

Frequently Asked Questions

Why are dental benefits important?

Dental benefits are the single largest factor in determining whether a person sees a dentist regularly, and regular dental care is the best way to prevent oral disease. Three out of four Americans have some form of gum disease, and many lack dental coverage that encourages necessary care. Regular dental exams can also detect the first signs of severe medical conditions, including diabetes, oral cancer and hardening of the arteries, making treatment easier and more effective.

Can members access their AWA Dental Plus plan information online?

Yes, AWA membership includes access to our secure Member Portal – myhealthmembers.com. On the portal, members will find phone numbers, web links and information regarding the AWA Dental plan included in their AWA membership. They will also be able to view, download and print their member guide, which contains information about their AWA Dental Plus, as well as their AWA resources. If members have questions about their materials, please call Member Services at **(214) 436-8881**.

Will members receive a separate dental ID card?

Yes. Members will receive their ID card directly from United Concordia, along with a postcard informing them how to access their Dental Benefits Certificate online.

When can members begin using their dental and other benefits?

Members can begin using their benefits on their membership's effective date.

Can members go to any dentist?

Members are free to see the dentist of their choice and there are no restrictions on changing primary dentists. However, in-network dentists agree to accept United Concordia's allowances* as payment in full for covered services. Out-of-network dentists may bill the member for any difference between United Concordia's allowance and their fee (also known as balance billing). AWA Dental Plus utilizes the Alliance Dental PPO Network.

**Reimbursement is based on United Concordia's schedule of maximum allowable charges (MACs).*

Does the dental plan design change based on whether members go to an in-network or an out-of-network dentist?

No, the coinsurance, deductible and maximums are the same, regardless of whether members visit an in-network dentist or an out-of-network dentist. However, out-of-network dentists can change their full fee and members are responsible for payment.

How large is the PPO network and how do members look up participating dentists?

With more than 101,000 unique dentists at 349,000 access points nationwide, the Alliance Network is one of the largest in the country, and continually growing. Members can locate dentists in the Alliance Network at www.unitedconcordia.com or they can contact United Concordia Customer Service at **(800) 332-0366**.

Do the dental plans have an annual maximum?

Yes. The Annual Maximum benefit allowance for the AWA Dental Plus plan is \$1,200. An annual maximum is the maximum dollar amount a dental plan will pay toward the cost of dental care incurred by an insured individual in a calendar year.

What is an annual deductible?

An Annual Deductible is a specified amount of eligible expenses that must be incurred and paid by the insured member prior to any benefits being paid. Ineligible or non-covered expenses do not count toward satisfaction of a deductible. The AWA Dental Plus plans have a \$50 calendar year deductible per insured member with a family maximum of \$150.

Do members have a waiting period?

There is no waiting period for any of the benefits. Members have immediate access to Class 1-Diagnostic/Preventive Services, Class 2-Basic Services and Class 3-Major Services as well as Orthodontics.

How many cleanings may members have in a 12 month period?

The plan includes two cleanings or periodontal maintenance, whichever is appropriate, per 12 month period. The 12 month period begins on the date of members' first cleaning and it continues on a rolling 12 months.

Do members have coverage outside of the state they live in?

Yes, if members are traveling or have a covered dependent living in a different state, they will still have coverage.

How much time do members have to submit a claim?

Members or their providers must submit claims within one year from their initial date of service. Contracting dentists will complete and send claims directly to United Concordia for processing. Non-PPO providers may require the member to pay the dentist at the time of service. In that instance, the member will need to complete and send their own claim forms to United Concordia for reimbursement.

How will members identify the monthly drafts from their account?

All drafts will have "PHS-HEALTH-BILL" listed as the originator of the drafts.