

ANSWERS TO COMMONLY ASKED QUESTIONS - PPO

How do I select an In-Network dentist?

You may choose a participating In-Network general dentist from a Preferred Provider directory. In-Network participating dentists are conveniently located near your home or office. CompBenefits carefully reviews the credentials of each dentist before they are selected to join the CompBenefits network. By using an In-Network dentist, you will receive maximum benefits.

How do I select an Out-of-Network dentist?

If you prefer to choose a general dentist not listed in the Preferred Provider directory, you will be using an Out-of-Network dentist. You will be charged the dentist's usual and customary fees for treatment received. When you use an Out-of-Network dentist, your out of pocket costs will typically be greater than if you use an In-Network dentist.

How does my bill get paid?

Billing is dentist specific. 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 will, therefore, need to submit a claim to CompBenefits for reimbursement. Your reimbursement will be based on whether you have used an In-Network or Out-of-Network dentist, and also whether or not you have met any applicable deductible or coinsurance amounts. Again, all financial arrangements concerning payment for services rendered are strictly between you and your dentist and should be determined prior to the start of treatment.

What are usual and customary charges?

Usual and Customary Charges (UCR) are those fees normally charged by the dentist for a given service or treatment.

When is a predetermination needed?

If a planned treatment is going to cost over \$200, you should ask the dentist to file for predetermination of benefits before services begin. Predetermination is not necessary for emergency treatment.