

TIP SHEET

What to know before your visit

Before you visit your dentist, be sure to review information about your benefits, have your Mass General Brigham Health Plan Member ID Card with you, and have an understanding of your rights and responsibilities. To avoid unexpected costs, Call DentaQuest Member Services to find out the cost of the service, what your Mass General Brigham Health Plan Advantage plan covers, and what costs you may be responsible for covering.



Understanding in-network vs. out-of-network costs for covered services:

In-network

DentaQuest has a network of providers that have agreed to set fees for covered services they provide. This is called the allowed amount. If you use an in-network dentist, you will only be responsible for any applicable cost (copayment or coinsurance) for covered dental services based on DentaQuest's allowed amount. Information about copayments and coinsurance are in the Dental Services section in Chapter 4, *Medical Benefits Chart* of your Evidence of Coverage.

Out-of-network

If you have dental services performed by a provider who is not in the DentaQuest network (considered out-of-network), they can bill any amount they determine for covered services. This is because they do not have agreed upon allowed amount for covered services. Out-of-network providers will only be reimbursed for services provided to you up to the in-network allowed amount. If you receive a Medicare-covered dental exam, a diagnostic, preventive, or comprehensive dental service listed in your Evidence of Coverage, you may be required to pay the difference between the in-network allowed amount and the fee being charged by your provider as well as applicable cost-sharing as noted in Chapter 4, *Medical Benefits Chart* of your Evidence of Coverage.

Example of an out-of-network service:

The in-network allowed amount for preventive cleaning is \$100. You choose to see an out-of-network provider that charges a fee of \$175. In this case, you will be responsible for the difference of \$75 and any copayment or coinsurance percentage costs applicable.

Example:

\$175 billed
\$100 allowed
\$75 difference paid by member

Plus the cost share - Coinsurance or copay based on \$100 allowed amount, see EOC for details on cost share.



Understanding the annual limits with benefits:

Your benefits have annual limits. This means your plan will pay its portion up to the maximum amount in a calendar year. The plans portion is the allowed amount, minus your cost share (copay or coinsurance amount).



Understanding payment options:

DentaQuest will process payments for your services in one of two ways — through a claim from a dentist or a reimbursement request from you or your representative.

Claim form:

Your dentist can submit claims on your behalf. Once the claim has been paid, your dentist may contact you to collect any outstanding portion that is your responsibility.

- They can submit electronically using DentaQuest's payer ID: CX014, and the address DentaQuest P.O. Box 2906, Milwaukee, WI 53201-2906.
- They can mail in a paper claim form to: DentaQuest, P.O. Box 2906, Milwaukee, WI 53201-2906.

In-network providers should not be collecting money prior to insurance submission. If this occurs, you have a right to file a complaint with Mass General Brigham Health Plan by calling 1-855-833-3668.

Where DentaQuest will send your reimbursement payment:

DentaQuest will send the check to the address we have on file for you, not the address on the reimbursement form. If you wish to update your mailing address, please contact Mass General Brigham Health Plan Customer Service at 1-855-833-3668 (TTY users should call 711). Customer service is available October 1 through March 31, 8 a.m. to 8 p.m. EST, seven days a week; and April 1 through September 30, 8 a.m. to 8 p.m. EST, Monday through Friday only. This call is free, and customer service will communicate your address change to us.

Once received, your reimbursement request will be processed within 60 calendar days. We may reach out to you if we need more information to process your request.



How to get answers to your questions:

If you have any questions about your dental benefits, you can speak to a member of the Mass General Brigham Health Plan Customer Service team or the DentaQuest Member Service team. When speaking to a representative, they will need to verify your identity first.

- At times, a representative from Mass General Brigham Health Plan will engage with a DentaQuest Member Services Representative while you are on the call with them. Always have your Member ID available for faster service. You may be asked to give your Member ID to both representatives at different times to protect your confidentiality.
- The DentaQuest representative may seek assistance within their own department but may refer to this assistance as the "Claims Department."
- If your call includes a complaint about DentaQuest or the health plan or your experience with your dentist, DentaQuest may need to transfer you to another department to make sure your complaint is addressed.
- Mass General Brigham Health Plan Customer Service is available October 1 through March 31, 8 a.m. to 8 p.m. EST, seven days a week and April 1 through September 30, 8 a.m. to 8 p.m. EST, Monday through Friday and the call is free.