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Escambia County Schools Dental Plan - Frequently Asked Questions

How are the new dental plans from The Standard, different from our old plans?

- **You now have a Dental Network!** You can visit any dentist you want, but if you choose a dentist who is in network, they will discount their fees. In FL, we find these discounts to be **25-40% off** the dentist's normal fees!
- You may cover your children until the end of the year they turn 25 – even if they are not a full time student.
- Your Annual Maximums have increased, and your Ortho maximum has increased on the Enhanced plan.
- Your deductible is now only $50 and is waived for Preventive procedures.
- Your new coverage is based on benefit type, not the order you file the claim.
- A Dental ID card will be mailed to your home.

  For example:

  - **Preventive** procedures: cleanings, exams and X-rays, are covered at 100%.
  - **Basic** procedures: fillings, extractions, root canals, and treatment for gum disease, are covered at 80%
  - **Major** procedures: crowns, dentures, and implants, are covered at 50%.

What are the differences between the Base Plan and the Enhanced Plan option?

The only difference between the Base plan and the Enhanced plan are the allowed maximum benefits:

- The Base plan has a **$1000** annual dental maximum benefit, and **$1000** Lifetime Ortho benefit.
- The Enhanced plan has a **$1500** annual dental maximum benefit, and a **$1500** lifetime Ortho Benefit.

Are there any limitations to the benefits?

Yes. This is a traditional style of plan, which does have some exclusions, frequencies and age limitations.

Examples for common procedures:

- Cleanings, Exams and Bitewing X-rays are allowed 2 times per calendar year.
- Fluoride treatments are allowed 1 time per calendar year, and only for children under the age of 19.
- Periodontal Maintenance is limited to 2 per calendar year and is in lieu of a regular cleaning and is only covered if you have had periodontal therapy in the past (Does not have to have been while covered under this plan.)
- A Resin/composite (tooth colored) filling, placed on posterior (rear molars) will be downgraded to an amalgam (metal) filling. The insured is responsible for the difference in cost. The full resin/composite allowance IS allowed on all anterior (front teeth)
- Crowns are covered if there is significant loss of tooth structure due to decay or trauma.
- Crowns are only able to be replaced if they are at least 5 years old.

These are examples and not a full listing of limitations and exclusions. You will have access to your dental certificate, which will include a list of all covered procedures, as well as all limitations and exclusions.

How do I know if my procedure will be covered, and what my out of pocket cost will be?

As a smart consumer, it is beneficial for you to know your share of the cost up front. For services over $200 we recommend you ask your dentist to file a pretreatment estimate with The Standard. You will receive a written response showing what The Standard estimates your dental plan will pay, and the amount you will be responsible for paying.

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Who do I call with questions about the new Dental Plans?

You may call The Standard Dental customer service line: 1-800-547-9515.
Our call center is available 8 AM – 1 AM ET Mon- Thurs, and until 7:30 PM ET Friday.

What about work in progress?

Most of the time, a procedure is done is one visit (i.e. a filling) or done over a couple visits close together (i.e. a root canal followed by a crown). Sometimes work is done as a series of procedures over a longer period, like an extraction followed by an implant rod, then an implant crown. We make an effort to continue to cover work in progress, we do have to set parameters and limitations around them. Here are a few examples:

- A crown or bridge is prepped (a mold made) on one visit, then seated on a separate visit. We pay based on "prep date" which means the carrier/plan who insured the member when the mold was made is responsible for payment, even if it was seated while under a new carrier.
- Initial placement of a bridge, denture or implant, for a prior extraction. If a tooth was extracted while under your prior plan, you are eligible for coverage to replace that tooth with a bridge, denture or implant up to 12 months from date of extraction. (NOTE: implants have several steps, each of those steps need to be within 12 months of extraction. If the rod placement is at month 11, and implant crown is at month 14, only the rod placement will be eligible for coverage.)
    - Teeth extracted more than 12 months before effective date are not eligible for coverage.
    - Naturally missing teeth are not eligible for coverage.
- Replacement of an existing Crown, Bridge, Denture or Implant is eligible if the unit is at least 5 years old. It does not matter what coverage the member had when initial placement was made.
- Braces – please see "Orthodontia" section.

Is there any limit to what my dentist can charge for a procedure?

Yes. If you go to an in-network provider, the dentist not allowed to charge you more than the allowance they have agreed to with us. This amount is typically 25% – 40% less than their normal charge.

You may also visit a dentist who is not in our network. If you do, we will base our coverage on a "Usual & Customary Amount" (aka U&C). Don't worry, this U&C will be high enough to cover what 90% of dentists in the area normally charge. If your out of network dentist charges more than what 90% of dentists in the area charge, you will be responsible for the difference. For example:

The average cost of a cleaning (not including exam) in the 325xx zip area is between $85-$95.
We consider anything up to $102 to be within U&C.
If your dentist charges $102 or less, we will cover 100% of this cleaning (2 times per year).
If your dentist charges $113 for this cleaning, you will be responsible for the $11 over U&C.
Note: Our Network dentist will only charge you $64. Saving your annual maximum for other procedures.

How do I find a participating dentist?

The Standard utilizes the Ameritas Dental Network. Dentists in the Ameritas Dental Network have agreed to charge you 25-50% less than their regular rates. Many of them also offer discounted fees on non-covered dental services as allowed by state law.

To find a new dentist or see if your dentist is in network, visit: **http://www.standard.com** and click on "Find a Dentist."

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How do I file a claim?

Your dentist will typically file your claim. If an out of network dentist will not file your claim, you can submit it for reimbursement. Go to: www.standard.com/dental and click: "find a form" to download a claims form. You may file and we will reimburse you directly.

When will I have access to The Standard member website?

Once your coverage is active, you will have access to your benefits at www.standard.com/dental. Click on "Log in for Benefits". At this site, you can: check the status of your claim, see your remaining benefits, get a plan summary, print an ID card and nominate a dental provider to the Ameritas network.

Orthodontia

Braces are covered for children under the age of 19.

Coverage for new braces:

- Must be banded after effective date of this plan, before the child becomes 19.
- Initial payment will be 25% of the total cost, the remainder will be paid quarterly over the treatment period, not to exceed 24 months.
- Coverage will end when the dependent reaches age 19 or when coverage is terminated.

Coverage for braces already in place:

- Braces must have been banded while covered under the prior plan to be eligible for continued coverage.
- Orthodontist must file a treatment plan with us and include EOB or statement from prior plan showing what has been paid.
- We will establish what we will pay (based on the new Ortho max), subtract what has been paid by the prior plan, and pay the balance quarterly over the remaining treatment period.

  Example: prior plan has $1000 max and we have $1500 max. Ortho Cost: $4000

  - Banded under prior plan, prior plan has paid $360 over 3 quarters.
  - We will pay: $4000 x 50% = $2000; maxed at $1500 - $360 (paid by prior plan) = $1140
  - $1140/ 5 quarters remaining = $228 per quarter for 5 quarters.
    - Remaining maximum of $360 ($1500 – $1140) may be used towards retainer.
- Coverage will end when the dependent reaches age 19 or when coverage is terminated.

New Hires after Jan 1, 2021:

- No coverage if braces are already banded.
- Braces must be banded while covered under our plan, or the plan we are taking over on Jan 1, 2021.

My Child had braces several years ago in grade school, now they need braces again. Does "Lifetime" Ortho benefit mean my child won't have coverage.

No. The 'lifetime' max is for a treatment period. (i.e. braces in process will not receive more benefit than the current lifetime max.) If your child had braces previously, and is starting a brand new program, they may be eligible for coverage. Ask your Orthodontist to file a pretreatment estimate to confirm.