

**DENTAL PLAN**

**BENEFITS DESCRIPTION**

**Lewiston-Porter CSD**

Prepared: 4/22  
**Pro Benefits Administrators**  
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## GENERAL QUESTIONS & ANSWERS ABOUT YOUR NEW DENTAL INSURANCE PLAN

**Q. When does the dental plan start?**

A. The effective date of coverage is the 1<sup>st</sup> of the month after your probationary period.

**Q. Who pays for the dental plan?**

Your HR Representative will advise you of the cost of the plan.

**Q. How do I enroll?**

A. Your HR Representative will instruct you to how to enroll in the dental plan.

**Q. Can I continue to see my current dental provider?**

A. You may use the provider of your choice. ***However, you will receive a higher benefit if you use a participating in-network provider.***

**Q. What if my dental provider does not participate?**

A. You may continue to use your current provider and receive the out-of-network benefit rates, but it is also advisable to contact your provider to let him/her know that you are now enrolled in Dental Pay Plus and you would appreciate his/her considering joining the program. Fill out the provider request form included with this package and fax it to Dental Pay Plus (716-831-8080).

**Q. Who may I call with questions about my plan?**

A. For information regarding any of the following please **contact Dental Pay Plus (M-F 8am-4pm)**: ID cards, plan policy booklets, explanation of coverage, or claims please contact:



**Dental Pay**  
**100 Corporate Pkwy, Suite 334**  
**Amherst, NY 14226**  
**Phone- (716) 831-8171**  
**Toll-free- 1-888-683-3682**  
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**Q. Will I be receiving an Identification Card?**

- A. Each enrolled employee will receive an ID card along with a plan policy booklet detailing the coverage. Two ID cards will be issued to family contracts.

**Q. What is the age to which my child will be covered?**

- A. Children are covered to the end of the month they reach age 24.

**Q. Is there a deductible under the plan?**

No. There is no deductible under your plan.

**Q. What is the plan maximum per year?**

- A. The maximum that the plan will pay out per person is \$1,500 on a calendar year basis.

**Q. Is coverage for Orthodontia (braces) included in the plan?**

- A. Yes, Orthodontia is included for your dependent children under age 19. The Lifetime Maximum for the entire Orthodontia benefit is \$2,400 per child.

**Q. What are In-Network Benefits?**

- A. In-Network benefits are those services where you utilize a provider who participates in the Dental Pay Plus plan. Providers who participate agree to accept our scheduled fees. You are responsible for any co-insurance and/or deductible directly to the provider.

**Q. How do I know what providers are In-Network?**

- A. A provider search can be done by going to [www.probenefitsadmin.com](http://www.probenefitsadmin.com). Click on Dental Pay Plus and enter your selections for the most current list of providers near you – OR – refer to the attached list

**Q. What are Out-of-Network Benefits?**

- A. Out-of-Network benefits are those services where you utilize a provider who does not participate with Dental Pay Plus. These providers do not have an agreement to accept our fees, and therefore may charge you the difference between what the plan pays (Fee Schedule) and their charges.



# Lewiston-Porter CSD

BENEFIT	DENTAL PAY PLUS	
<b>Plan Summary</b>	<b>In-Network</b> plan utilizes participating dentists. <b>Out-of-Network</b> allows freedom of choice.	
Dependents covered to end of month age 24	In-Network	Out-of-Network
<b>Preventative Services:</b> Oral Exams (up to 4 per year) X-rays & Diagnostic Teeth Cleanings (up to 4 per year) Fluoride Treatment Topical Sealant Emergency Treatment	100%	100% of Scheduled Allowance
<b>Minor Restorative Services:</b> Fillings Space Maintainers Oral Surgery Extractions Stainless Steel Crowns (children's teeth) Recementation Crowns/Inlay Periodontics Services Endodontic Services (Root Canals) Occlusion Adjustment Local Anesthesia	100%	100% of Scheduled Allowance
<b>Major Restorative Services:</b> Crowns Inlay/Onlays Partial & Full Dentures Fixed & Removable Bridgework Repairs to Dentures/Bridgework	100%	100% of Scheduled Allowance
<b>Annual Deductible</b>	None	None
<b>Annual Maximum Per Person</b>	\$1,500	\$1,500
<b>Orthodontia Lifetime Maximum</b>	\$2,400	\$2,400