

AWA

Frequently Asked Questions

Q. Why is dental insurance important?

A. Dental insurance is the single largest factor in determining whether a person sees a dentist regularly, and regular dental care is the best way to prevent oral disease. Three out of four Americans have some form of gum disease, and many lack dental coverage that encourages necessary care. Regular dental exams can also detect the first signs of severe medical conditions, including diabetes, oral cancer and hardening of the arteries, making treatment easier and more effective.

Q. Can members access their AWA Dental Plus plan information online?

A. Yes, AWA membership includes access to our secure online Member Portal – members.affiliatedworkersassociation.org. On the portal, members will find phone numbers, web links and information describing how to use the AWA Dental Plus plan included in their AWA membership. They will also be able to view, download and print their member guide, which contains information about their AWA Dental Plus plan, including deductible, coinsurance and plan maximums, as well as their AWA benefits.

Q. Will members receive a dental ID card?

A. Yes. Members will receive their ID card directly from United Concordia, along with a postcard informing them how to access their Dental Benefits Certificate online.

Q. When can members begin using their dental and other benefits?

A. Members can begin using their benefits on their membership's effective date.

Q. Can members go to any dentist?

A. Members are free to see the dentist of their choice and there are no restrictions on changing primary dentists. However, in-network dentists agree to accept United Concordia's allowances* as payment in full for covered services. Out-of-network dentists may bill the member for any difference between United Concordia's allowance and their fee (also known as balance billing). AWA Dental Plus utilizes the **Alliance dental PPO network**. * Reimbursement is based on United Concordia's schedule of maximum allowable charges (MACs).

Q. Do the dental benefits change based on whether members go to an in-network dentist or an out-of-network dentist?

A. No, the coinsurance, deductible and maximums are the same, regardless of whether you visit an in-network dentist or an out-of-network dentist. However, out-of-network dentists can change their full fee and members are responsible for payment.

Q. How large is the PPO network and how do members look up participating dentists?

A. With more than 100,000 unique dentists at 240,000 access points nationwide, the **Alliance network** is one of the largest in the country, and continually growing. Members can locate dentists in the **Alliance network** at: **www.unitedconcordia.com** or they can contact United Concordia Customer Service at: **(800) 332-0366**.

Q. Does the dental plan have an Annual Maximum?

A. Yes. The Annual Maximum benefit allowance for the AWA Dental Plus plan is \$1,200. An annual maximum is the maximum dollar amount a dental plan will pay toward the cost of dental care incurred by an insured individual in a calendar year.

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Q. What is an Annual Deductible?

A. An Annual Deductible is a specified amount of eligible expenses that must be incurred and paid by the insured member prior to any benefits being paid. Ineligible or non-covered expenses do not count toward satisfaction of a deductible. The AWA Dental Plus plans have a \$50 calendar year deductible per insured member with a family maximum of \$150.

Q. Do members have a waiting period?

A. There is no waiting period for any of the benefits. Members have immediate access to Class 1-Diagnostic/Preventive Services, Class 2-Basic Services and Class 3-Major Services as well as Orthodontics.

Q. How many cleanings may members have in a 12 month period?

A. The plan includes two cleanings or periodontal maintenance, whichever is appropriate, per 12 month period. The 12 month period begins on the date of your first cleaning and it continues on a rolling 12 months.

Q. Do members have coverage outside of the state they live in?

A. Yes, if members are traveling or have a covered dependent living in a different state, they will still have coverage.

Q. How much time do members have to submit a claim?

A. Members or their providers must submit claims within one year from their initial date of service. Contracting dentists will complete and send claims directly to United Concordia for processing. Non-PPO providers may require the member to pay the dentist at the time of service. In that instance, the member will need to complete and send their own claim forms to United Concordia for reimbursement.

