Municipal Insurance Trust of North Carolina

Administered by Vimly Benefit Solutions, Inc.
MUNICIPAL INSURANCE TRUST OF NC - PO BOX 751485 - CHARLOTTE, NC 28275-1485
Phone: (919) 715-4000 Fax: ( ) - E-Mail: HBTNC@vimly.com

Billing # 4329
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162
Account # 773

Employer's Monthly Billing Report for: March, 2025

Billing Detail: ***To add a new employee, you must submit an enrollment form. Incomplete information will delay eligibility. Please check your applications!***

Subscriber Name		Elections *	Period	Dental	Vision									Subscriber Total	Employment Status *
Blayney, Nicholas		D1;V1		29.00	7.00									36.00	
Brann, Cynthia		D1;V1		29.00	7.00									36.00	
Early, Daniel Ray		D1;V1		29.00	7.00									36.00	
Fessenden, Jerry Lee		D1;V1		29.00	7.00									36.00	
Gibson Jr, Joshua		D1;V1		29.00	7.00									36.00	
Kent, Mary		D2;V2		58.00	13.00									71.00	
Miller, Diane Helen		D1;V2		29.00	13.00									42.00	
Millington, Lisa Kathryn		D1;V1		29.00	7.00									36.00	
Wichrowski, William Edward		D2;V2		58.00	13.00									71.00	

Billing Totals: 9 Total Subscribers

319.00	81.00										400.00

Employer: 000000773 TOWN OF ORIENTAL

* PLEASE NOTE: You MUST provide the effective date of termination for cancelled employees. No adjustments are allowed after 60 days.

*** Elections Legend. . .**

M = Medical
D = Dental
V = Vision
1 = Employee Only
2 = Employee & Spouse
3 = Employee, Spouse & Children
4 = Employee & Children

Pay this amount: 400.00

Your Renewal Month is July

For details on how to pay your invoice and where to go for questions please see the "Billing Details" tile in SIMON. If you are set up for ACH - do NOT pay this invoice. If your account is currently set up to be paid by automatic draft your deduction will automatically occur after the 5th of each month.

02/18/2025

vsp vision care

VSP Vision Care - Benefits Detail for MARY KENT

Benefits in this section are based on visiting a VSP® network doctor.

VSP WellVision Plan Through a VSP Doctor

WellVision® Exam

Only VSP offers a WellVision Exam, focused on your eyes and overall wellness. Your VSP doctor can see if you have vision problems and signs of other health conditions too.

Eligibility

You are eligible.

Frequency

Every 12 months.

Copay

$10.00

Coverage

Covered after copay.

Coverage not available at Costco.com, Visionworks.com, Eyemartexpress.com, Walmart.com, or Samsclub.com. Check with your retail chain provider before your exam to confirm they are a participating provider.

Contact Lens Exam

During your contact lens exam, your VSP doctor ensures your contacts fit properly and tests your vision. This exam is in addition to your WellVision Exam.

Eligibility

You are eligible.

Frequency

Every 12 months.

Copay

$0

Coverage

$120.00∞ allowance for your contact lens exam and contacts.
(See Contacts section below.)

Extra Savings

15% off your contact lens exam. ◊

Based on applicable laws, benefits may vary by location.
◊ Costco® Optical and Walmart®/Sam's Club® pricing already includes member savings.
Coverage not available at Costco.com, Visionworks.com, Eyemartexpress.com, Walmart.com, or Samsclub.com.
∞ At retail chains, your contact lens exam is not covered and you'll need to pay the provider directly. The allowance applies to contacts only.

Retinal Screening

A routine retinal screening (digital imaging of the inside of the eye) helps your VSP doctor detect signs of eye disease and chronic health conditions including diabetes, hypertension, and high cholesterol. This is an enhancement to your WellVision Exam.

Eligibility

You are eligible.

Frequency

As needed.

Copay

Up to $39.00

Coverage

Covered after copay.§

Coverage not available at Costco.com, Visionworks.com, Eyemartexpress.com, Walmart.com, or Samsclub.com.
Based on applicable laws, benefits may vary by location.
§ Not available at retail chains.

Prescription Lenses

Learn more about which lenses and enhancements are best for you with our Lens Overview.

Eligibility

You are eligible.

Frequency

Every 12 months.

Copay

$20.00 for lenses and/or frame

Coverage

Covered after copay:
Single vision, lined bifocal, lined trifocal.

In addition to the base lens cost, you should expect to pay no more than the following costs depending on your base lens type and represents a 35-40% savings on the following lens enhancements:

Anti-glare coatings	$37.00 - $75.00
Custom Progressive Lenses	$120.00 - $160.00
Edge Polish	$32.00
Light Filter	$15.00
High Index lenses	$45.00 - $115.00
Light-Reactive Lenses	$70.00
Polarized lenses	$53.00 - $93.00
Impact-resistant lenses	$33.00
Premium Progressive Lenses	$80.00 - $90.00
Scratch-Resistant Coating	$15.00 - $29.00
Standard Progressive Lenses	$50.00
Tinted (colored) lenses	$13.00 - $15.00
UV Protection	$14.00

Coverage not available at Costco.com, Visionworks.com, Eyemartexpress.com, Walmart.com, or Samsclub.com.

Frame

Eligibility

You are eligible.

Frequency

Every 12 months.

Copay

$20.00 for lenses and/or frame

Coverage

You have a $120.00* allowance for frames.
If you choose a featured frame brand, you'll get an extra $20.00 to spend, for a total of $140.00* allowance.§
Plus, you get 20% off any amount over your allowance.◊
Post-Laser VisionCare: If you have had laser vision correction surgery, you can use your VSP Frame allowance toward the cost of non-prescription, ready-made sunglasses from any VSP doctor.§

Extra Savings

30% off additional glasses including lens options, or non-prescription sunglasses or blue light filtering glasses, from the same VSP doctor on the same day as your WellVision Exam.
20% savings on additional glasses including lens enhancements, or non-prescription sunglasses or blue light filtering glasses, from any VSP provider within 12 months of your last WellVision Exam.◊

Coverage not available at Costco.com, Visionworks.com, Eyemartexpress.com, Walmart.com, or Samsclub.com.
Some frames may be covered at a reduced benefit. Ask your VSP doctor for details.
Based on applicable laws, benefits may vary by location.
§ Not available at retail chains.
* You have a $65.00 allowance at Walmart®/Sam's Club®.
* You have a $65.00 allowance at Costco® Optical.
◊ Costco® Optical and Walmart®/Sam's Club® pricing already includes member savings.

Contacts Instead of Glasses

Eligibility

You are eligible.

Frequency

Every 12 months.

Copay

$0

Coverage

$120.00∞ allowance for your contact lens exam and contacts.

Extra Savings

15% off your contact lens exam within 12 months of your eye exam.◊

Coverage not available at Costco.com, Visionworks.com, Eyemartexpress.com, Walmart.com, or Samsclub.com.
∞ Allowance only applies to contacts at retail chains. Your contact lens exam is not covered. You'll need to pay the provider directly.
Based on applicable laws, benefits may vary by location.
◊ Costco® Optical and Walmart®/Sam's Club® pricing already includes member savings.

Specialty Eyecare Services Through a VSP Doctor

Essential Medical Eye Care

Members with diabetes receive a covered-in-full retinal screening (digital imaging of the inside of the eye). Coverage also includes exams and services to treat pink eye and sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details.

Eligibility

You are eligible.

Frequency

As medically necessary.

Copay

$20.00 per office visit

Coverage

Retinal screening for members with diabetes. Medical eye exams and services to help support optimal vision and eye health.

Not available at retail chains.

VSP Laser VisionCare℠ Through a VSP Doctor

VSP Laser VisionCare℠

You'll save an average of 15% off the regular price or 5% off a public promotional price (whichever price is lower) from VSP-contracted laser vision centers.

Eligibility

You are eligible.

Frequency

As needed.

Copay

$0

Coverage

You can have laser correction surgery at a discounted price at VSP-contracted laser vision centers - which could add up to hundreds of dollars in savings. Your VSP doctor or VSP laser vision correction surgeon will help determine if you're a good candidate for laser vision surgery.

eyeconic
a vsp vision company

Shop Online and Save up to $250 at Eyeconic®

Eyeconic is the VSP® online store for glasses, contacts, and sunglasses. Use your VSP insurance on the site to see your savings in real time. Most VSP Vision members spend $33 or less on eyewear.

Here's what else you'll love about shopping online with Eyeconic:

- Save up to $250 on your purchase
- Virtual try-on — see how glasses look on your face
- Members always get 20% off additional eyewear
- Members get an extra $40 to spend on select brands
- Free shipping and free returns
- Free frame adjustments
- Popular eyewear brands like Calvin Klein, Flexon, Gucci, Ray-Ban, and more
- Popular contacts brands like Acuvue, DAILIES, Biotrue, and more

What are you waiting for? Find your next pair on Eyeconic now.

Shop Now

Out-of-network Benefits

Your benefits always go further when you see and choose eyewear from one of our 37,000 VSP network doctors. Prefer to shop frames and contacts online? Connect your benefits at eyeconic.com.

If you choose to see an out-of-network provider, you may need to submit a claim for partial reimbursement.

Submit an Out-of-Network Claim

This information doesn't guarantee your eligibility of coverage. Your VSP provider will contact VSP to check your eligibility. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail (except in Washington, where evidence of coverage document will prevail above all else). This benefit information is only for VSP providers, clients, members, and their dependents. Any other use is fraudulent and prohibited. Can't find what you are looking for? Send Member Services an email or browse the FAQs.

Your Cookie Choices

Eligibility and Benefits are based on information available on 03/04/2025 . This is an overview of benefits that should be reviewed in its entirety, and not a guarantee of payment. Refer to the patient's summary plan description (SPD) for detailed benefits, limitations, and exclusions. Estimated patient out of pocket expenses can be determined by the submission of a pre-treatment estimate.

Eligibility

Member Name:	MARY KENT
Patient Name:	MARY KENT
Relationship:	Subscriber
Client Name:	NC League of Municipalities- Municipal Insurance Trust of North Carolina (MITNC)
Client Number:	10393-2100
Product:	Delta Dental PPO plus Premier
Currently Eligible:	Yes as of 07/01/2024

Claims Mailing Address

Delta Dental
P.O. Box 9085
Farmington Hills, MI 48333-9085

Payer ID DDNC
Contact your clearing house if you have any issues with this payer ID

Client Information: The Employer has selected the following benefit plan. Eligibility is not a guarantee of coverage as actual benefit payments are determined only when a claim is processed.

Coordination of Benefits

Internal:	Yes
External:	Yes

Be sure to visit us at **www.deltadentalnc.com** to submit claims and review benefits.

Coordination of benefits information is based on the information submitted on the claim.
This group contract contains a carve-out/non duplication clause for coordination of benefits.

Maximum and Deductibles

	PPO Dentist Premier Dentist Nonparticipating Dentist	
Maximum	Individual (used/max)	Family (used/max)
Orthodontic	$ 0.00 / $ 1000.00	
General	$ 0.00 / $ 1000.00	

	applies to		Benefit Periods
PPO Dentist Premier Dentist Nonparticipating Dentist	Orthodontic	on orthodontic services.	Lifetime
	General	on all services, except orthodontic services.	07/01/2024 to 06/30/2025

	PPO Dentist Premier Dentist Nonparticipating Dentist	
Deductible	Individual (met/ded)	Family (met/ded)
General	$ 0.00 / $ 50.00	$ 0.00 / $ 100.00

	applies to		Benefit Periods
PPO Dentist Premier Dentist Nonparticipating Dentist	General	The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, X-rays, sealants, and orthodontic services.	07/01/2024 to 06/30/2025

Office Visit

Based on contract limitations for the services listed below, the patient is currently eligible for those services where 'Yes' is displayed provided maximum is available and waiting periods have been met. 'No' indicates the patient has met the time limitations for the procedure, or the procedure is otherwise not covered, and if the service was performed today, no payment will be made by Delta Dental

Exam	Yes	Full Mouth X-rays	Yes	
Cleaning	Yes	Fluoride	No	Not covered due to the patient's age
Perio Maintenance Cleaning	Yes	Perio Risk Test	No	Service is not a covered benefit for this patient
Bitewings	Yes	Occlusal Guard	Yes	

Benefit Breakdown

This page provides the levels of coverage and frequencies based on this client's contract with Delta Dental. This listing covers the most commonly requested procedure codes, but it is not all-inclusive listing of possible covered procedures. If you need information about a code not listed below, you may inquire on it using our automated system under the Benefits section. Benefit levels and payments are based on the client's contract and Delta Dental's processing policies. Please note, this information is not a guarantee of coverage or payment. Benefits and payments are determined only when a claim is received and processed by Delta Dental.

In the event that treatment is rendered from a dentist that does not participate in any of Delta Dental's programs, the patient may be responsible for more than the percentage indicated below.

		PPO Dentist Premier Dentist Nonparticipating Dentist	
Diagnostic		%	Waiting Period Met Date
D0120	Oral Exam	100%	N/A
D0140	Oral Exam	100%	N/A
D0150	Oral Exam	100%	N/A
D9110	Emergency	100%	N/A

• Oral examinations are payable twice per benefit year.

Preventive

D1110	Cleaning	100%	N/A
D1120	Cleaning	100%	N/A
D1206	Fluoride	100%	N/A
D1208	Fluoride	100%	N/A
D1510	Space main	100%	N/A

- Prophylaxes (cleanings) are payable twice per benefit year.
- Space maintainers are payable once per area in a lifetime for age 13 and under.
- Fluoride treatments are payable once per benefit period for age 14 and under

Bitewing Radiographs

D0272	Xrays	100%	N/A
D0274	Xrays	100%	N/A

- Bitewing x-rays are payable twice per benefit period.

All Other Radiographs

D0210	Xrays	100%	N/A
D0330	Xrays	100%	N/A
D0220	Xrays	100%	N/A
D0240	Xrays	100%	N/A

- Full mouth x-rays (which include bitewing x-rays) or a panorex are payable once in any three year period.

Sealants

D1351	Sealant	100%	N/A
D1352	Restore	Not Covered	N/A

- Sealants are payable for first and second permanent molars for age 13 and under. Sealants are payable once per tooth per lifetime.

Minor Restorative

D2140	Amalgam	80%	N/A
D2150	Amalgam	80%	N/A
D2160	Amalgam	80%	N/A
D2161	Amalgam	80%	N/A
D2330	Resin	80%	N/A
D2331	Resin	80%	N/A
D2332	Resin	80%	N/A
D2335	Resin	80%	N/A
D2390	Resin	80%	N/A
D2391	Resin	80%	N/A
D2392	Resin	80%	N/A
D2393	Resin	80%	N/A
D2394	Resin	80%	N/A
D2920	Recement	80%	N/A
D2980	Restore	80%	N/A

- Posterior composite resin restorations are covered services.

Major Restorative

D2710	ResinCrown	50%	N/A
D2712	Crown	50%	N/A
D2720	Crown	50%	N/A
D2721	Crown	50%	N/A
D2722	Crown	50%	N/A
D2740	Crown	50%	N/A
D2750	Crown	50%	N/A
D2751	Crown	50%	N/A
D2752	Crown	50%	N/A
D2790	Crown	50%	N/A
D2950	Restore	50%	N/A
D2954	Restore	50%	N/A

- Cast restorations (including crowns and onlays) and associated procedures (such as cores and substructures) on the same tooth are payable once in any five-year period.
- Inlays are not covered services and will be optioned to an amalgam or resin restoration.
- Posterior porcelain or resin crowns are covered benefits.

Endodontics

D3220	Pulpotomy	80%	N/A
D3310	Root Canal	80%	N/A
D3320	Root Canal	80%	N/A
D3330	Root canal	80%	N/A

Periodontics

D4910	Perio Maint	80%	N/A
D4260	Perio surg	80%	N/A
D4341	Perio	80%	N/A
D4342	Perio	80%	N/A
D4355	Cleaning	80%	N/A
D4381	Perio	80%	N/A
D9944	Occl Guard	80%	N/A

- Occlusal guards are payable once in any 60 month period.
- Root planing and scaling is payable once per quadrant in 24 consecutive months.

Simple Extractions

D7140	Extraction	80%	N/A

Other Oral Surgery

D7210	Extraction	80%	N/A
D7220	Extraction	80%	N/A
D7230	Extraction	80%	N/A
D7240	Extraction	80%	N/A

Other Basic Services

D0350	Xrays	80%	N/A
D0431	Tests	Not Covered	N/A
D0470	Tests	80%	N/A
D9223	Anesthesia	80%	N/A
D9230	Nitrous	Not Covered	N/A
D9243	Anesthesia	80%	N/A

- Procedure code D9997 (Dental Case Management - patient with special health care needs) is subject to client contract and the services it is performed in conjunction with.

Prosthodontics

D5110	Denture	50%	N/A
D5120	Denture	50%	N/A
D5130	Denture	50%	N/A
D5140	Denture	50%	N/A
D5211	Partial den	50%	N/A
D5212	Partial den	50%	N/A
D5213	Partial den	50%	N/A
D5214	Partial den	50%	N/A
D6240	Pontic	50%	N/A
D6750	Crown	50%	N/A

- Full and partial dentures are limited to once in a five year period.
- Bridgework is limited to once in a five year period.
- Payment will be made to replace a tooth that has been missing prior to the effective date of coverage.
- Posterior porcelain fused to metal (facings) for fixed prosthodontics are covered benefits.

Implants

D6010	Implant	50%	N/A

- Implants and/or the restorations are payable once per tooth per five-year period.

Orthodontic Services

D8020	Ortho	50%	N/A
D8080	Ortho	50%	N/A
D8670	Ortho	50%	N/A

Orthodontic age limit for this patient is covered for age 25 and under for the following networks: PPO Dentist, Premier Dentist, Nonparticipating Dentist

The patient's client provides coverage for Enhanced Preventive Benefits. Therefore high-risk medical patient may be eligible for additional cleanings.

Delta Dental pays for crowns, bridges, full and partial dentures based on the seat/delivery date of the permanent appliance.
X-rays are required when submitting claims for fixed bridges or when three or more anterior single crowns are performed in the same arch. X-rays will only be returned if sent with a self-addressed stamped envelope.

General anesthesia and IV sedation may not be covered in conjunction with all services and are subject to review.