

ANSWERS TO COMMONLY ASKED QUESTIONS - DHM

How many times a year can I visit my dentist?

You are encouraged to visit your dentist regularly. With your CompBenefits dental plan, you are not limited to a specific number of visits per year.

Can I change participating dentists?

Yes. You can easily change dental offices by contacting CompBenefits. A simple phone call is all it takes.

Is there any maximum coverage limitation?

There are no limitations on benefits.

How do I pay for services?

If your visit is for covered preventive care, like a routine exam, cleaning or x-ray, there is no charge for the procedure. The dentist is prepaid by the CompBenefits program. For other procedures, a small co-payment may be required. See your Schedule of Benefits for amounts. You pay copayments directly to the dentist.

What if I need a specialist?

When treatment by a specialist is required and you visit a CompBenefits participating specialist, the copay will be on your schedule of benefits.

How do I make appointments?

Making an appointment is easy. Simply call the dental office you have selected, on or after the date you receive your certificate of coverage, and you can schedule an appointment. Your enrollment with that dental office will already be on hand, confirming that you are eligible for treatment.

What if I go to a non-participating dentist?

You will not be eligible for benefits. You must receive treatment from the participating general dentist you have selected.