

## Frequently Asked Questions

### *How does the TRUSTEES OF THE PRINTERS' DISABILITY TRUST Dental Plan work?*

Your dental plan through The Standard allows you and your family members to see any dentist you choose, regardless if they are in or out-of-network. Family members are not required to see the same dentist.

### *What are the differences between the High Plan and the Low Plan option?*

You have 2 dental plan options, so you can choose the plan that is right for you. The Key differences to compare on the summary are:

- Annual maximum Benefit (\$1000 vs \$1500)
- Coinsurance (this is % the insurance will pay)
- Orthodontia – only available on the High plan.

### *How do I find a participating dentist?*

The Standard utilizes the Ameritas Dental Network. Dentists in the Ameritas Dental Network have agreed to charge you 25-50% less than their regular rates. Many of them also offer discounted fees on non-covered dental services as allowed by state law.

To find a new dentist or see if your dentist is in network, visit: <http://www.standard.com>. Click on "Find a dentist". You will receive a pop-up message: Click "Continue to Ameritas". On the provider search page, you may enter the area you would like to search. Or click on "Additional Filters" to search by provider name. On 'Select a network': click "Classic (PPO)".

### *How do I file a claim?*

Your dentist will typically file your claim. If an out of network dentist will not file your claim, you can submit it for reimbursement. Go to: [www.standard.com/dental](http://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.

### *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](http://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 know the cost of a procedure?*

As a smart consumer, it is beneficial for you to know your share of the cost up front. For services over \$200 we recommend that your dentist file a pretreatment estimate with The Standard. You will receive a written response showing what The Standard estimates your dental plan will pay, and the amount you will be responsible for paying.

You may also access the Dental Cost Estimators in the **Member Portal**. With the Out of Network Dental Cost Estimator, you can look up the average cost for any procedure in your area. With the In Network Dental Cost Estimator, you can look up an In-Network dentist's contracted fee to see how much you could save!

### *Is Periodontal Maintenance covered?*

Yes. Periodontal Maintenance is 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.

### *I just had a tooth extracted, but my replacement is scheduled after we move to this plan. Will it still be covered?*

We will allow replacement if the tooth was recently extracted.

### *Does this plan cover braces?*

The High Plan has coverage for braces for children under age 19. The braces must be placed while you are enrolled in the High Plan, unless they were covered under your prior plan.

### *What if my child had braced placed (banded) before we moved to this plan?*

If your child was banded while you were covered under the prior plan, and you enroll them in the high plan, we will continue payment. We reimburse for braces quarterly over 2 years (or the treatment period, which ever is less). We will request a statement from your prior carrier, or orthodontist, showing how much your prior carrier paid. We will subtract that amount from our \$1500 ortho benefit and pay the remainder in quarterly payment for the rest of the treatment period.

If your child was banded prior to your effective date in our High Plan, and you didn't have prior coverage for them, they will not be covered.