**Q: Will the premium be raised to fund the 2022 benefit enhancements?**

A: We are pleased to say the premiums are staying the same for the dental coverage in 2023 as they were in 2021 and 2022.

**Q: Does the age of 19 dependent maximum apply to services other than orthodontia?**

A: There is no change to the definition of an eligible dependent under the plan. The dependent child under the age of 19 limitation is related to orthodontia coverage only.

**Q: Does the plan cover orthodontia for employees or spouses/domestic partners?**

A: No. The coverage is for eligible dependent children under the age of 19.

**Q: Will I ever have a bill for preventative services now that the plan pays 100%?**

A: Possibly. The plan pays 100% of coverage charges without a deductible. While it’s not a frequent occurrence the patient could have responsibility in a few scenarios.

1.  Your provider bills over usual and customary rates. Amounts over usual and customary are not a covered service.

2.  You have met your yearly plan maximum. The plan will stop paying benefits on one individual in a calendar year once benefits paid on that individual are equal to $3000.

3. The provider billed for some type of non-covered service.

**Q. If I cover the entire family, but only incur services with a deductible on one of those family members, do I have to meet the family deductible amount?**

A. No. the individual deductible would be applied to applicable services. However, the individual deductibles applied in one calendar year cannot exceed the family deductible maximum.

**Q: Is the orthodontic deductible separate for the deductible for other dental services.**

A.  Yes.

**Q. Will an implant be covered if I am already missing the tooth where the implant would be placed?**

A. Our dental plan does contain a “missing tooth” clause. For the first 24 months of continuous coverage replacement of teeth that were missing when a covered person becomes effective will be paid at 50% of the allowable charges. In the example of an implant where the service is paid at 50% the benefit would be reduced and additional 50%. If the covered person has been on the policy longer than 24 months, or if the tooth/teeth are extracted after coverage is in effect, the missing tooth clause would not apply, and normal benefits would be applied.

**Q. I’m planning on having an implant (and/or a variety of additional dental services) done. Is there anything you suggest?**

A. Yes. If you plan on having dental services where the charge is expected to be $200 or more, a pre-determination of benefits should be submitted to Med-pay for review. Most dental providers are familiar with this process and will happily submit on your behalf.