



**Help and Questions**



**Your Member Portal**



**Your ID Card**



**Filing a Claim**



**Covered Dental Procedures**



**Choosing a Dental Provider**

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## HOW TO CONTACT US:

**Email us at**

**[eBenefits@standard.com](mailto:eBenefits@standard.com)**

*While it is unlikely, be aware that communication via email can be intercepted in transmission or misdirected. Please consider communicating any sensitive information by fax or mail.*

**Or call us at:**

**855.737.4575 option 6**



Easy Online Benefits From TheStandard®

# FREQUENTLY ASKED QUESTIONS Your Dental Plan

## Help and Questions

### 1 | How can I find out which plan I'm enrolled in?

If you're unsure which dental plan you're enrolled through The Standard, ask your employer to provide you with your certificate of coverage and benefits at a glance.



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## Your Member Portal

### 1 | What information is on our member portal?

- Claim status and history
- A network provider locator
- A dental cost estimator
- A form for nominating your provider to join our network

You can also send a request to receive your Explanation of Benefits electronically.

### 2 | How do I register or log in?

Click [here](#) and select the login option based on the state your employer is in.

If you're not registered, select one of the Register links. You'll need your member ID from your ID card or your Social Security number. If you don't know your member ID, please contact us using the information provided in the left-hand column.

### 3 | I don't remember my user ID or password. Can you help?

Yes, we can help. If you don't remember your login information, please contact us using the information provided in the left-hand column.



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## Your ID Card

### 1 | **Where can I get an ID card?**

Please contact us using the information provided in the left-hand column.

### 2 | **Do I need an ID card?**

No, you don't need an ID card. Your dental provider can use your policy number to verify your benefits. If you don't know your policy number, please contact us using the information provided in the left-hand column.



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## Filing a Claim

### 1 | How do I find out if my provider is part of the network?

To find a provider within the network, visit <http://www.standard.com/dental> and click on "Find a Dentist" under Member Resources.

**Note: Network is Classic (PPO)**

### 2 | Who submits my claim?

**In network providers:** Your provider will submit claims for you if they're part of the Ameritas Dental Network.

**Out of Network providers:** If your provider is not part of the network, you'll need to ask them if they can submit claims for you. Click [here](#) to download a copy of our dental claim form.

### 3 | How do I find the status of my claim?

You may contact our Dental Member Services by calling 1.800.547.9515.

### 4 | How much time do I have to submit a claim?

You or your provider should send us claims within 90 days of the date you receive treatment, or within the time frame specified in your certificate of coverage. See the Proof of Loss section for details. You can access your certificate through your employer.

### 5 | I want to allow another person to talk to you about my dental claims. Can I do that

Yes, if you'd like to authorize us to release your dental insurance claim information to another person, you can download, complete and mail (or fax) us an [Authorization to Release Health-Related Information form](#).

The Privacy Rule under the Health Insurance Portability and Accountability Act of 1996 provides you with certain rights. It also states our responsibilities, as your dental insurance provider, to protect the dental health information we maintain about you.

For details about your rights under the HIPAA Privacy Rule, including how to act on these rights, please review the [HIPAA Notice of Privacy Practices](#).



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## Covered Dental Procedures

### 1 | What dental procedures are covered?

Your certificate of coverage has a list of covered procedure codes and frequencies. Ask your employer for a copy. For other questions, please contact us using the information provided in the left-hand column.

### 2 | What is a pretreatment estimate? Do I need one?

A pretreatment estimate is a form your provider submits before starting treatment. It tells us about upcoming services and helps us let you and your provider know what your plan covers and the amount you'll be responsible for.

We don't require a pretreatment plan for any service. But we do recommend you ask your provider to submit one for any service you consider expensive.

### 3 | How are orthodontic benefits paid?

If your plan covers orthodontic treatment, we typically make the first payment three months after the bands are placed on the teeth. We'll send quarterly payments after that. Ask your employer for a copy of your certificate of coverage.

**More questions?** Please contact us using the information provided in the left-hand column.

### 4 | How can I verify my dental benefits?

You can verify benefits by calling 1.800.547.9515.

### 5 | Can I replace a tooth that was extracted before I enrolled in my dental plan?

It depends on the plan you're enrolled in. Your certificate of coverage provides details about whether your plan covers prior extractions. If it does, the certificate will also provide a timeframe for replacing the missing tooth. Look for this information in the section labeled Limitations. Ask your employer for a copy of your certificate of coverage.

**More questions?** Please contact us using the information provided in the left-hand column.

### 6 | I think a dental service should be covered, but it was denied. What should I do?

You can file an appeal or grievance. Ask your employer for a copy of your certificate of coverage. Look for the section named Grievance and Appeal Procedure, which is specific to the state your employer is in. Follow the instructions to send us the needed information.

Reach out to us with questions about the process or to check the status of your appeal or grievance. Please contact us using the information provided in the left-hand column.

### 7 | How much will my dental procedures cost?

You can estimate both in-network and out-of-network costs through the Dental section of our [member portal](#). We also have an out-of-network estimator available [here](#).



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## Choosing a Dental Provider

### 1 | **Can I see any dental provider? Or do I have to choose a network provider?**

You can visit any licensed dental provider. Remember that choosing a network provider can lower your costs since they agree to lower fees and submit claims for you.

### 2 | **How do I know if my dental provider is part of the network?**

Search the [online provider directory](#) to see if your dental provider is in the dental network. Select the network listed on the front of your ID card. Don't have an ID card or need help? Please contact us using the information provided in the left-hand column.

### 3 | **Do I need a referral to see another dental provider?**

No, you don't.

### 4 | **Can I visit a dental provider outside the United States?**

Yes, you can see a provider outside the United States. If you see a provider in the [PPO network in Mexico](#), they'll submit your claim for you, and we'll pay them directly.

If you visit a non-network provider in Mexico or any other provider outside the United States, you'll pay the provider for services and send us a claim form for reimbursement. Click [here](#) to download a claim form.

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