



THE
deep dives
SERIES

wisdom
teeth!

Hosted by the UAW/UMass Health & Welfare Trust Fund,
with special guests:

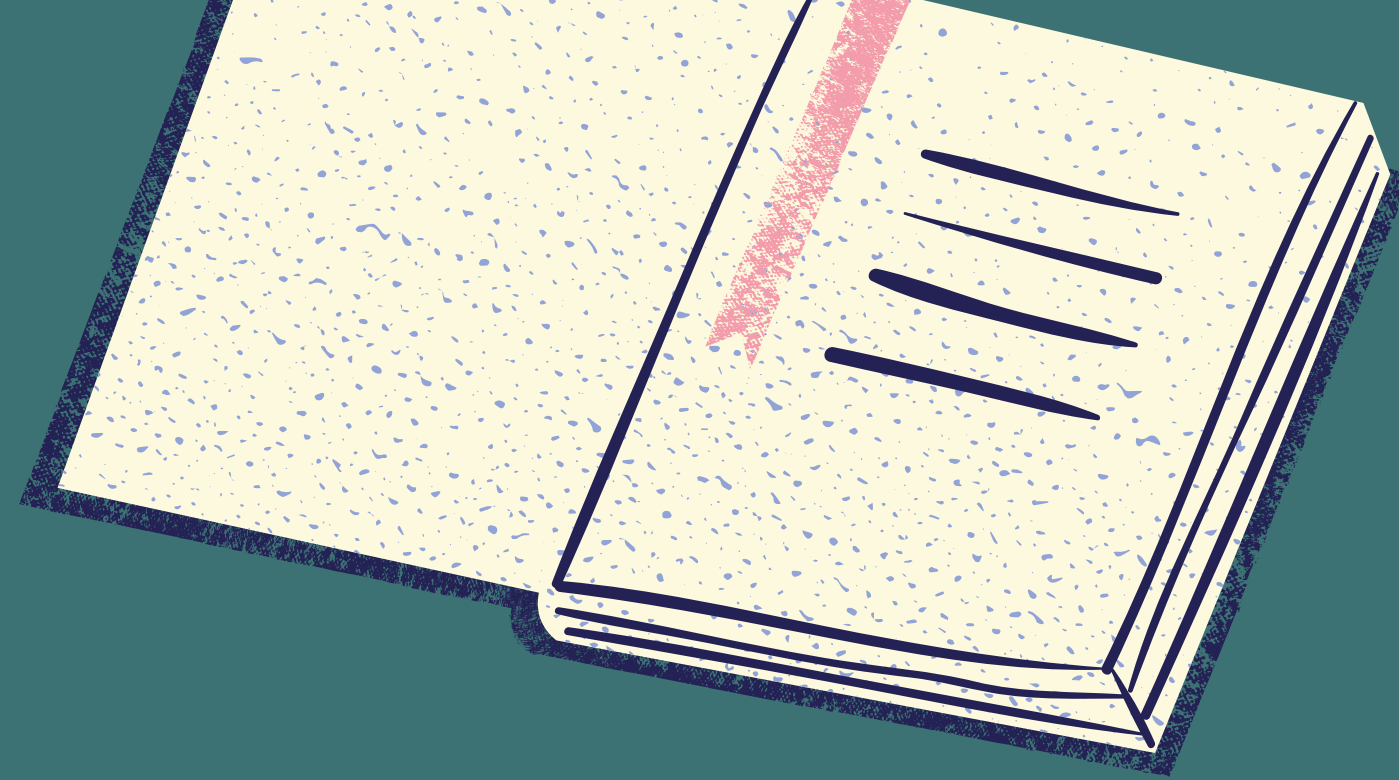
-Julie Cogan, Ameritas Dental Group Sales
-Mary Jo Blomberg, Wellfleet Student Account Management



**Jaw pain? Swollen gums?
You might need your
wisdom teeth removed...**

**Your next steps
could save you a lot of money!**





First, check your coverage!

Eligible UMass Grad Employees have access to a student health insurance plan (Wellfleet/Cigna PPO Network) and a dental plan (Ameritas Classic PPO & Plus Network).

Give plan info for BOTH to your dental office.

Useful Terms

In-network (IN): dentist has negotiated lowest rates with insurance

Out-of-network (OON): dentist has no agreement with insurance

Deductible: a specified amount of money that you must pay before insurance will pay a claim

Plan year (PY): defined 12 month period. For health plan, plan year is 8/1-7/31 and for dental plan, plan year is 9/1-8/31.

Dental Plan coverage:

Plan Benefit	In Network	Out of Network
Type 1	100%	100%
Type 2	80%	80%
Type 3	65%	65%
Deductible	None	\$75/Plan Year Type 2 & 3 Waived Type 1 3 Family Maximum
Maximum (per person)	\$2,250 per plan year	\$2,250 per plan year

In & Out of Network Type 2

- Simple Extractions
- Complex Extractions
- Anesthesia

- \$75 deductible if dentist is OON
- not required to be impacted
- Ameritas IN dentist will charge lowest rates
- OON dentists may balance bill if charges exceed what is reasonable & customary
- Max benefit payout per PY is \$2250



Student Health Plan coverage:

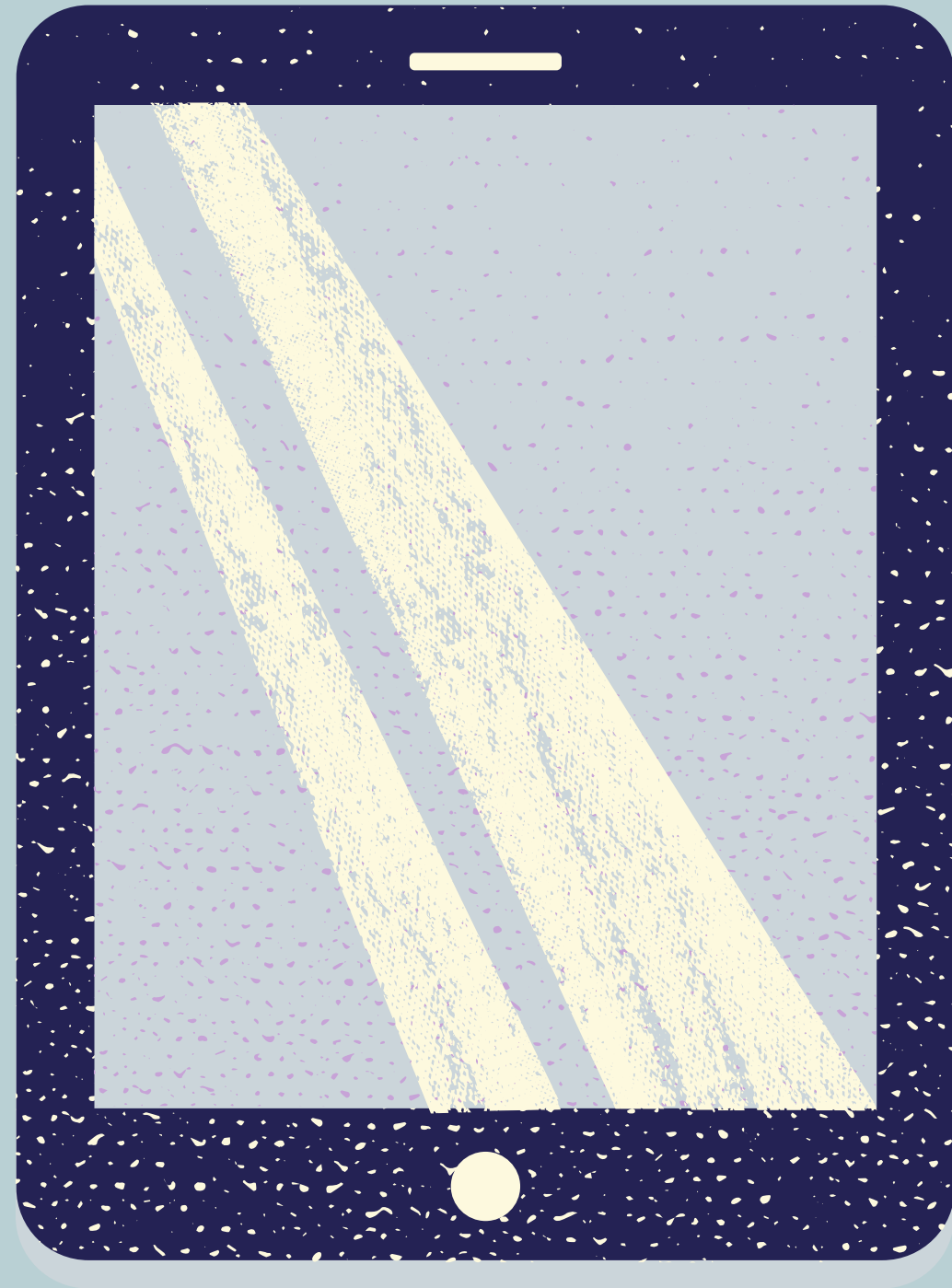
Impacted Wisdom Teeth Expense. For removal of one or more impacted wisdom teeth.	95% of Actual or Negotiated fee
---	---------------------------------

- deductible of \$200 must first be met
- coverage for removal of IMPACTED wisdom teeth only
- Cigna IN dentist will charge lowest rates
- OON dentists may balance bill if charges exceed what is reasonable & customary



WELLFLEET
STUDENT





Next, select the right dentist.

- Check to see whether the dentist is in network for both plans.
- Note: you don't necessarily need an oral surgeon. Many dentists also extract wisdom teeth. Call to ask.

Sample list of dentists in both networks:

Connecticut Valley Oral Surgery 100 University Dr Ste 2 Amherst, MA 01002

(413) 549-5100

Brett C Denhart, DMD 1066 Granby Rd Chicopee, MA 01020

(413) 534-4224

New England Family Dentistry 2285 N Hampton St Holyoke, MA 01040

(413) 534-8700

CHC Of Franklin County 102 Main St Greenfield, MA 01301

(413) 325-8500

You maximize your benefit and reduce your costs as much as possible by choosing a dentist in BOTH the CIGNA PPO & Ameritas Classic PPO & Plus Networks.



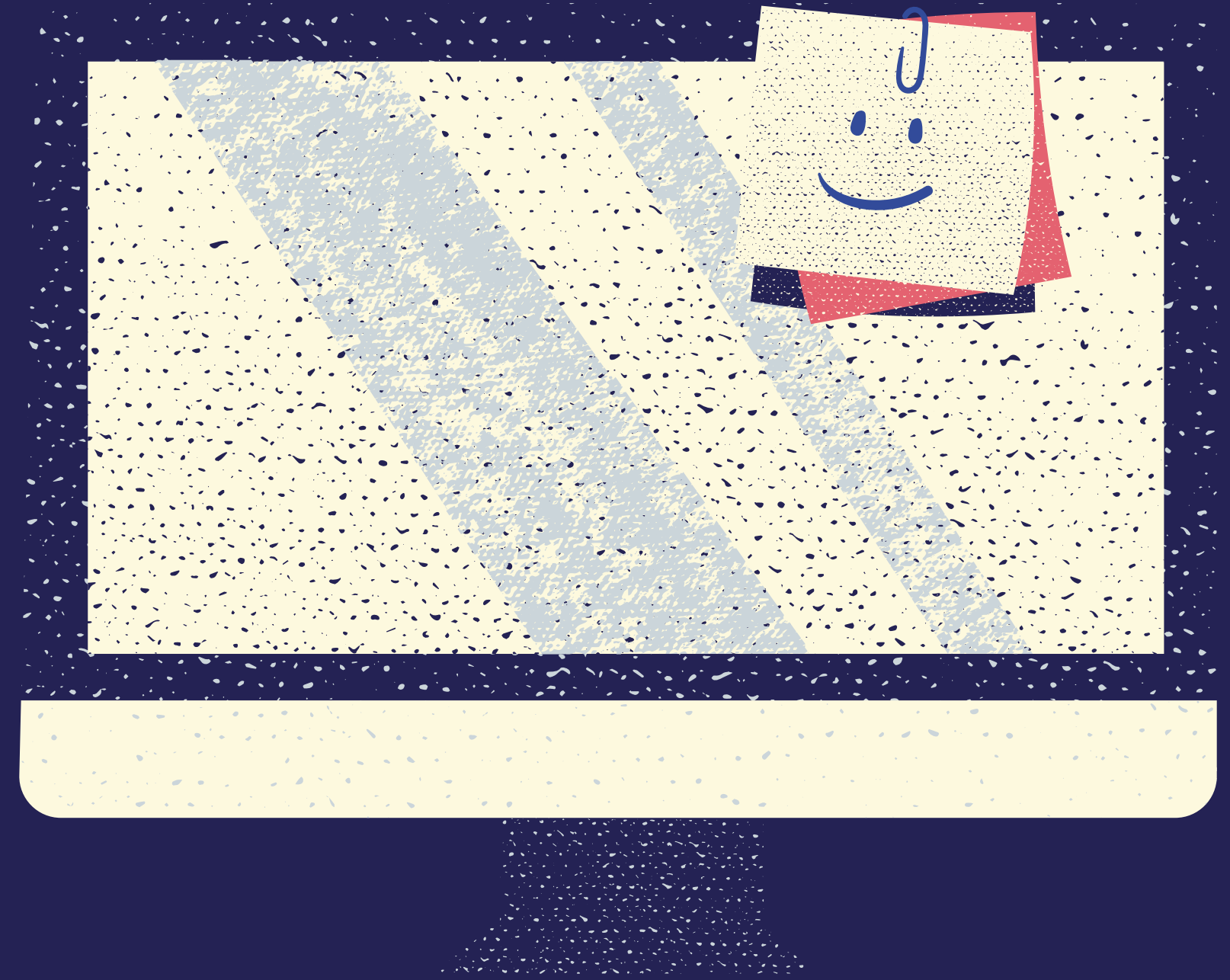
Be assertive!

- Ask the dental office to confirm they're in-network
- Provide plan information for both plans (member IDs and Group #s or ID cards)
- Request that the dentist bill your health plan 1st (Wellfleet/Cigna) and your dental plan (Ameritas) 2nd
- If the dentist isn't willing to do the above, you may want to choose a new dentist

The Pretreatment Estimate

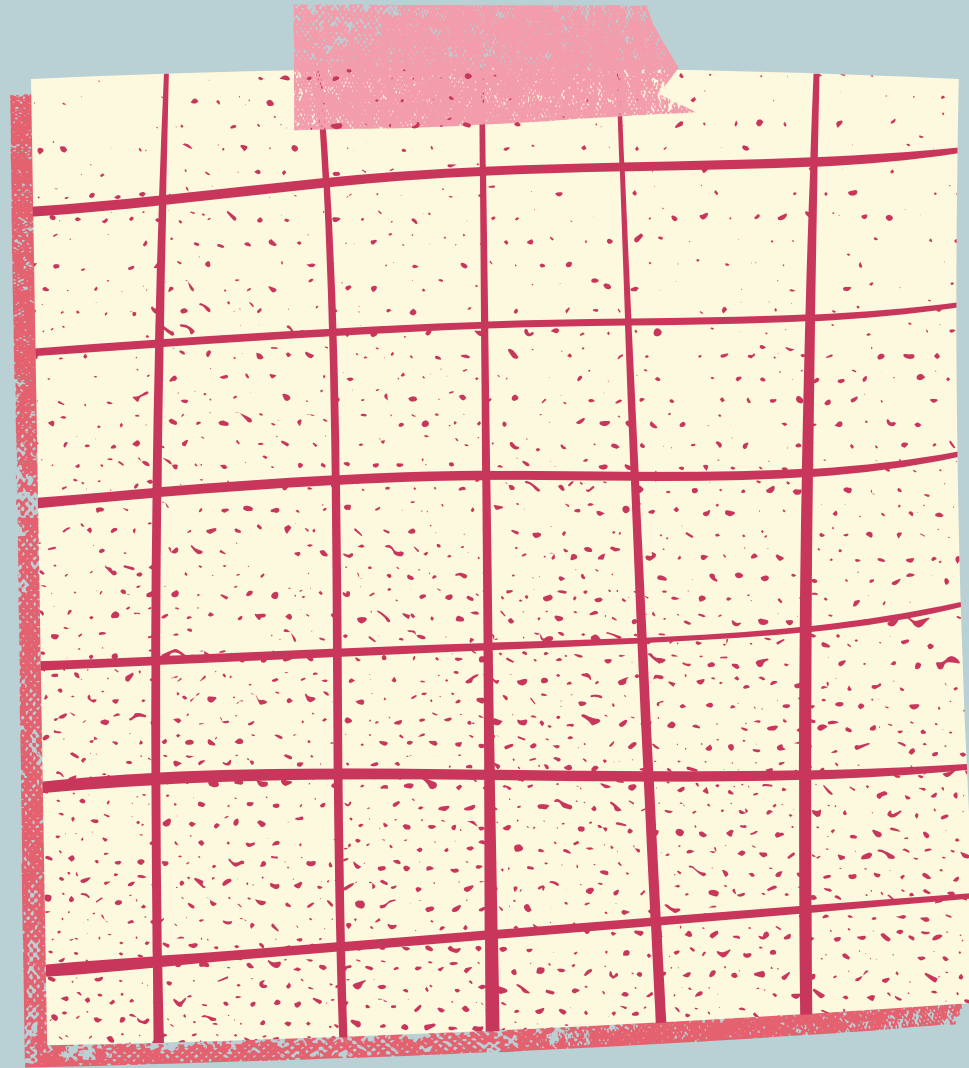
A pretreatment estimate helps you avoid surprises. Your dentist will document the planned procedures and Ameritas will detail in writing the expected insurance contribution and the amount you will owe.

Ask for one! An in-house estimate is not the same!



Sample Breakdown of Your Benefits

Scenario #1: You see a dentist that is IN for both Cigna and Ameritas, you haven't met your Cigna deductible yet and your wisdom teeth are impacted (this is just an example, all situations are different and results will vary accordingly):



bill to plan #1

Oral Surgeon Charges \$4,200

UMass deductible - \$200

Benefit paid at 95% = \$3,800

would be paid by Student Health
Benefit Plan.

Grad responsibility = \$400

then bill to plan #2

\$400 balance remains

No Ameritas IN deductible - \$0

Benefit paid at 80% = \$320

would be paid by Ameritas Dental.

Grad responsibility = \$80



Another Example...

Scenario #2: You see a dentist that is IN for both Cigna and Ameritas, but your wisdom teeth are NOT impacted (this is just an example, all situations are different and results will vary accordingly):

bill to plan #1

Oral Surgeon Charges \$1,166
No insurance contribution by Student
Health Benefit Plan.
Grad responsibility = \$1,166



then bill to plan #2

\$1,166 balance remains
No Ameritas IN deductible - \$0
Negotiated fee reduces balance to \$1,074
Certain exceptions aren't covered -\$255
80% of \$819 = \$655.20 would be paid by
Ameritas Dental.
Grad responsibility = \$418.80

Reading your Estimation of Benefits (EOB)

No.	Date of Service	Proc Code	Pay Code	Service Description	Benefit Type	Submitted Charges	Eligible Charges	Covered Amount	Remark Code			
31	12/01/20	D7210		SURG. EXTRACT	BASIC	175.00	165.00	165.00				
29	12/01/20	D7210		SURG. EXTRACT	BASIC	175.00	165.00	165.00				
	12/01/20	D9222		GEN ANESTHE	BASIC	141.00	141.00	141.00				
	12/01/20	D9223		GEN ANESTHES	BASIC	140.00	116.00	116.00				
	12/01/20	D9223		GEN ANESTHES	BASIC	140.00	116.00	116.00				
	12/01/20	D9223		GEN ANESTHES	BASIC	140.00	140.00	0.00	31			
	12/01/20	D9223		GEN ANESTHES	BASIC	140.00	116.00	116.00				
	12/01/20	D9612		THERAP DRUG		95.00	95.00	0.00	P9			
	12/01/20	D9630		DRUGS		20.00	20.00	0.00	P9			
Benefit Summary						Submitted Charges	Eligible Charges	Covered Amount	Minus Deduct	Remain Amount	Benefit Amount	
TOTAL BASIC						1166.00	1074.00	819.00	0.00	819.00	80% 655.20	
						1166.00	1074.00	819.00	TOTAL PAYABLE		655.20	
											PLAN PAYS	655.20
PAYMENT WILL BE MADE TO YOUR DOCTOR											655.20	
BALANCE DUE TO YOUR DOCTOR UNLESS PREVIOUSLY PAID						** THIS IS NOT A BILL **					418.80	

EOB Terms

Submitted Charges: what your dentist charged & sent to your insurance on the claim

Eligible Charges: amount an IN dentist is allowed to charge under their agreement with Ameritas.

Covered Amount: amount insurance will pay

Remarks: notes on why certain procedure codes may not be covered by your insurance

There are charges for sedation above the standard amount, which is not covered.

REMARKS :

IF amounts released were reduced due to the plan benefit or deductibles, you may refer to the Schedule of Benefits in your certificate or policy for additional information. Current Dental Terminology copyrighted American Dental Association.

31 A MAXIMUM OF FOUR GENERAL ANESTHESIA/IV SEDATION ARE ALLOWED, THEREFORE, NO BENEFITS ARE AVAILABLE FOR THIS PROCEDURE. REFER TO THE "TABLE OF DENTAL PROCEDURES"/"DENTAL PROVISIONS"/"SCHEDULE" IN YOUR POLICY OR CERTIFICATE BOOKLET.

P9 THIS PROCEDURE IS NOT INCLUDED AS A COVERED PROCEDURE IN YOUR PLAN. REFER TO THE "TABLE OF DENTAL PROCEDURES"/"DENTAL PROVISIONS"/"SCHEDULE" IN YOUR POLICY OR CERTIFICATE BOOKLET.

There are charges for prescriptions, which the dental plan doesn't cover (P9). These should be resubmitted to your health plan. The pharmacy benefit is a \$10 co-pay for Generic & Brand Name Drugs (no deductible), so health plan should reduce outstanding amount due by grad (\$418.80-\$85-\$10 = \$323.80)

REMARKS:

If amounts released were reduced due to the plan benefit or deductibles, you may refer to the Schedule of Benefits in your certificate or policy for additional information.

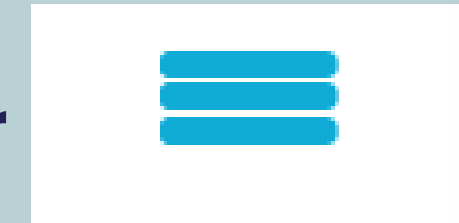
Current Dental Terminology copyrighted American Dental Association.

31 A MAXIMUM OF FOUR GENERAL ANESTHESIA/IV SEDATION ARE ALLOWED, THEREFORE, NO BENEFITS ARE AVAILABLE FOR THIS PROCEDURE. REFER TO THE "TABLE OF DENTAL PROCEDURES"/"DENTAL PROVISIONS"/"SCHEDULE" IN YOUR POLICY OR CERTIFICATE BOOKLET.

P9 THIS PROCEDURE IS NOT INCLUDED AS A COVERED PROCEDURE IN YOUR PLAN. REFER TO THE "TABLE OF DENTAL PROCEDURES"/"DENTAL PROVISIONS"/"SCHEDULE" IN YOUR POLICY OR CERTIFICATE BOOKLET.

Registering on the Wellfleet & Ameritas sites will help you track your claims and view your Estimation of Benefits

Wellfleet: go to <https://www.studentinsurance.com/Client/941> and look for then click on "My Account-Graduate" and then "Create a New Account"



Ameritas: go to <https://www.ameritas.com/sign-in/> then click on "personal Account," then "Dental, Vision & Hearing," then Member Sign In. Make sure you format your name the same way you did when you applied for benefits and eliminating spaces between multiple names (i.e AnneMarie or CarcelenEstrada)



existing users

User ID



Password



[Password Assistance](#)

first-time users

If this is the first time you've visited our site, you can create a new account now. It's fast and easy!

[Register Now](#)



Let's Review the Highlights

- Pick an in-network dentist, if possible
 - Request pretreatment estimate
- Ask dental office to submit your claims 1st to health plan, 2nd to dental plan
 - Provide info for both plans
- Ask questions & call if you need help

Your plan details!

UAW

UMass

HEALTH & WELFARE
TRUST FUND

Health Plan (Wellfleet/Cigna).

Group Number: ST0941SH

Claim Administrator: Wellfleet Group

www.wellfleetstudent.com

Customer Service: (877) 657-5030

Network: Cigna PPO

Find a provider:

<https://hcpdirectory.cigna.com/>

Dental Plan (Ameritas).

Group #: 010-53791

Member ID: your SSN

Customer Service: (800) 487-5553

Network: Classic PPO & Plus

Find a provider:

www.ameritas.com/employee-benefits/find-a-provider/