Within three (3) business days after receipt of a review request, Blue Cross NC will provide the *Member* with a mailed acknowledgement letter indicating the name, address and phone number of the *Grievance* coordinator. Blue Cross NC will also give instructions on how to submit written materials. For *Grievances* concerning quality of care for example, a *Member* complaint about treatment from the provider, an acknowledgement will be sent by Blue Cross NC to the *Member* within 3-10 business days. Although the *Member* is not allowed to attend a first level *Grievance* review, Blue Cross NC asks that the *Member* send all of the written material they feel is necessary to make a decision. Blue Cross NC 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 Blue Cross NC 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

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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 Blue Cross NC 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:
  - Request and receive from us all information that applies to the case;
  - Attend the second level *Grievance* review meeting;
  - Present their case to the review panel;
  - Submit supporting material before and at the review meeting
  - Ask questions of any **Member** of the review panel
  - 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 Blue Cross NC using external physicians and/or benefit experts, will be held within 45 days after Blue Cross NC 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 Dental 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 Dental 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 Dental 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:

**Blue Cross NC Dental Blue Select  
Attn: Dental Blue Select Premium Billing  
P.O. Box 2400  
Winston-Salem, NC 27102-2400**

**To Renew or Terminate by FAX  
Address FAX to  
Blue Cross NC Dental Blue Select  
Attn: Dental Blue Select Premium Billing  
FAX: 336-714-1445**

### C. Changing Dental Plan Options:

Please contact your Producer to discuss changing your Dental Blue Select Dental 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 Blue Cross NC 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 Blue Cross NC 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

## DENTAL BLUE SELECT ADMINISTRATIVE GUIDE

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**:

**Blue Cross NC**  
**Attention: Producer Operations**  
**P.O. Box 2291**  
**Durham, NC 27701**  
**FAX: 919-765-3334**

**Blue Cross NC**  
**Attention: Premium Billing**  
**P.O. Box 2400**  
**Winston-Salem, NC 27102-2400**  
**FAX: 336-714-1445**

Blue Cross NC 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 Extension 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

## DENTAL BLUE SELECT ADMINISTRATIVE GUIDE

COBRA membership and collecting fees from members. Neither ACS nor Blue Cross NC 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 *Children* 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.
- 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

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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, whichever 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 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,

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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.

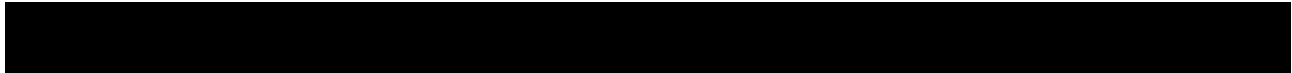
Dental Blue Select Customer Service will exhaust all means to assist you at the time of your call; however, there may be circumstances in which it will be appropriate for your call to be referred to another area. The following chart will assist you in reaching the appropriate department on initial contact. Please refer to Section XI. Contact Directory for a complete listing of important Dental Blue Select Addresses, phone numbers and hours of operation.

Questions about your initial rates, renewal rates or if you would like to discuss changing your Dental Blue Select Dental Plan Option	Call your Producer or <i>Account Manager</i> .
Questions about your benefits, eligibility, or Claim Status	Call Dental Blue Select Customer Service at: 888-471-2738
Questions about COBRA <i>Subscriber</i> information and COBRA enrollment status	Call ACS COBRA Administration at: 800-849-5370 Extension 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 (3) to ten (10) business days of receipt. All correspondence should be sent to:

**Blue Cross NC Dental Blue  
Select P. O. Box 2400  
Winston-Salem, NC 27102-2400**



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*The remittance address for invoices is:*

**Blue Cross NC Dental Blue Select  
Attn: Premium Billing  
P.O. Box 2400  
Winston-Salem, NC 27102-2400**

## **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 all of 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

**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

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## 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

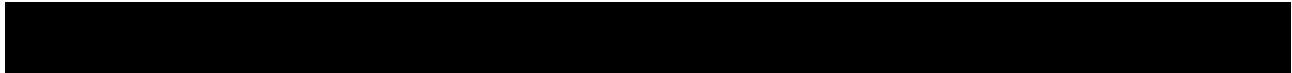
\_\_\_\_\_  
Name of Patient or Personal Representative

\_\_\_\_\_  
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*

This form is available on the **Member** website: [www.bcbsnc-dental.com](http://www.bcbsnc-dental.com) under **Forms**. This form is used by **Members** to allow a family member or representative access to their Protected Health Information (PHI). This form applies only to **Members** over the Age of 18.



## 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. This number is also referred to as your Group Number.
<b>Adjudication</b>	Process of determining the reimbursement applicable to a particular Dental Claim
<b>Allowable Charge Amount</b>	Maximum amount to be reimbursed to a provider as negotiated. If the provider is a Network Provider, then the Allowable Charge Amount is the Contracted Fee associated with the service. If the Provider does not participate in the Network then the Allowable Charge Amount is the Blue Cross NC Usual and Customary Fee associated with the service.
<b>Annual Benefit Maximum</b>	The maximum dollar amount Blue Cross NC will pay toward the cost of dental care incurred by an individual in a specified period. This amount is defined by the Dental Plan.
<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 Dental Plan. This amount is a Life Time Amount. This is applicable only to those plans with Orthodontic Treatment.
<b>Benefits Period</b>	Specified period of time during which charges for covered service provided to a <b>Member</b> must be incurred in order to be eligible for payment. Typical benefits period is a <i>Calendar Year</i> .
<b>Benefits Booklet</b>	Document containing a general explanation of the <b>Member's</b>



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	benefits; also known as <b>Member</b> handbook.
<b>Bill Cycle</b>	Cycle between each monthly invoice. Invoices are generally run and distributed on the 10 <sup>th</sup> of each month for the next billing month.
<b>Billed Charge</b>	Amount a dental provider bills a <b>Member</b> for a particular dental service or procedure, also referred to as the Submitted Amount.
<b>Billing</b>	Itemized account of: (1) <b>Member</b> dues owed to Blue Cross NC 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>Child / Children</b>	For the purposes of this document the word Child or Children will have the same meaning: One Child or more than one Child.
<b>Continuant</b>	Someone who has elected COBRA coverage
<b>Date of Service (DOS)</b>	Date on which dental care services were provided to the <b>Member</b> .
<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 for a <b>Member</b> under a <i>Certificate</i> .
<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 <i>Certificate</i> for which benefits are not available.

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<b>Explanation of Benefits (EOB)</b>	Statement to the <b>Member</b> 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>ID Card / 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 <b>Member</b> , 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 <b>Member</b> pays before any benefit payments are issued. This payment is applicable only one time for a <b>Member</b> on the same certificate.
<b>Medical Review</b>	Process of determining the appropriateness of care or treatment; usually a part of claims <i>Adjudication</i> .
<b>Member</b>	An individual for whom Blue Cross NC 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 <b>Member</b> including co-payments, deductibles and coinsurance.
<b>Plan</b>	Blue Cross NC or other Blue Cross and Blue Shield organization
<b>Premium</b>	Payment that is required to keep policy in force.
<b>Pre-treatment Estimate</b>	A process where a dentist submits a treatment plan to Blue Cross NC before the treatment begins. Blue Cross NC 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.
<b>Subscriber</b>	Employee who is enrolled according to the records of the <b>Plan</b> .
<b>Thru Date</b>	Ending period of the billing cycle.
<b>Tier</b>	The <b>Tier</b> or Package type describes the type of coverage the Employee has signed up for <ul style="list-style-type: none"> <li>○ Employee</li> <li>○ Employee and Spouse or if Coverage Allows, Domestic Partner</li> </ul>

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	<ul style="list-style-type: none"><li>○ Employee and <i>Child</i> or <i>Children</i></li><li>○ Employee and Family</li></ul>
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## XI: Contact Directory

Blue Cross NC Dental Blue Select  
ATTN: Premium Billing  
P.O. Box 2400  
Winston-Salem, NC 27102-2400  
Phone: 866-483-8597  
FAX: 336-714-1445 Attention: DBS Billing Department  
Email: [dbsgroups@bcbsnc-dental.com](mailto:dbsgroups@bcbsnc-dental.com)  
Hours: 8:30 am – 5:00 pm - Monday - Friday

Blue Cross NC Dental Blue Select  
ATTN: Premium Billing  
8025 North Point Blvd. Suite 100  
Winston-Salem, NC 27106  
Phone: 866-483-8597

*Note: This is an “Overnight Address” to be used to send New Group Information, Contract, First Month’s Premium and Enrollment Information for date critical new contract.*

Blue Cross NC Dental Blue Select  
ATTN: Enrollment Department  
P.O. Box 2400  
Winston-Salem, NC 27102-2400  
Phone: 336-714-1127 or 336-714-1407  
FAX: 336-714-1445 Attention: DBS Enrollment Department  
Email: [enrollment@bcbsnc-dental.com](mailto:enrollment@bcbsnc-dental.com)  
Hours: 8:30 am – 5:00 pm - Monday - Friday

Blue Cross NC Dental Blue Select  
ATTN: Claims Department  
P.O. Box 2400  
Winston-Salem, NC 27102-2400

Phone: 888-471-2738  
FAX: 336-714-1445 Attention: DBS Claims Department\*  
Email: [DBSelectCS@bcbsnc-dental.com](mailto:DBSelectCS@bcbsnc-dental.com) \*  
Hours: 8:30 am – 5:00 pm - Monday – Friday

*\*Faxed / Emailed Claims will not be processed without prior approval. Only allowed for emergency provider use.  
Please use the mailing address above to submit claims.*

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Blue Cross NC Dental Blue Select  
Customer Service

Phone: 888-471-2738  
WEB: [www.bcbsnc-dental.com](http://www.bcbsnc-dental.com)  
Email: [DBSelectCS@bcbsnc-dental.com](mailto:DBSelectCS@bcbsnc-dental.com)  
Hours: 8:00 am – 6:00 pm - Monday -Friday

Blue Cross NC Dental Blue Select

ATTN: Grievances / Appeals

P.O. Box 2400

Winston-Salem, NC 27102-2400

Phone: 888-471-2738  
FAX: 336-714-1445 Attention: DBS Grievances / Appeals  
Hours: 8:30 am – 5:00 pm - Monday – Friday

Blue Cross NC

Attention: Producer Operations

P.O. Box 2291

Durham, NC 27701

Phone: 888-868-5598 – option 1 – Group & option 2 – Individual  
FAX: 919-767-3334 Attention: Producers Operations  
Email: [AOR.mailbox@bcbsnc.com](mailto:AOR.mailbox@bcbsnc.com) (use only for AOR Changes)  
Email: [Producer.Operations@bcbsnc.com](mailto:Producer.Operations@bcbsnc.com) (use for appointment / contracts / terminations and other producer/group related inquiries)  
Hours: 8:00 am – 5:00 pm - Monday - Friday

ACS Benefit Services, Inc.

Attn: COBRA Department

8025 North Point Blvd. Suite 100

Winston-Salem, NC 27106

Phone: 800-849-5370 Extension 1121  
FAX: 336-759-2741 Attention: ACS COBRA Department  
Hours: 8:30 am – 5:00 pm - Monday - Friday

