

2026 Supplemental Dental Benefit Guide

Background Information

Clever Care includes non-Medicare covered dental supplemental benefits on all plans for 2026. Please make sure to refer to the Evidence of Coverage (EOC) for details on the specific benefit.

Federal Disclaimer: Clever Care Health Plan, Inc. is an HMO and HMO C-SNP with a Medicare contract. Enrollment depends on contract renewal.

Plan	Preventive Dental Benefit (Annually)	Allowance Amount (Annually)
1st half of the year, January - June, & 2nd half of the year, July - December with Rollover		
Longevity	2 Oral Exams 2 Prophylaxis (Cleaning) 1 Fluoride Treatment 2 Bitewing X-ray 1 Dental X-Ray	\$2,200 (\$1100 twice a year)
Value		\$800 (\$400 twice a year)
Total+		\$2,400 (\$1200 twice a year)
Breathe+		
All plan options have: <ul style="list-style-type: none"> • Pre-treatment authorization is only required for Implants • In-network and Out-of-Network Coverage (PPO) 		

Who is our 2026 vendor?

- Clever Care's dental vendor is Liberty Dental.

Are the preventive dental services separate from the annual allowance?

- No, all dental preventive and comprehensive services come out of the annual allowance.

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 2026.

What is Liberty Dental's customer service number and hours?

- Liberty Dental offers live concierge-style Member Services Call Center support in 150+ languages at 888-704-9830, TTY: 877-855- 8039, Monday – Friday 8am – 8pm PT.

How do Clever Care members access the Liberty Dental web portal?

- Members can register and log into the web portal at: <https://i-transact.libertydentalplan.com/iTransact/logon/logon.aspx>
- The portal allows members the ability to access their claim and other information. Members can also use the Liberty Dental mobile app found in the Google Play and Apple Stores.

How do members identify a contracted Liberty Dental provider?

- Members should use the Liberty Find a Provider Tool: <https://www.libertydentalplan.com/Find-a-Dentist/Find-a-Dentist.aspx> and select
 - Address: Enter your home address
 - Network: Clever Care Health Plan

Does Liberty Dental offer any other support services?

- Yes, Liberty's Community Smiles Program is a referral program to connect our members to free and low-cost community resources to address needs such as food insecurity, housing, and lack of transportation.
- Members can also self-search for programs on our website using the Find help platform. <https://communityresources.libertydentalplan.com>

Are there prior authorization requirements?

- Yes, beginning in 2026, 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 the office for an examination, and the provider determines the need for an implant, the office will then submit a prior authorization request to Liberty Dental 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 Liberty Dental at any time to check the status of the authorization, and once approved the member can begin the treatment process. Prior authorizations for implants take up to 7 days to complete as mandated by CMS. However expedited requests take up to 72 hours.

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 a non-contracted provider. The member should contact Member Services at (833) 388-8168 (TTY:711) from 8 am to 8 pm, seven days a week, from October 1 to March 31; and 8 am to 8 pm, weekdays, from April 1 to September 30 for an explanation of how to submit a complete reimbursement request.
- Alternatively, the member can go directly to Liberty Dental and submit the request to Liberty via the following methods:
 - mail: Liberty Dental Plan, Attn: Claims, P.O. Box 26110, Santa Ana, CA 92799
 - Fax: (949) 223-0011
 - E-mail: claims@libertydentalplan.com
- Requests are processed within 30 calendar days from Liberty's receipt of the request. Requests with missing information may be returned to obtain info. Members should allow up to 45 calendar days to hear back (allowing for mail time).

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

- 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 Denti-Cal insurance?

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