

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 2022 as they were in 2021. These are true benefit enhancements.

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.

