

CompBenefits Dental Indemnity Overview Elite Choice 405 with Ortho

Paychex Business Solutions

The Indemnity plan offers a variety of benefits with set reimbursement amounts. You pay the provider for services at the time of your appointment. Claim payments are then made to you or your provider. The plan features:

- Freedom to choose any dentist
- Quick claims turnaround
- National coverage

Frequently Asked Questions

How does the plan work?

1. The Indemnity plan allows you to seek **treatment from any licensed dentist**.
2. Once services are performed, you or your dentist must file a **claim form** in order to receive reimbursement.
3. **Your claim will be paid based on your group's schedule of benefits.** Benefits will be payable after your deductible and coinsurance (if applicable) are satisfied. Your plan also has an annual limit on benefits available.

The dentist may agree to file your insurance claim for you. However, if he/she does not, you may be required to pay the entire bill at the time services are rendered and submit a claim to CompBenefits for reimbursement.

Where should I send my claims?

Claim forms can be obtained from your Group Benefits Administrator or CompBenefits Member Services and should be sent to:

CompBenefits Claims
PO Box 8236
Chicago, IL 60680-8236

Your provider may also file your claims electronically.

How much of the dental charges will the plan cover?

Payment schedules vary from plan to plan. Please check your Schedule of Benefits for more details.

What is a predetermination?

A predetermination of benefits can help you understand what benefits will be paid for your proposed treatment plan. It explains what is covered, how much CompBenefits will reimburse for the treatment and what your portion of the cost will be.

When is a predetermination needed?

If a planned treatment is going to cost over \$200, it is highly recommended that you ask the dentist to file for predetermination of benefits before services begin. This will ensure that you know CompBenefits' responsibility, as well as your own, before treatment starts.

How can I get more information?

You may contact CompBenefits with any questions or concerns at 1-800-342-5209, M-F 8 am-6 pm EST. You may also locate us on the web at www.mycompbenefits.com.

Type I – Diagnostic & Preventive Services	Reimbursement
Oral Exam Prophylaxis Topical Fluoride X-Rays Sealants	80%
Type II – Basic Services	
Simple Restorative Non-Surgical Periodontics Non-Surgical Tooth Extraction Space Maintainers	80%
Type III – Major Services	
<u>(0 month waiting period)</u> Major Restorative Bridge, Denture Repair Prosthetics Emergency Palliative Treatment Surgical Tooth Extraction Endodontics Surgical Periodontics	50%
Type IV –Orthodontics	
<u>(0 month waiting period)</u> Dependent children 18 years of age or younger	50%

MAXIMUM BENEFITS

Lifetime	
Type I, II, III.....	Unlimited
Type IV.....	\$1,000
Calendar Year	
Type I, II, III.....	\$1,000
Type IV.....	\$ 500
Deductible (3 per family maximum)	
Type I.....	None
Type II, III, IV.....	\$50

Exclusions and Limitations

Coverage based on usual, customary and reasonable fees.

Time served on the employer's immediately preceding group dental plan may be credited towards this plan's waiting periods, subject to Underwriting approval.

Certain exclusions and limitations apply.



This schedule shows only a few of the covered procedures. Please see your Benefit Administrator for a complete schedule. This schedule is intended for comparison purposes only. The benefits for each plan will be determined by the contract.