

# frequently asked questions

## **Q.** *How does an Elite Preferred dental plan work?*

**A.** Under our PPO plans, you do not have to pre-select a primary dentist. When you want dental services, make your appointment with any licensed dentist. When you receive treatment from a CompBenefits PPO dentist, your costs will be reduced. Once services are performed, you or your dentist must file a claim form in order to receive reimbursement. Your claim will be paid based on your group's schedule of benefits. The plan will pay a percentage of the eligible charges, up to the plan's annual limit for benefits.

## **Q.** *How do I select an in-network dentist?*

**A.** You may choose a participating PPO general dentist from our preferred provider directory available online at [www.mycompbenefits.com](http://www.mycompbenefits.com). Participating general dentists in our network are conveniently located near your home or office. CompBenefits reviews each participating dentist's credentials before he or she is selected to join our network. By using an in-network dentist, you will receive the maximum benefit of your plan.

## **Q.** *How do I select an out-of-network dentist?*

**A.** By choosing a general dentist not included in the preferred provider list at [www.mycompbenefits.com](http://www.mycompbenefits.com), you have selected an out-of-network provider. You will be charged the dentist's usual fees for treatment. When you use an out-of-network dentist, your out-of-pocket costs will be typically greater than using an in-network dentist.

## **Q.** *When is predetermination required?*

**A.** If planned treatment is going to cost more than \$300, you should ask your dentist to file for predetermination of benefits prior to treatment. Predetermination is not necessary for emergency treatment.

## **Q.** *How does my bill get paid?*

**A.** Each dentist bills separately. Your dentist may agree to file your insurance claim for you. If he or she does not, however, you may be required to pay the entire bill at time of service and will need to submit a claim to CompBenefits for your reimbursement. Your reimbursement will be based on whether you have met any applicable deductible or coinsurance amounts or not. All financial arrangements concerning payment are strictly between you and your dentist and should be determined prior to treatment.

## **Q.** *Where do I send my claims?*

**A.** You can get a claim form from your Group Benefits Administrator, from CompBenefits' Member Services department or from our Web site, [www.mycompbenefits.com](http://www.mycompbenefits.com). Mail your claim to:  
CompBenefits Claims  
P.O. Box 8236  
Chicago, Illinois 60680-8236

## **Q.** *Can I go online to find out more about my plan or get assistance?*

**A.** Yes. After you enroll, you can visit [www.mycompbenefits.com](http://www.mycompbenefits.com) to learn about your plan, to check your benefits, to use our Provider Locator, to change your dentist selection, to send us an e-mail and more.