

Frequently Asked Questions

Q How do I use my dental plan?

A Please call your dentist to verify that he or she is a participating provider on your plan. For the most current information and weekly provider updates, please visit our website at www.careington.com.

Q My dentist isn't currently on Careington's provider panel. What can I do?

A Physicians Health Choice's dental program recommends that services be provided by dentists participating in Careington's provider network. Once you let our Member Services department know who your dentist is, we will contact him or her about becoming a provider.

Q What type of emergency plan do I have?

A In case of emergency, you should contact your usual network provider. If your provider is unavailable, contact a Member Service representative or visit our website to locate another provider in your area.

Q What if I have a covered service performed more than once a year?

A Physicians Health Choice only covers one oral exam and two routine cleanings per calendar year. If you need these services more than allowed or need any other services not covered by the plan, you will be offered a discounted rate, but you will be responsible for full payment at the time of service.

** Physicians Health Choice and Physicians Health Choice of New Mexico, Inc. are Medicare Advantage organizations with Medicare contracts. Contact Physicians Health Choice for additional benefits and details.*

Your dental coverage will terminate upon the date the master policy terminates or the last day of the month in which you are determined to no longer be eligible for coverage.

Exclusions and Limitations

Benefits are not provided for the following charges, services or supplies: which, in the absence of insurance, the Insured would not be required to pay; related to self-inflicted injuries (while sane in Colorado or Missouri); related to war or an act of war, whether or not declared; related to the Insured's commission of a felony or an assault on another person; participation in a riot, nuclear accident, or a major disaster; caused by, related to, or as a condition of employment, including self-employment. This exclusion applies even if Workers' Compensation or any Occupational Disease or similar law does not cover the charges; which are more than Reasonable and Customary Charges; which are incurred, or for which treatment began, before the Insured's effective date of coverage or after the Insured's termination of coverage; related to congenital or development malformations existing when the Insured's coverage became effective under the Policy; which are not Medically Necessary, appropriate or are primarily for cosmetic reasons; which are Experimental/ Investigational; related to surgical implants or transplants of any type including prosthetic devices attached to them); related to temporomandibular joint syndrome; related to periodontal splinting; related to prescription drugs and analgesia pre-medication; related to charges for telephone consultations, failure to keep a scheduled appointment, to complete claim forms or attending physician statements, and any other services or supplies which are not part of the direct treatment of the Insured; which are not made by a Dentist; related to dental education or training programs (this includes oral hygiene or plaque control programs); related to counseling on diet and nutrition; received from a provider who (i) is the Insured's spouse, child, brother, sister, parent or in-law, (ii) resides with the Insured, or (iii) is acting outside the scope of his/her license; caused by or related to an Insured's military service, including service in a military reserve unit; for services and supplies not included in a Covered Procedure; related to orthodontia; related to prosthodontics; which are payable under any medical insurance; made by any government entity unless the Insured is required to pay; or by any public entity from which coverage could have been obtained by application or enrollment even if application or enrollment was not actually made; related to the use of materials, other than fluorides or sealants, to prevent tooth decay; bacteriologic cultures in connection with a covered dental service; or therapeutic injections administered by a Dentist

Administered & Underwritten by
Fidelity Security Life Insurance Company
Kansas City, MO 64141

M-9077 Policy No: DT-172 12/08
H4527_4001 PHCDentalBro CMS[]
H3059_4001 PHCDentalBro CMS[]

Your Dental Benefits for 2009



Underwritten by
Fidelity Security Life
Insurance Company

As a PHC* enrollee, this dental benefit is provided at No Cost to you.

Before you call the dentist...

Here's how to ensure that your preventive dental services are covered:

1. Call one of the participating dentists or specialists listed, or contact **Careington** at 1-800-290-0523 between 7:00 a.m. and 7:00 p.m. CST, Monday through Friday and one of our friendly and professional representatives will assist you with the status of a specific dentist or specialist or to locate another participating provider. You can also visit us online at www.careington.com/phc.
2. Tell the dentist's office you belong to the **Careington Plan** offered through your PHC* plan.
3. Make your appointment and ask any questions you may have about fees and services covered.
4. Present your dental ID Card at every dental visit to receive the covered benefits.

Your First Visit

Take time to familiarize yourself with the scheduling, payment, and emergency care procedures of your dentist's office. Also, make sure to contact your dentist to verify that he or she is a participating provider on your plan, and present your ID card at every visit.

Multi-lingual

Careington's language line makes it simple for members to communicate with our Member Service representatives in over 200 languages.

Explanation of Dental Benefits for Physicians Health Choice (PHC*) Participants

The following services will be covered as a PHC* member:

1110 Two routine adult cleanings per calendar year:

One per calendar year:

- 0120 Periodic Oral Evaluation or
- 0150 Comprehensive Oral Evaluation
- 0210 Bitewings; or
- 0272 Bitewings - Two Films; or
- 0274 Bitewings - Four Films or
- 0330 Panoramic
- 1204 Fluoride Treatment



These services are paid in full if provided by a **Careington** participating provider. If services are performed by a non-participating provider, you will be reimbursed up to \$45 for one annual exam and up to \$53 for two annual cleanings and up to \$71 for Bitewing x-rays. Please note that most people, especially those with good brushing and flossing habits, will only require a routine cleaning. This cleaning consists of simple scaling to remove calculus (tartar) above and slightly below the gum line, and polishing to remove stains. However there are conditions, such as bone loss around the teeth, or excessive calculus (tartar) around the teeth, that will require a more in-depth cleaning. You will receive discounts on more in-depth cleaning when utilizing a **Careington** provider. You will be responsible for payment to the provider at the time of service. Please be aware that dentists are obligated to recommend and perform services they feel are necessary for the maintenance of your oral health. In doing so, additional or more extensive treatment may be necessary in which you will incur additional costs.

By enrolling in the PHC plan you are automatically a member of the National Association for Responsible Healthcare. Some provisions, benefits exclusions or limitations listed herein may vary depending on your state of residence.*