

# Understanding Your Dental Benefits

## FAQs regarding your Dental Health Services Plan

### Did my dental benefits change?

Your dental plan is the same as the plan you previously had. The only difference is, your benefits are available from Dental Health Services' network of Quality Assured<sup>sm</sup> dentists. Only caring, qualified doctors are accepted into our exclusive network. Please check your Participating Dentist Directory, or visit our website to find out if your dentist is part of our network.

### Can I coordinate my Dental Health Services benefits with another provider?

Dental Health Services does not coordinate benefits. This is because we work exclusively with an extensive network of Quality Assured<sup>sm</sup> dentists who deliver quality care to our members at an affordable price.

### What is a copayment?

A copayment, or copay, is the amount a member owes at the time a covered dental treatment is rendered. Under the Dental Health Services plan, most dental procedures are covered with zero cost to you, but you can see exactly what each procedure will cost by referring to your current-year copayment schedule.

### Is general anesthesia covered?

Yes. Dental Health Services will reimburse 50% of fees up to \$200 per person per calendar year. IV sedation or general anesthesia is limited to covered surgical or medically necessary procedures. This benefit is only available at contracted general or specialty offices providing this service.

### How do I find an orthodontist?

Dental Health Services offers coverage for orthodontic treatment. Please contact your Member Service Specialist at 800-637-6453 for a referral to an associated orthodontist in your area.



800-637-6453

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