

DENTAL BENEFIT INFORMATION

Applies to Plans: **U1/U2/U3/U5/U7/UW/F2/G1/G5**

CLAIM SUBMISSION INFORMATION

SUBMIT <u>ELECTRONIC CLAIMS</u> TO:	SUBMIT <u>PAPER CLAIMS</u> TO:
<p>Tesia, DentalXChange, Change HealthCare (Emdeon) with PAYOR ID # 36215</p> <p>Send attachments electronically using NEA (attachment vendor for Change HealthCare) MASTER ID #'s: 46500, 46501, 46503, 465002</p> <p><i>*Note: COB claims can also be submitted electronically</i></p>	<p>TEAMCARE PO BOX 5116 DES PLAINES, IL 60017-5116. 1-800-323-2190</p>

IMPORTANT INFORMATION

- This document is intended as a summary only. All benefits will be paid in accordance with the Plan Document which is available at www.MyTeamCare.org.
- Covered services are payable as follows:
 - Providers in Humana Network are reimbursed according to Humana fee schedules
 - Providers not in the Humana Network are reimbursed to Reasonable and Customary (R&C) fees
- **TeamCare does not utilize group numbers/names for dental plans and does not require these items for claim submission.**
- TeamCare is a calendar year plan with no effective dates given.
- Coordination of benefits is standard and non-duplicating for PPO claims. The plan coordinates to the lesser of the two allowables.
- The guarantee of payment is subject to the plan's limitations and exclusions, and receipt of contributions to cover date(s) of service.
- If there is a conflict between this document and the Plan Document, the Plan Document will be the controlling document in determining the benefit.

SAVE TIME: DON'T CALL IN, LOG IN

Dental providers can access and download **patient eligibility, dental history, specific plan information, and claim status** on our website.

www.MyTeamCare.org



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DENTAL SERVICES	FREQUENCIES	ALLOWANCES	NOTES
ANNUAL DENTAL MAXIMUM		No Annual Maximum	
ANNUAL DENTAL DEDUCTIBLE		No Deductible	
PERIODIC ORAL EXAMS (D0120, D0145)	Every 6 Months	100%	Periodic and comprehensive oral exams share a frequency
COMPREHENSIVE ORAL EXAMS (D0150, D0160, D0180)			
LIMITED ORAL EXAM (D0140)	None		
CLEANINGS PROPHYLAXIS/PERIODONTAL	Every 6 Months	100% (Prophylaxis) 100% (Periodontal)	Prophylaxis does not share a frequency with periodontal maintenance
FLUORIDE TREATMENT	Every 6 Months	100%	Children under age 26
SPACE MAINTAINERS	None	100%	Children under age 26
SEALANTS	Every 18 Months	100%	Covered for children through age 13 Posterior teeth only
FULL-MOUTH <u>OR</u> PANORAMIC X-RAYS	Every 2 Years	100%	Procedures share a frequency
BITEWINGS <u>OR</u> VERTICAL BITEWINGS	Every 6 Months	100%	Procedures share a frequency
PERIODONTAL SCALING	Every 12 Months (Per Quadrant)	100%	All four quadrants can be performed on the same day for periodontal scaling
FULL MOUTH DEBRIDEMENT	Every 12 Months	100%	D4341 and D4342 share a frequency D4346 and D4355 share a frequency D4381 is not covered
RESTORATIVE PROCEDURES ENDODONTIC, APICOECTOMY, PULPOTOMY, FILLINGS	Once Per Lifetime for Root Canal Therapy	100%	No missing tooth clause No waiting period No downgrades from composites to amalgams
EXTRACTIONS, ORAL SURGERY & ANESTHESIA		100%	General or IV Anesthesia payable in conjunction with eligible surgical procedures (covered with 3 or more simple, 1 or more surgical extractions) Anesthesia for implants is subject to review, a dental pre-determination of benefits is recommended Nitrous oxide analgesia is not covered
ADJUNCTIVE GENERAL SERVICES OCCLUSAL GUARDS, CONSULTATIONS, ETC.		100%	Occlusal guards are covered under dental benefits for the diagnosis of bruxism

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DENTAL SERVICES	FREQUENCIES	ALLOWANCES	NOTES
FULL OR PARTIAL DENTURES & RELATED PROCEDURES	Every 3 Years for Dentures	100% Paid on Seat Date	No missing tooth clause No waiting period
FIXED BRIDGEWORK, CROWNS, INLAYS, ONLAYS & RELATED PROCEDURES	Every 3 Years for Crown/Bridgework	80% Paid on Seat Date	
IMPLANTS & RELATED PROCEDURES (EFFECTIVE 1/1/18)	Single-Tooth Implant One Per Tooth Per Lifetime Every 3 Years for Implant Related Abutment/Crowns	80%	Benefits payable under dental If implant is placed in an edentulous arch to anchor a denture benefits may be payable under medical after review Anesthesia for implants is subject to review, a dental pre-determination of benefits is recommended Interim implant related prosthetics are not covered
ORTHODONTIA (CHILDREN UNDER AGE 26 ONLY)		50% No Lifetime Maximum	Required information for processing: <i>Total Case Fee, Length Of Treatment, Initial Banding Fee, Monthly Adjustment Fee</i> No automatic payment and no advance payment Payment for services rendered only Remote ortho treatment is non-covered
TMJ THERAPY BENEFIT (D7880)		100% Annual Dental Maximum Does Not Apply	Includes coverage for mouth guards and oral appliances billed under dental benefits for TMJ treatment Treatment billed by a medical provider will be covered under applicable medical benefit
ACCIDENTAL INJURY DENTAL		100% Annual Dental Maximum Does Not Apply	Payable under dental only for dental treatment related to the accident Chewing injuries not payable as accidental injury Orthodontia not payable as accidental injury Submission of x-rays required for review

TEAMCARE GRANDFATHERED PLAN NOTICE

This group health plan believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at Research and Correspondence Department, Central States, Southeast and Southwest Areas Health and Welfare Fund, 8647 West Higgins Road, Chicago, IL 60631 or call Toll-Free 1-800-323-5000. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

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Humana®

Tooth decay is one of the most common chronic conditions of childhood in the United States. Untreated tooth decay can cause pain and infections that may lead to problems with eating, speaking, playing, and learning.

Humana

TeamCare Dental will make you smile.

TeamCare has joined with Humana, one of the nation's largest dental preferred provider networks to offer TeamCare Dental. TeamCare Dental allows you and your family members to maximize your dental benefits through negotiated discounted fees with in-network dental providers.

TeamCare Dental is a voluntary program. You may choose dental care with a non-participating dentist and your benefits will be paid at the reasonable and customary fee levels in your area. You will be responsible for any charges above the reasonable and customary fee level. If you choose to use one of the 175,000 dental providers in the Humana network, you'll enjoy the following additional benefits:

- Using an in-network Humana dental provider allows you to receive your dental care **at a lower cost**.
- By using an in-network dentist, you are not billable for any charges above the negotiated fee.
- You get to choose any dentist in the network. With over 175,000 dental providers, you may find that your dentist is already a participating dentist.

To find a participating dentist in your area or for further information, please access the Humana website at humanadentalnetwork.com, or call **800-592-3112** to speak with a Humana representative.



*Dental and Orthodontic Benefits are not available under all plans. It is important to refer to your **Plan Benefit Profile** for specific Dental and Orthodontic Benefits.*

Dental Benefits

The Dental Benefit covers treatment usually provided by dentists (including specialists) to prevent or correct dental problems.

What's Covered?

- **Diagnostic and Preventive Dental Care**

- Oral exams once every six months
- Full-mouth or panorex x-rays every two years*
- Bite-wing x-rays every six months*
- Prophylaxis (cleaning) once every six months
- Fluoride treatments for covered children once every six months*
- Sealants for covered children through age 13 every 18 months*

*The frequencies may vary by plan. Refer to your Dashboard at MyTeamCare.org or your **Plan Document**.

- **Restorative Dental Treatments and Extractions**

- Fillings and routine extractions
- Root canal treatments and similar services

- **Oral Surgery and Anesthesia**

- Removal of impacted teeth
- Alveoplasties
- General anesthesia when used in conjunction with oral surgical procedures

- **Periodontal Surgery**

- Full mouth debridement, periodontal scaling, and/or root planing
- Gingivectomies or gingivoplasty
- Mucogingival surgery
- Osseous surgery
- Osseous graft
- Gingival curettage
- Periodontal prophylaxis once every six months
- General anesthesia when used in conjunction with periodontal procedures

- **Fixed and Removable Prosthetic Devices and Related Services**

- Full or partial dentures (including overdentures) once every three years
- Fixed bridgework, crowns, inlays, and onlays once every three years
- Implants
- Repair of dentures, partials, bridges, and crowns

For covered dental treatments, by dental providers not in the Humana network, TeamCare pays a percentage of the covered charge, subject to reasonable and customary fees in that area. The percentage payable depends on the type of dental treatment or service you receive as indicated in your **Plan Benefit Profile**. Benefits will be paid to the annual maximum (if any) as indicated in your **Plan Benefit Profile**.

Continued Dental Care

Certain dental treatments that typically require a longer time to complete will be payable after your plan coverage ends if they are started while you or your dependents are covered.

The following procedures are covered based on the date that work was begun:

- The completion of dentures (full or partial) is payable if you or your dependents were covered on the date the impression was made.
- The completion of fixed bridgework, gold restorations and crowns is payable if you or your dependents were covered on the date any affected teeth were prepared.
- The completion of root canal therapy (endodontics) is payable if you or your dependents were covered on the date the affected teeth were opened for treatment.



*All procedures are subject to the limitations listed in your **Plan Document**.
All time limitations are determined by the last date of service of each applicable treatment.*



Orthodontic Benefit

For covered children under age 26, your plan provides part of the cost of straightening teeth (braces, including interceptive or retention orthodontic appliances). To be covered under the Orthodontic Benefit, charges must be incurred while your child is covered under your plan.

**ALERT**

*The dental exclusions and limitations listed in your **Plan Benefit Profile** also apply to orthodontic treatment. **Orthodontic Benefits** are only payable for covered children under age 26.*

- For covered orthodontic benefits, your plan pays a percentage of the charge, subject to reasonable and customary limitations. The percentage payable is indicated in your **Plan Benefit Profile**.
- Your plan will pay a maximum Orthodontic Benefit (if applicable) for each covered child as indicated in your **Plan Benefit Profile**.

Avoid Surprises—Use Predetermination for Dental and Orthodontic Benefits

For charges of \$500 or more, TeamCare offers you or your dentist a Predetermination of Benefits. After the dental examination, your dentist may recommend dental treatment:

- If the estimated charge is \$500 or more, a Predetermination of Benefits lets you and your dentist know what amount will be payable for the proposed treatment.
- Both you and your dentist will receive a statement from TeamCare with the amounts TeamCare will pay for services.

This Predetermination of Benefits is not a guarantee of payment. The projected benefits will be paid only if you are still covered at the time you receive the treatment.

**TIP**

Follow these steps to have the proposed dental treatment reviewed in advance:

1. *Ask your dentist to complete a Predetermination of Benefits request showing the proposed treatment and charges.*
2. *Your dentist should submit your request electronically, through **MyTeamCare.org**, or to the address on the back of your TeamCare Benefits ID Card.*

Both you and your dentist will receive a statement of the amount your plan will pay for the proposed services.

The goal of orthodontics is to correct the alignment of the teeth for a beautiful smile and healthy bite.



Filing a Dental or Orthodontic Claim

If you use a Humana dental provider, no claim forms will be required. In most cases, claim forms are not required since dentists send their itemized statement for services directly to TeamCare.

If you do need to file a claim, send the itemized statement from the dental provider directly through **MyTeamCare.org** or to the address indicated on the back of your TeamCare Benefits ID Card.

Coordination of Benefits

If you or your dependents are covered by another group plan that provides dental benefits, we will coordinate with your other plan. TeamCare pays a percentage of the dentist's charges subject to the limitations noted in this section. In no case will the total combined payment from TeamCare and any other insurance exceed the dentist's charges. It is important to notify TeamCare if you have other group healthcare coverage.



Dental and orthodontic claims must be filed within one year of date of service. Claims filed more than one year from date of service will be denied.