

## 2025 Supplemental Dental Benefit Frequently Asked Questions (FAQ)

### Background Information

Clever Care includes non-Medicare covered dental supplemental benefits on all plans for 2025. Please make sure to refer to the Evidence of Coverage (EOC) for details on the specific benefit.

Plan	Preventive Dental Benefit (Annually)	Allowance Amount (Quarterly with Rollover)
<b>Longevity</b>	2 Oral Exams	\$2,200 (\$550 per quarter)
<b>Total+</b>	2 Prophylaxis (Cleaning)	\$2,200 (\$550 per quarter)
<b>Value</b>	1 Fluoride Treatment	\$800 (\$200 per quarter)
	2 Bitewing X-ray	
	1 Dental X-Ray	

All plan options have:

- Pre-treatment authorization is only required for Implants
- In-network and Out-of-Network Coverage (PPO)

- **Who is our vendor?**

- Clever Care's dental vendor is DentaQuest.

- **Do all Clever Care members have the benefit?**

- Yes, non-Medicare covered dental as a supplemental benefit is available to all Clever Care members for 2025.

- **What are DentaQuest Dental's customer service number and hours?**

- DentaQuest offers live concierge-style Customer Services at 800-608-9542.

- **How do Clever Care members access the DentaQuest Dental web portal?**
  - Members can register and log into the web portal at:  
<https://www.dentaquest.com/en/members>
  - The portal allows members the ability to access their claims and other information.
- **How do members identify a contracted DentaQuest Dental provider?**
  - Members should use the DentaQuest a Provider Tool:  
<https://www.dentaquest.com/en/find-a-dentist>
  - Select:
    - State: California
    - Type of Insurance: Medicare
    - Plan: Clever Care Health Plan
- **Are there prior authorization requirements?**
  - Yes, beginning in 2025, there will be pre-treatment authorization requirements for only Implants. The provider is responsible for identifying and confirming the prior auth requirements.
- **How do prior authorizations work?**
  - If the member goes to an In-Network provider for an examination, and the provider determines the need for an implant, the office will then submit a prior authorization request to DentaQuest along with required documentation, such records as X-rays, charting, or infra-oral pictures, as aiding in the decision to support medical necessity. The member may contact DentaQuest at any time to check the status of the authorization, and once approved the member can begin the treatment process.
  - If the member goes to an Out-of-Network provider for an examination, either the provider can submit an electronic claim via Clearinghouse: Payer ID CX014  
DentaQuest PO Box 2906 Milwaukee, Wi 53201-2906
  - **OR** the member will have to submit a paper claim and mail it to DentaQuest PO Box 2906 Milwaukee, Wi 53201-2906

- **Is there a direct member reimbursement process?**

- Direct Member Reimbursement can be submitted by the Member when services are paid out of pocket at the time of service to an out-of-network provider. The member should contact Clever Care member services for an explanation of how to submit a complete reimbursement request.
- Alternatively, the member can go directly to DentaQuest website member section download the form, and submit the request to via the following methods:
  - mail: DentaQuest, Attn: DentaQuest Claims, P.O. Box 2906, Milwaukee, WI 53201-2906
  - Fax: (262) 834-3589
- Requests are processed within 15-30 calendar days from DentaQuest receipt of the request. Requests with missing information may be returned to obtain info.

- **Is there a cost if the member goes out of network?**

- For 2025, the Clever Care allowance will cover up to the allowed amount. When utilizing in-network providers, the allowance amount will go further, and the member will not have any shared responsibility up to the allowance amount for covered services.
- When going out of network, there may be member responsibility for the difference between the billed charges and the allowed amount. It is recommended that the member first get prior authorization on any service if seeking an out-of-network treatment to identify the cost and to determine if it will be covered in full by the allowance.

- **Can members use their Denta-Cal insurance?**

- Yes, members with Medi-Cal who have Denta-Cal dental insurance can still use it. In most cases, Clever Care serves as the primary insurance, while Denta-Cal can act as secondary coverage to help cover costs for eligible dental procedures.