

# frequently asked questions

**Q. *What are CS Series DHMO plans?***

**A.** CompBenefits' CS Series DHMO plans are network-based products that emphasize prevention and cost containment. In order to receive services, you select a primary dentist who participates in the CompBenefits DHMO network. The plan provides for quality care and allows members to seek care from in-network specialty dentist at fixed co-payments. These plans provide savings ranging from 20 percent to 60 percent off regular dental procedures. The plans do not cover services (except emergency care) received from out-of-network dentists.

**Q. *How does the plan work?***

**A.** Your primary dentist will provide all of your routine dental care. When you visit your primary care dentist, simply present your CompBenefits identification card. You may be required to pay a co-payment for some services provided by your primary care dentist. If the dental services provided are not listed as covered procedures under the plan, primary care dentists will give you a 25 percent discount off their usual fees. Should you require the services of a specialty dentist, you can choose any in-network specialty dentist under the CompBenefits DHMO plan. All in-network specialists will provide services at the co-payment listed on your schedule of benefits. The co-payments are billed by the participating dentist at the time of service, so there are no claims forms to file. You pay your dentist directly, if applicable.

**Q. *How many times a year can I visit my dentist?***

**A.** You are encouraged to visit your dentist regularly. With your CompBenefits' CS Series Plan, you are not limited to a specific number of visits per year.

**Q. *How do I make appointments?***

**A.** Making an appointment is easy. Once you have selected your participating dentist, simply call the dental office on or after the date you receive your certificate of coverage and make your appointment. Your enrollment information will already be at or on its way to your participating dentist's office, confirming that you are eligible for treatment.

**Q. *What if I need a specialty dentist?***

**A.** When you need treatment from a specialty dentist you can visit one of the participating specialty dentists from our network, and you will only be responsible for the co-payment listed on your schedule of benefits.

**Q. *Is there any maximum coverage limitation?***

**A.** No, there are no maximum coverage limitations.

**Q. *How do I pay for services?***

**A.** You make your co-payments to the dentist at time of service.

**Q. *What if I go to a non-participating dentist?***

**A.** You will not be eligible for benefits from a non-participating dentist. You must seek treatment from the participating dentist you selected.

**Q. *Can I change participating dentists?***

**A.** Yes. You can easily change dentists by contacting our Member Services department at 800-342-5209. You can also change your dentist by logging onto [www.mycompbenefits.com](http://www.mycompbenefits.com).

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

**A.** Yes. 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.

**Q. *How do I order an ID card?***

**A.** You can download and print a temporary ID card or order a new ID card at [www.mycompbenefits.com](http://www.mycompbenefits.com), or you can call our Member Services department at 800-342-5209.