

Leon County School District

Frequently Asked Questions



Introduction

The Standard is very excited to welcome Leon County School District as a Dental Insurance client effective October 1, 2022. We are replacing the current Florida Combined Life plan. Your new Dental plan is similar to the Florida Combined Life plan. There are three plans, High, Medium, and Low. The Low and Medium plans are intended to be chosen by employees whose dentists are in network. The High plan has been enhanced to allow employees to see any dentist they want by paying the same level of coinsurance in and out of network. If the dentist is out of network, The High plan pays at 95% of the Usual Customary and Reasonable charge (95th UCR). If the out of network dentist charges at or below what 95% of dentists charge in your area, we will allow the full charge. If the dentist charges more than what 95% of dentists charge in your area, the member pays the difference.

What network does The Standard use?

The Standard uses the Ameritas network. Most dentists in Tallahassee know the Standard due to our book of business in your area. If your dentist says they "do not take Standard," please remind them that The Standard uses the Ameritas network.

How does The Standard (Ameritas) Network compare to Florida Combined Life?

Quite well. The Standard currently has all but five of the Dentists that are in The Florida Combined Life Network.

How do I find a provider or confirm my provider is in network?

Please check our website by visiting: <http://www.standard.com/services> and click on "Find a Dentist." **Your provider network is: Classic (PPO) & Plus Network.**

What Plan Should I Choose if my Dentist is not in network?

If your dentist is not in network, we recommend the High Plan. The high plan allows you to see any dentist you want to see and if the dentist is not in network, the plan will pay at 95th UCR.

Is Standard trying to recruit more dentists?

Yes. We are currently performing an active recruitment effort of all dentists in Tallahassee that are not in our network. We are starting with the top providers based on your utilization to include the five dentists mentioned above.

Will my rollover benefit carry over from the prior carrier?

Yes. If you have accumulated rollover from the prior carrier, it will be transferred over to this plan, and you have access to that rollover immediately. You do not need to file a claim in 2022 to maintain this balance. However, you WILL need to file at least one claim each year, beginning in 2023, to maintain your unused rollover balance. You may earn additional rollover benefit by using less than your benefit threshold. See **Max Builder** in your highlight sheet for more information.

Pretreatment – How will I know what is covered?

While we do not require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it is best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We will inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there will not be any surprises once the work has been completed. Most people request a Pretreatment for anything over \$200

Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on October 1. You may choose to move to one of the other dental plans offered during Open Enrollment each year.

How does my Calendar Year Maximum Work? What if I have already used the maximum this year?

Since this is a new dental plan with The Standard, your maximum has reset! As of October 1, 2022, you have a full maximum dental benefit for the plan in which you enroll, regardless of what you spent under your prior plan. This maximum will refresh again on January 1, 2023, and on each subsequent January 1st.

Your deductible will refresh with your annual maximum. If you have already satisfied your deductible in 2022 (with the prior carrier) please keep your last EOB (statement showing you paid this deductible). If you have another Basic or Major procedure in 2022 you can submit this statement and we will give you credit for satisfying your deductible this year.

When will I have access to The Standard member website?

Once your coverage is active, you will have access to your benefits in the **Member Portal** at www.standard.com/dental. Click on "Log in for Benefits". At this site, you can: check the status of your claim, see your remaining benefits, get a plan summary, print an ID card and nominate a dental provider to the Ameritas network.

How do I submit a claim if my dentist does not file for me?

If you visit an In-Network provider, the dentist will file your claim for you. If you go out of network, your provider may file on your behalf, or they may require you to pay upfront and file it yourself.

To file yourself. Go to: www.standard.com/dental and click: "find a form" to download a claims form. You may also submit the dentist's 'Universal Claim Form' to the address on your ID card. We will reimburse you directly.

If you are filing yourself, do not delay. Your policy requires all claims be received by The Standard within 90 days of the date of service.

Is Periodontal Maintenance covered?

Yes. Four Periodontal Maintenance visits are covered, in lieu of your regular cleaning, if the member has had prior Periodontal Therapy. If this therapy was completed before your coverage was in effect with The Standard, your dentist must submit the date of the Periodontal Therapy and supporting documents.



Are white fillings covered on all teeth?

Yes. Resin (tooth colored) fillings are allowed on all teeth. We do not down-grade them on molars, which may happen with other plans.

Is Wisdom Tooth Extraction covered?

Yes. We cover wisdom tooth extraction the same way we cover any other tooth extraction.

Are Braces Covered?

Yes, Orthodontia is covered under the High and Middle plans for ALL enrolled plan members, even adults! Each member has a separate lifetime maximum of \$1,000 for braces. This also includes most tooth aligners, like Invisalign!

Orthodontia coverage is paid out quarterly over the course of your treatment (or 2 years, whichever is less).

Already have Braces?

If you or your dependents are covered under the prior carrier, we will continue the benefit. Please ask your orthodontist to file your treatment plan with us, and to indicate how much the prior carrier has paid. We will subtract what they paid from our payment.

If your braces were NOT covered under the prior plan, they will not be covered.