

The Dental Care 
PLUS GROUP
A DentaQuest Company



ADMINISTRATIVE MANUAL FOR EMPLOYER GROUPS

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INTRODUCTION

This manual is intended to help you effectively and efficiently administer The Dental Care Plus Group (DCPG) plan(s) offered to your eligible employees. It is an outline of DCPG's policies and procedures. Any specific topics that are not addressed in this manual should be referred to the appropriate DCPG personnel for clarification.

In this manual, the following documents will be referred to as the **Group Application**:

- Application for Master Group Contract
- Application for Master Group Policy
- Application for Administrative Services Contract

Additionally, the following documents will be referred to as the **Policy**:

- Master Group Contract
- Master Group Policy
- Administrative Services Contract

ADDITIONAL DOCUMENTS INCLUDED WITH THIS ADMINISTRATIVE MANUAL

Welcome Letter:

A welcome letter containing your group number(s), contract effective date, renewal anniversary date and new-hire waiting period is included.

Group Application:

Copy or copies of the counter-signed Group Application(s) are included with this administrative manual.

Policy:

Copies of the Policy are included with this administrative manual. Please review this Policy for more in-depth legal information related to your DCPG plan(s).

IMPORTANT CONTACTS AT DCPG

Account Manager:

Your Account Manager is responsible for the overall management of your account. Please contact your Account Manager with renewal questions, as well as elevated claims or customer service issues. You may refer to your welcome letter for specific contact information.

Established Business Specialist:

Your Established Business Specialist supports your Account Manager to ensure that the highest level of service is delivered.

Fax Numbers:

Account Management Team: 513-618-3876

Enrollment: 513-618-3882

Provider Relations: 513-618-3881

Customer Service:

Please contact DCPG's Customer Service Department for billing, enrollment, claims or benefit related questions by calling 513-554-1100 or 800-367-9466.

DCPG's operating hours are Monday through Friday from 8:00 am until 4:30 pm Eastern Standard Time. All departments can be reached by calling 513-554-1100 or 800-367-9466.

PRODUCT DESCRIPTIONS

Please refer to your welcome letter to determine which product(s) you've selected.

HMO (uses the Dental Care Plus network): Members must utilize a provider participating in the HMO network. No out-of-network benefits are available with this product.

PPO (uses the DentaSelect Plus network OR the Balanced Value network – please reference your benefit summary to determine which PPO network was selected): In order to receive in-network benefits, members must utilize a provider participating in the appropriate PPO network. They have the flexibility to receive out-of-network benefits, but may be subject to balance billing for services performed by a non-participating provider.

Indemnity (no network): There is no network associated with this product. Members can receive services from any licensed provider, but may be subject to balance billing.

Individual Product: DCPG offers individual dental options which may be extended to your employees or their dependents once they are no longer eligible for your group plan. Information is available online at MyDentalCarePlus.com or by calling 888-253-3279.

Vision Product: DCPG offers fully insured vision plans in collaboration with Avesis. If you purchased a vision plan to offer alongside your dental plan, then you will receive the relevant information via email upon implementation of your plan. If you are interested in purchasing a vision plan from DCPG, please contact your broker or Account Manager.

Locating Participating Providers:

Participating providers can be located by visiting our website at DentalCarePlus.com. Members should be careful to select the appropriate network. Please feel free to call the DCPG Customer Service Department at 800-367-9466 if you need assistance locating a participating dentist.

Provider Nomination Forms:

Copies of our Provider Nomination Form are included with this Administrative Manual for your convenience. If a member discovers that their provider does not participate in the applicable network, please encourage them to complete a Provider Nomination Form and return it either to your Account Manager or to the Provider Relations Department via fax at 513-618-3881.

ENROLLING IN A DCPG PLAN

Initial Eligibility:

As the employer, you define employee eligibility criteria as well as the waiting period in the Policy. For dependent eligibility information, please refer to your Member Handbook (or) Certificate of Coverage (or) Certificate of Insurance (or) Summary Plan Description.

Eligible employees who waive coverage during the initial enrollment period or as new hires must wait until the next open-enrollment period to enroll, unless they experience a qualifying event (see below for a list of qualifying events).

Effective Date:

The effective date is defined as the first day the employee is eligible for coverage after the new-hire waiting period has been satisfied. The new-hire waiting period is determined by you as the employer, and is listed on your welcome letter. To change this waiting period, you must submit a request in writing to your DCPG Account Manager.

Open Enrollment:

Employees have the opportunity each year at the renewal effective date to make changes to their enrollment. These changes can include enrolling in the plan, terminating the plan and adding or deleting dependents. Any changes will be effective upon the renewal effective date, and the new-hire waiting period will not apply.

Qualifying Events:

An employee may not change their level of coverage (i.e., from single to family coverage, etc.) at any time other than open enrollment unless one of the following qualifying events occurs. To enroll an employee:

- Loss of coverage through spouse (coverage would be effective as of the date spouse loses coverage).
- Divorce (coverage would be effective on the date the divorce is final).

To add and/or delete dependents:

- Divorce (change would be effective on the date of divorce).
- Marriage (change would be effective on the date of marriage).
- Birth (change would be effective on the date of birth).
- Adoption (change would be effective on the date of adoption).
- Court order (change would be effective on the date of court order).
- Death (change would be effective on date of death).

DCPG reserves the right to request copies of pertinent documentation to verify a qualifying event. A request to change level of coverage must be submitted within 31 days of the qualifying event.

Enrollment Deadlines:

All enrollment additions and changes must be submitted to DCPG within 31 days of the eligibility event, which includes new-hire enrollment, open-enrollment changes, qualifying events and terminations. If written notification is not received within 31 days from the date of the qualifying event, the subscriber must wait until the next open enrollment to request the enrollment change(s).

ENROLLMENT SUBMISSION METHODS

New Enrollments:

Enrollment for new enrollees may be submitted in one of the following forms:

1. Enrollment forms.
2. Online enrollment portal <https://connectsso.dentaquest.com/dqclientportal/index.html>
3. EDI (Electronic Data Interchange) Please contact your Account Manager to request the initiation of an EDI file.
4. DCPG formatted spreadsheets may be accepted during open enrollment for non-EDI customers with prior authorization. Please contact your Account Manager for additional details.

Enrollment Changes/Terminations:

The following parameters apply only to groups who **do not** utilize the online enrollment portal or EDI files:

Changes and terminations must be submitted to DCPG's enrollment department via a Change Request Form. **Changes will not be accepted on the bill.** Changes can be made during open enrollment or if there is a qualifying event (please refer to the Qualifying Events section on Page 5).

The changes listed below can be made if a qualifying event has occurred and require submission of a DCPG change form signed by the subscriber:

- Addition of dependents.
- Termination of dependents.
- Changes to correct date of birth or Social Security number errors.
- Waiving coverage outside of annual enrollment due to a qualifying event.
- Reactivation of an employee that was terminated in error (group administrator can sign the form).

The changes listed below can be made with written notification via email from you or your authorized agent:

- Termination of an employee.
- Address change.

What is Sent to Enrolled Employees?:

Enrolled employees will receive member identification (ID) cards along with other benefit-related materials. These items will be mailed via USPS to the employees' home address upon initial enrollment. Please allow 7-10 business days for USPS to deliver these items. The name of the subscriber is listed on the ID cards. If a replacement card is needed, please contact the DCPG Enrollment department to request a new card. New cards can also be requested online utilizing the Online Enrollment Portal (by the group administrator) or the Group Member Online Portal (by the member).

ENROLLMENT PACKETS

Upon request, DCPG will supply groups with employee enrollment packets for distribution during enrollment meetings or for new hires. These packets include relevant plan details, information on the online member portal, provider recruitment and special discount programs included with membership (if applicable). DCPG encourages clients to be environmentally conscious by requesting electronic materials. Packets may be requested in paper format for delivery if preferred.

BILLING

Monthly Invoices:

DCPG invoices will be generated around the 15th of each month. DCPG utilizes an online billing and payment portal available on the left hand side of the Client Portal. Once you have logged in, you will be able to print or download your invoice and make a one time payment or set up recurring payments. Please note, user access is based on the user role assigned by your Benefits Administrator. The website is available at any time to view and download previously generated invoices looking back 12 months.

DCPG will make every effort to process all enrollments/changes received in our office prior to invoices being generated on the 15th of each month. Any changes that are not processed will be reflected on the next monthly invoice.

Premium Charged for Mid-Month Enrollments and Changes:

DCPG will follow your specified effective date as indicated on the employee enrollment form or EDI file. You must provide the date which coverage is to begin with each enrollment request. DCPG does not prorate premium or ASO fee. You will be charged the full month's premium or ASO fee for any enrollments effective on or before the 15th of each month. You will **not** be charged a premium or ASO fee for any enrollments effective after the 15th of the month.

Termination Effective Dates:

Termination effective dates will be at your discretion. You must provide the date coverage is to end with each termination request. DCPG does not prorate premium. You will be charged the full month's premium for any terminations effective after the 15th of the month. You will **not** be charged a premium for any terminations effective on or before the 15th of the month.

Retroactive Changes:

Requests for terminations must also be submitted within 60 days following the effective date of the termination. Terminations can be adjusted only 60 days retroactively.

Any premium adjustments resulting from retroactive changes will be reflected on the next available invoice. Bills must be paid as presented and changes made on invoices will not be accepted.

Payments:

All premium payments are due to DCPG on the 1st of the month. Your invoice will have a remittance slip on the first page that shows the total amount due.

If you have more than 10 eligible employees enrolled in the plan, DCPG will accept premium payment via check. Your premium payment and this remittance slip should be mailed to the following address:

Dental Care Plus, Inc.
P.O. Box 630114
Cincinnati, OH 45263-0114

DCPG also offers Electronic Funds Transfer (EFT) as a one time or automatic recurring payment which Client can manage directly through the Portal. For Clients with less than 10 employees, Recurring Payments are required and will be managed by DCPG directly with withdrawal on the 1st of the following month based on the due date). Regardless of your payment method, you will still have access to an electronic copy of your invoice around the 16th of the month.

Funding of Paid Claim Expenses: (Self-funded groups only)

There are two Paid Claim billing options:

Option 1 – Weekly Claims: This option does not require a deposit, but does require that funds be withdrawn from your bank account.

- The claims invoice will be posted on the Billing and Payment portal each week (typically Thursday)
 - Funds will be withdrawn from your account on the next business day.
- We will continue to bill the monthly administration fees on the 15th of each month.
 - This invoice will also be posted on the portal monthly
 - Funds will be withdrawn from the same bank account on the due date of the 1st of the following month.

Option 2 – Monthly Claims and Administration Fee Billing: This option requires a deposit.

- You will need to provide a deposit equal to either one or two months or projected costs, including claims and administration fees. This deposit will be reviewed annually to determine if any adjustments are needed.
 - You can pay the deposit via check or electronic payment.
- Claims and administration fees will be consolidated on one invoice generated on the 15th of each month.
- All monthly invoices will be posted on our Billing and Payment portal typically on the 16th of each month.
 - Invoices can be paid online as a one-time payment or you can establish a recurring payment which will withdraw the funds monthly on any subsequent future invoice.
 - Payment can also be accepted by check along with the remittance advice.

For both options, the Paid Claims invoice will include a Claims Detail Listing for the period invoiced.

RENEWING YOUR DCPG PLAN

Renewal Notices:

Your DCPG Account Manager will release your annual renewal notice no later than 45 days prior to your anniversary date. If you work with a broker, your renewal will be delivered to your broker as well. If there is no broker involved or if other arrangements exist, the renewal will be delivered directly to you.

You will have the opportunity each year at renewal to review your plan and make any benefit changes for the upcoming plan year. To make these changes, please contact your broker, if you are working with one, or your Account Manager to provide a renewal option.

Your current plan will renew automatically on your anniversary date. If you would like to make any benefit changes, they must be received by DCPG by the first of the month prior to the renewal date. Failure to do so may result in an inaccurate invoice.

Open Enrollment:

Employees can make enrollment changes during the open-enrollment period each year, even if you are in the middle of a rate guarantee. Changes will be accepted until the end of the month following your anniversary date.

CLAIMS AND CUSTOMER SERVICE

Customer Service Hours:

DCPG members may call the Customer Service Department anytime between the hours of 8:00 am until 4:30 pm (EST) Monday through Friday. Representatives will be available to verify eligibility, provide detailed benefit information, claim status and any additional information with regard to the claim process. Additionally, representatives can assist members with website navigation including the “Find A Dentist” search tool to help find network providers in their area. The DCPG Customer Service Department can be reached at 800-367-9466 or 513-554-1100.

Online Capabilities:

Subscribers have access to DCPG’s Group Member Portal (accessible from DentalCarePlus.com), where they can check up-to-date claims and benefits information, order new ID cards and learn about the latest oral health news and research.

Submitting a Claim:

Providers may submit claims electronically and have payment returned directly to the provider. Electronic submission accounts for the majority of claims received by DCPG; however, if electronic submission is not available, we will accept an ADA claim form submitted by the provider. If a member submits a copy of the itemized provider invoice, we will reimburse the member directly for any payment due unless otherwise instructed on the submission.

DCPG will produce Explanations of Benefits (EOB) for any claim for which a member has a financial responsibility. EOBs are mailed to the subscriber’s home address.

Predeterminations:

It is recommended that members obtain a predetermination of benefits for any service estimated to be above \$400. The provider requests a predetermination by sending the codes for the recommended procedures to DCPG on an ADA claim form. DCPG will send back an EOB to the provider and the member which includes costs paid to the provider as well as the member responsibility. Predeterminations only provide an estimate of covered services and do not constitute a guarantee of payment. The turnaround time for a predetermination is up to 15 days but for urgent conditions will take no longer than 72 hours.

Appeals:

While DCPG reviews a large portion of claims utilizing the knowledge and experience of on-staff dental consultants, there are times when members feel that an additional review is necessary. As a result, members have the right to appeal a claim at any time. Appeals can be submitted to DCPG by either the member or the provider (on behalf of the member) no later than 180 days following initial receipt of a predetermination or a denied claim. Please refer to your Member Handbook (or) Certificate of Coverage (or) Certificate of Insurance (or) Summary Plan Description for specific information and deadlines regarding the appeals procedure.

VISION AND HEARING DISCOUNT PROGRAMS

Total Vision Services:

DCPG offers a discount vision plan through Total Vision Services with a majority of our dental plans. Total Vision Services is a discount vision plan with a network of participating providers. In order to receive the discounts, you must show your DCPG ID card and use a participating provider. To search for a participating provider, visit totalvisionservices.com/dcpg/.

Any questions regarding your vision benefits should be directed to Total Vision Services at 513-921-7500 or 800-869-5400.

EPIC Hearing:

DCPG also offers a Hearing Discount program through EPIC Hearing, which offers savings for hearing devices including name-brand hearing aids and batteries. Members can call 888-899-1485 to speak with a hearing counselor, who will assess their needs and refer them to a provider within the EPIC network. Additional information is available at EpicHearing.com/dcpg/.

DCPG PRIVACY PRACTICES

DCPG is committed to maintaining the privacy of our customers and to only using personal information to service your benefit plan(s). We do not sell or release personal information about members to third parties, except as permitted or required by law.

What kind of nonpublic personal information does DCPG collect and where does it come from?

We get most of our information about our customers and enrollees directly from the employer group via completed forms and communication. We obtain information from third parties, such as claims, other transactions, other insurance companies or consumer reporting agencies. We may collect additional information, such as credit reports, court records or other public records from outside sources.

We use nonpublic personal information to evaluate the application for insurance coverage, to determine the rates and to process and service the policy, including settling claims and complying with any requests you or an enrollee make regarding your policy.

To whom does DCPG disclose nonpublic personal information?

We do not disclose nonpublic personal information, including medical information, about our customers to any person without their consent, except as permitted by law. Under the law, we are permitted to share customer information without prior permission under certain circumstances to persons and organizations including:

- Your broker, for purposes such as servicing your policy.
- Parties who perform a business, professional or insurance function for our company, including our reinsurance companies.
- Independent claims adjusters, appraisers, investigators and attorneys who need the information to investigate, defend or settle a claim involving an enrollee.
- Businesses that help us with data processing or marketing.
- Insurance regulatory agencies in connection with the regulation of our business.
- Law enforcement or other governmental authorities to protect our legal interest or in cases of suspected fraud or illegal activities.
- Authorized persons as ordered by a subpoena, warrant or other court order or as required by law.

We will not give or sell any nonpublic personal information about you or enrollees covered under the plan to other persons for marketing or solicitation purposes.

How does DCPG protect the confidentiality of information about you?

We restrict access to nonpublic personal information to those employees with a business need for such information. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard the personal information we have about persons covered under the plan.

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DentalCarePlus.com