ConnectiCare®
Dental Plans

# Frequently Asked Questions

## Background

### *Who is BeneCare?*

BeneCare is an experienced, respected, eastern region dental benefits provider with cost-effective dental programs in Connecticut, New Jersey, Pennsylvania, and Maryland. Established in 1979 by a group of private-practice dentists who wanted to reduce costs while preserving high standards of dental benefits, BeneCare is now one of the largest dentist organized, professionally managed dental independent practice associations in the United States.

BeneCare established the Connecticut Dental Practice Organization (CDPO) to provide a PPO network for ConnectiCare Dental Plans and will also provide administrative services to support ConnectiCare Dental products. BeneCare shares ConnectiCare's commitment to quality care and excellent service for dentists, employer sponsors and members.

## Networks and Dentist Reimbursement

### *How do the Value, Plus, and Premium networks differ?*

The Value, Plus, and Premium networks differ in the level of access to preferred providers and the level of provider reimbursement.

*Value Network* – the most economical network that provides reimbursement at approximately the 70th percentile of area fees. Services rendered by non-participating providers may incur significant additional out of pocket expenses.

*Plus Network* – the mid-level plan that adds improved provider access through an enhanced network at approximately the 80th percentile of area fees. Services rendered by non-participating providers may incur additional out of pocket expenses.

*Premium Network* – the plan for people who want the broadest access and coverage that provides reimbursement at approximately the 90th percentile of area fees. Services rendered by non-participating providers are least likely to incur additional out of pocket expenses.

### *How are dentists recruited into the network?*

Zip code analyses of members and dentists in a given geographic area are used to develop recruitment plans with the goal of maintaining satisfactory access levels for both enrolled and prospective members. In addition, specific practices requested by employer sponsors or members are included as recruitment targets. BeneCare has a Dental Network Manager located in Connecticut to carry out the recruitment plan and maintain relationships with area dentists.

© 2005 ConnectiCare Insurance Company, Inc.
BeneCare is a registered trademark of Dental Benefit Management, Inc.

***What is the dentist credentialing process?***

Dentists are credentialed according to the same strict standards that NCQA requires for physicians. The BeneCare Quality Assurance Committee carefully reviews all credentialing criteria and makes the final decision to allow a dentist into the network.

***How are dentist fee schedules established?***

Dentist fee schedules are based on approximate percentiles of prevailing area fees. The fee schedules are reviewed annually and adjusted only to the extent that adjustments are supported by experience and the prevailing dental CPI for broad regional and national economic trends.

## Plan Designs

***What type of plan designs does ConnectiCare Dental Plans offer?***

ConnectiCare Dental Plans are PPO plans offering comprehensive coverage that allows members to choose preferred providers, including specialists, with no referral requirement. There is also coverage for out-of-network care. Plan designs for small group programs operate on a passive PPO basis with the same coverage in network and out-of-network. Plan designs for large groups may be customized with active PPO options, differential coverage in network and out-of-network, and additional out-of-network member cost shares.

***Are there any pre-authorization requirements for dental services?***

No, there are no pre-authorization requirements for any dental services. It is recommended, however, that members and their dentists request a pre-treatment estimate for services that cost more than $250 to confirm in advance what portion of dental treatment costs will be covered.

***Can benefit designs be customized?***

ConnectiCare Dental Plans offer 12 standard plan designs for small and large group employer sponsors. Large groups may also customize benefit designs to meet the needs of their employees. Requests for customized pan designs should be made to your ConnectiCare Sales Representative or Account Manager.

***Are ASO funding arrangements available?***

Yes, ConnectiCare Dental Plans are available on a self-funded basis for large employer sponsors. Please contact your ConnectiCare Sales Representative of Account Manager for more details about the ASO option.

## Enrollment

***Where should completed enrollment applications be sent?***

For initial enrollments, completed applications should be forwarded to your ConnectiCare Sales Representative or Account Manager. For ongoing changes in enrollment or for new employees, completed Enrollment/Change Forms should be sent directly to ConnectiCare Dental Plans, c/o BeneCare, 615 Chestnut Street, Suite 1001, Philadelphia, PA, 19106-4404.

© 2005 ConnectiCare Insurance Company, Inc.

BeneCare is a registered trademark of Dental Benefit Management, Inc.

***Is electronic enrollment available?***

Electronic enrollment is an option. If an employer sponsor is interested in electronic enrollment please contact your ConnectiCare Sales Representative or Account Manager for more information.

***How do I notify BeneCare of terminating members, or changes in member information?***

The Enrollment/Change Form should be used to communicate any changes in employer or dependent status. Completed forms may be sent to ConnectiCare Dental Plans, c/o BeneCare, 615 Chestnut Street, Suite 1001, Philadelphia, PA, 19106-4404.

***Will BeneCare administer COBRA for terminated members?***

No, BeneCare is not able to administer COBRA for terminated members but can recommend COBRA administrators for employer sponsors.

## Premium Billing

***Can ConnectiCare provide combined billing for medical and dental premiums?***

At this time, ConnectiCare provides separate bills for medical and dental premiums with separate addresses to send premium payments.

***Where should dental premium payments be sent?***

Dental premium payments should be sent to ConnectiCare, P.O. Box 33402, Hartford, CT 06150-3402. Please note that there is a different address for ConnectiCare medical premium payments.

## Customer Service

***What should members do if they have questions about their dental coverage?***

If members have questions about ConnectiCare Dental Plan eligibility, ID cards, claims, or the dental network, they should contact Member Services at 1-888-843-4727. Both ConnectiCare and BeneCare are committed to providing members with prompt, courteous, and culturally-sensitive service. Members may also access benefit, claims, and dental network information via the ConnectiCare website at **www.connecticare.com**.

***If members are not satisfied with a coverage determination, what options do they have to appeal the decision?***

A member who disagrees with a decision regarding covered dental benefits or claims processing may use the ConnectiCare Dental Plans appeals process. Members should refer to the Certificate of Coverage for a full explanation of the appeals process or they may call Member Services for assistance at 1-888-843-4727.

© 2005 ConnectiCare Insurance Company, Inc.

BeneCare is a registered trademark of Dental Benefit Management, Inc.

## Utilization Management

***How is dentist performance monitored and utilization managed?***

BeneCare continuously reviews the performance of network dentists by evaluating claims submitted for pre-treatment estimates, post-treatment claims, utilization reports, patient complaints, and patient satisfaction surveys.

BeneCare employs a very sophisticated, quantitative computer based utilization management program that profiles each dental practice and identifies when any dentist's treatment activity, by type of service, is outside of the expected normal range in any category. Analysis of profiles will reveal over and under-treating providers and calculate the financial impact of such over or under-treatment.

Based on cumulative information collected for each dentist, specific offices are targeted for further review including an On-site Office Evaluation and Record Audit. All documented results are considered in the recredentialing process that occurs every 36 months.

## Quality

***How does BeneCare manage the quality of care and service provided to members?***

BeneCare maintains a comprehensive Quality Assurance Program that includes an NCQA-compliant credentialing process, pre-treatment claim review, post-treatment review of targeted procedures, a multi-variant utilization management program, on-site dental office evaluations and record audits, complaint and appeal management, patient satisfaction surveys, and a computer-based customer relationship management system to analyze customer inquiries.

The Quality Assurance Program is monitored by the Quality Assurance Committee comprised of the President of BeneCare, the Dental Director, the Senior Dental Consultant, and the Senior Compliance Officer. This group is responsible for reviewing and developing clinical policies and procedures, reviewing quality of care issues, approving credentialing decisions, reviewing provider disciplinary action and reviewing all utilization and profiling reports on an individual practitioner basis and in the aggregate.

## Management Reporting

***Are management reports available for plan sponsors?***

Yes, BeneCare can provide a standard reporting package on request for large group sponsors. Please contact your ConnectiCare Sales Representative or Account Manager for more information on this option.

***If you have other questions about ConnectiCare Dental Plans, please contact your ConnectiCare Sales Representative or Account Manager.***

© 2005 ConnectiCare Insurance Company, Inc.
BeneCare is a registered trademark of Dental Benefit Management, Inc.