

## Frequently Asked Questions

### Why are dental benefits important?

Dental benefits are 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.

### When will members receive ID cards?

United Concordia mails the dental cards directly to the members, along with a postcard informing you how to access your Dental Benefits Certificate online. Members also have access to their membership guide, plan information and links for their benefits on the online member portal, [myhealthmembers.com](http://myhealthmembers.com).

### Is there a waiting period before members can use their dental benefits?

There is no waiting period. Members will have access to all plan benefits on their effective date. However, it can take up to 72 hours for member information to be added to United Concordia's system. Best practice for new members is to contact United Concordia to make sure they are active in their system before scheduling any dental appointments.

### How do members know which dentist to see?

Members can see any dentist they choose, however, they will receive the full plan benefits by using an in-network provider. Reimbursement is based on a schedule of maximum allowable charges (MACs). Network dentists agree to accept United Concordia's allowances as payment in full for covered services, less applicable deductibles and coinsurance percentages. Non-network dentists may bill for any difference between United Concordia's allowance and their fee.

### What is the dental network and how do members find participating providers?

The dental network included with the plan is the **Advantage Plus 2.0 network**. The Advantage Plus 2.0 network is one of the largest dental networks in the country with 330,500 access points and over 100,000 dentists. Members can locate participating providers at [www.ucci.com](http://www.ucci.com) or by calling United Concordia's Customer Service at: **(800) 332-0366**.

### How much time do members have to submit a claim?

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.

### What is the Annual Maximum and Deductible for the dental plan?

The Annual Maximum is \$1,500 per person per calendar year. The deductible is \$50 per person per calendar year with a family maximum of \$150.

### How many dental cleanings does the plan cover per year?

The plan includes two dental cleanings per 12 month period. The 12 month period begins on the date of a member's first cleaning and it continues on a rolling 12 months.

### How will members identify the monthly drafts from their account?

Member drafts will have "PHS-HEALTH-BILL", "PHSHEALTH" or "HEALTHPHS" listed on their billing statement depending on their banking institution.

### Who can members contact for help?

Members can contact Customer Service at **(214) 436-8882** or [customerservice@premierhslc.com](mailto:customerservice@premierhslc.com) and one of our friendly representatives will be glad to help them!