

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1989

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HOUSE BILL 2326

Short Title: Employee/Retiree Dental Benefits.

(Public)

Sponsors: Representatives Hall; Warner and Bowman.

Referred to: Public Employees.

June 6, 1990

A BILL TO BE ENTITLED

AN ACT TO PROVIDE DENTAL BENEFITS IN THE TEACHERS' AND STATE EMPLOYEES' COMPREHENSIVE MAJOR MEDICAL PLAN.

The General Assembly of North Carolina enacts:

Section 1. Article 3 of Chapter 135 of the General Statutes is amended by adding a new section to read:

"§ 135-40.6B. Dental Benefits.

Dental benefits are subject to deductibles and coinsurance provisions separate and apart from those provided for in G.S. 135-40.6. No limits on out-of-pocket expenses are provided for dental benefits provided by this section. Dental benefits are as follows:

(1) The following dental benefits are provided with no deductible and are covered at ninety percent (90%) of charges allowed by the Plan:

a. Diagnostic Services.

1. Bitewing X rays: once every 12 months.

2. Full mouth X rays: once every 36 months.

3. Biopsies of oral tissue.

4. Pulp vitality tests: once every 12 months.

b. Preventive Services.

1. Oral examinations: once every 12 months.

2. Prophylaxis (scaling and polishing) and topical application of fluoride: once every 12 months.

— 3. Sealants.

— 4. Space maintainers: limited to covered individuals under age 19.

- 1 5. Emergency treatment for the relief of pain and
2 emergency oral examinations: coverage limited to
3 permanent restorations or services provided under G.S.
4 135-40.6B(2)a. and G.S. 135-40.6B(3)a.
5 (2) The following dental benefits are provided subject to a fifty dollar
6 (\$50.00) deductible per fiscal year for each covered individual and are
7 covered on the basis of eighty percent (80%) by the Plan and twenty
8 percent (20%) by the covered individual of charges allowed by the
9 Plan:
10 a. Basic Services.
11 1. Fillings.
12 2. Periodontal treatments including gingivectomy,
13 gingivoplasty, gingival flap curettage, periodontal
14 prophylaxis and root planing and osseous surgery (flap
15 entry and closure).
16 3. Endodomics including root canal therapy.
17 4. Oral surgery: limited to simple extractions, surgical
18 removal of teeth and maxillary or mandibular cysts, and
19 procedures performed for the preparation of the mouth
20 for dentures.
21 5. Apicoectomy.
22 6. Hemisection.
23 7. General anesthesia and injection of antibiotics:
24 general anesthesia is covered only in connection with a
25 covered dental service when administered by an
26 individual licensed by the State to administer general
27 anesthesia.
28 (3) The following dental benefits are provided subject to the same fifty
29 dollars (\$50.00) deductible as contained in G.S. 135-40.6B(2) and are
30 covered on the basis of fifty percent (50%) by the Plan and fifty
31 percent (50%) by the covered individual of charges allowed by the
32 Plan after application of the deductible:
33 a. Major Services.
34 1. Inlays, onlays and crowns.
35 2. Installation of bridge work and dentures (complete or
36 partial).
37 3. Repair or replacement of crowns, inlays, onlays,
38 bridgework or dentures, or rebasing/relining of dentures.
39 b. Orthodontia. - Orthodontic treatments and appliances:
40 limited to covered services rendered to qualified dependents
41 under the age of 19.
42 (4) Prior approvals. - Notwithstanding the provisions of G.S. 135-40.6A,
43 prior approval of all dental treatment plans covered by this section and
44 expected to cost more than two hundred dollars (\$200.00) is required

1 to be obtained from the Claims Processor. The Plan will not cover any
2 such treatment plans for which prior approval is not secured from the
3 Claims Processor.

4 (5) Alternate courses of treatment.- Payments for services covered by this
5 section will be based on the procedure that is consistent with sound
6 professional standards of dental practice for the dental condition
7 treated and which carries the lesser charge. The Executive
8 Administrator and Board of Trustees may limit the Plan's
9 reimbursement for the dental benefits provided by this section to
10 amounts that would otherwise be allowed in accordance with G.S.
11 135-40.4.

12 (6) Limitations and exclusions to dental benefits.- No benefits are allowed
13 under this section for the following supplies, services, and charges:

14 a. Services rendered by other than licensed dentists (except for
15 teeth cleaning and fluoride applications performed by a licensed
16 dental hygienist under the supervision and guidance of a
17 dentist).

18 b. Oral hygiene instructions, plaque control programs, and dietary
19 instructions.

20 c. Services which are experimental or investigative in nature.

21 d. Gold foil fillings and restorations.

22 e. Oral chemotherapy.

23 f. Services covered by the Plan in sections of this Article other
24 than in this section.

25 g. Whole blood, blood components, and blood derivatives which
26 are not classified as drugs in official formularies.

27 h. Services to replace a lost or stolen prosthetic appliance.

28 i. Services to replace a prosthetic appliance and cast restoration
29 with a like appliance or cast restoration within five years of
30 installation. Such exclusion will not apply if replacement is
31 needed due to accidental dental injury received while a covered
32 individual, or if a replacement or addition is required to replace
33 one or more teeth extracted after the existing denture or
34 bridgework was installed while a covered individual.

35 j. Services and supplies unnecessary to accepted dental practice.

36 k. Services rendered by a provider who is a member of the
37 covered individual's immediate family.

38 l. Charges for telephone consultations, charges for failure to keep
39 a scheduled visit, or charges for completion of a claim form.

40 m. Implants.

41 (7) Maximum benefits.

42 a. The maximum annual benefit for each covered individual under
43 this section is seven hundred fifty dollars (\$750.00) per fiscal
44 year.

1 b. The maximum lifetime orthodontia benefit for each qualified
2 dependent under the age of 19 covered under this section is
3 seven hundred fifty dollars (750.00)."

4 Sec. 2. G.S. 135-39.5B reads as rewritten:

5 **"§ 135-39.5B. Prepaid plans.**

6 The Executive Administrator and Board of Trustees may, after consultation with the
7 Committee on Employee Hospital and Medical Benefits, provide for optional prepaid
8 hospital and medical benefits plans and for optional prepaid dental plans. Benefits
9 offered under such optional plans shall be comparable to those offered under the Plan.
10 The amounts of State funds contributed for such optional plans shall not be more than
11 the amounts contributed for each person eligible under G.S. 135-40.2 on a
12 noncontributory Employee Only basis, with the person selecting an optional plan paying
13 any excess, if necessary. The amount of State funds contributed to such optional plans
14 shall also not exceed the amount of an optional plan's cost for Employee Only coverage.
15 ~~The provisions of G.S. 57B-11 shall not apply to any optional prepaid hospital and medical~~
16 ~~benefits plans provided for by the Executive Administrator and Board of Trustees.—The~~
17 Executive Administrator and Board of Trustees are authorized to assess and collect fees
18 from participating optional plans provided by this section for administrative purposes
19 and for risk management purposes. Such fees may be based upon the enrollees' risk
20 factors and the number and types of contracts enrolled by each participating optional
21 plan, and may be collected by the Plan in a manner prescribed by the Executive
22 Administrator and Board of Trustees."

23 Sec. 3. G.S. 135-40.6(9)b. reads as rewritten:

24 "b. Dental care except as covered under subsection (8)f and other
25 dental services covered by the surgical benefits section of this
26 Plan, subsection (5)c of this section, and G.S. 135-40.6B;".

27 Sec. 4. This act shall become effective October 1, 1991.