



**Dentacare HMO, Preferred PPO and Supplemental Plans
Frequently Asked Questions
Revised March 2008**

1. Who is eligible for these plans?

Unclassified faculty, academic staff and short-term academic staff appointees, non-represented classified employees (including LTEs covered by the retirement system), non-represented graduate assistants, fellows and scholars and employees in-training are eligible to enroll for the UWS-sponsored dental plan. Represented classified employees must enroll for the OSER-sponsored dental plan.

You must be eligible to enroll in the State of Wisconsin group health insurance program with either an immediate or future state share contribution. Rehired annuitants are not eligible unless they stop their WRS annuity and resume participation in the Wisconsin Retirement System (WRS).

WRS retirees and rehired annuitants, who did not continue dental coverage at the time of retirement, may enroll during an open enrollment period and must identify themselves as a WRS retiree at the time of application. Retirees (includes rehired annuitants) must pay the entire premium annually, in December, for coverage starting January 1.

Retirees' applications should be submitted directly to Anthem DentalBlue at the following address:

Anthem DentalBlue
4361 Irwin Simpson Road
Mason, Ohio 45040

2. How do I contact Anthem DentalBlue if I have a question or a concern?

You can contact Anthem DentalBlue by telephone or email, as well as by U.S. Mail. If you telephone Anthem DentalBlue about the Dentacare HMO or the Supplemental Plan, please call 1-800-627-0004. For issues relating to the Preferred PPO, please call 1-888-525-9296

Anthem DentalBlue now has an Automatic Voice Response System (IVR) that will promptly direct you to the correct unit. When you call, have your Identification number handy. You will need this number as it is needed to direct your call based on the following options:

- Dial the appropriate customer service number
- Select Language: 1) English 2) Other
- Select who is calling: 1) Dental office; 2) Member; 3) Group Administrator; 4) Agent/Broker
- Speak or type in your Member ID number
- Options: You will be given options for the reason of your call. Select the most appropriate choice. You may not always need to speak to a customer service representative as the IVR was developed to answer simple inquiries.

If you prefer to email Anthem DentalBlue, there is an email address dedicated to UWS and State employees. The email address is StateofWIEmpsDnService@anthem.com.

The mailing address for any of the three plans is:

Dental (Claims/Correspondence)
P.O. Box 9211
Oxnard, CA 93031-9211

You can also find additional information, by referencing the appropriate Dental Blue booklet for your selected plan at the following link: <http://oser.state.wi.us/docview.asp?docid=6114>.



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3. The dental plan is referred to as both DentalBlue and Dentacare and now their materials also say Anthem. What is the difference?

Anthem Blue Cross and Blue Shield is the company that insures the Anthem DentalBlue-Dentacare products. Anthem DentalBlue refers to a portfolio of dental products from Anthem Blue Cross and Blue Shield. Dentacare refers to the HMO plan offered by Anthem DentalBlue.

4. I am currently a represented employee enrolled in the OSER-sponsored dental plan and I will be moving to a non-represented position. Am I eligible to enroll in the UWS plan?

Yes. Because you are losing your eligibility for your current OSER-sponsored dental plan, this is considered a qualifying event and you may enroll in the UWS dental plan within 31 days of your appointment to a non-represented position. Any amount of an applicable waiting period previously satisfied under the OSER plan will be applied to the waiting period under the UWS plan, assuming there is no lapse in coverage of more than 31 days. This also applies if you were a non-represented employee covered under the UWS plan and move to a represented appointment and enroll in the UWS plan within 31 days of the start of your new appointment.

5. I just transferred to the UW from a state agency. Do I have enrollment opportunity for this plan?

It depends. If you are first eligible for the UWS plan, you have the same enrollment opportunity as any other new employee. If you were previously covered under the OSER-sponsored plan and transfer to a represented position within the UWS, or if you were covered under the OSER-sponsored Dentacare group coverage at your prior job, your coverage will be transferred. You cannot change plans or add dependents until the next annual change opportunity. Any waiting period that has been met under the OSER-sponsored plan will be applied towards any waiting period under this plan (provided there is less than a 30-day break between jobs). If you were already enrolled in the OSER plan and are still eligible for that plan after the transfer, you should still complete a new application to be sure that Anthem DentalBlue has your most current information.

6. Am I eligible to enroll if I do not carry health insurance through the State of Wisconsin?

If you are eligible to enroll in health insurance but do not carry it, you may enroll in the Dentacare HMO or Preferred PPO when initially eligible or during an open enrollment. You may **NOT** enroll in the Supplemental Plan unless you are covered under your own or a spouse's qualifying group medical plan. A qualifying group medical plan is one that offers Diagnostic and preventive dental services (such as cleanings, x-rays and fillings) to all participants.

7. Does "Medical Plan" mean only the State Group Health Insurance plan or can it mean the plan my spouse has with another employer?

The medical plan can be either. However it must be a qualifying medical plan. A qualifying medical plan is one that offers Diagnostic and preventive dental services to all participants.

8. What if I am a new state employee and defer enrollment in group health insurance until the state contribution begins?

If you are a new classified University employee deferring health insurance enrollment until the state contribution begins, you may select the Dentacare HMO or Preferred PPO plan immediately or you may defer enrollment until you are eligible for the state share of health insurance premium. You may then enroll in any of the offered Anthem DentalBlue plans or change to the Supplemental plan within 31 days of your enrollment in a participating health plan in the State Group Health insurance plan that offers diagnostic and preventive dental services.



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If you do not enroll in a dental plan at one of the opportunities described above, you will not have another opportunity until a subsequent open enrollment. [See Question 10 for enrollment deadlines.]

9. If I carry health insurance under the Standard Plan, am I eligible to enroll in the Anthem DentalBlue Supplemental Plan?

No. You are not eligible to enroll in the Supplemental Plan because the Standard Plan does not offer dental benefits. The Supplemental Plan is specifically designed to supplement, or "wrap around", an existing employee medical plans that offer diagnostic and preventive dental services. The eligibility criteria for the Supplemental Plan require the health plan to provide diagnostic and preventive dental benefits. If you mistakenly enroll in the Supplemental Plan you must file a new application to enroll in the Dentacare HMO or Preferred PPO plan instead. The original receipt date of the first application will be honored on the new application. In 2008, all of the HMOs offered under the State Group Health Insurance Program include coverage for diagnostic and preventive dental services.

10. Who are eligible dependents? How do I enroll my domestic partner?

Eligible dependents include:

- Legally married spouse of the employee
- Domestic partner of the employee as evidenced by an approved "Affidavit of Domestic Partnership (see next paragraph)
- Unmarried children of the employee, spouse or domestic partner, through the end of the year in which the child attains age 19. Eligibility may continue until the end of the year the child attains age 25 if the unmarried dependent child remains a full-time student, as determined by the institute of higher learning, who will receive at least 50% support from the employee or other parent. Coverage ceases at the end of the month an unmarried dependent ends full-time student status.
- Unmarried children of any age who are incapable of self-sustaining employment by reason of mental retardation or physical handicap and are chiefly dependent on the employee or other parent for support and maintenance.
- The child of a dependent child (grandchild) until the end of the month in which the dependent child attains age 18. The dependent's coverage is unaffected.

As mentioned above, domestic partners and their dependent children are eligible dependents under this dental program. To enroll a domestic partner, an Affidavit of Domestic Partnership must be filed with your application (see www.uwsa.edu/hr/benefits/ins/uws50.pdf). There are strict time frames that must be met. If the domestic partnership later terminates, two forms must be submitted to your payroll office: 1) an Affidavit of Termination of the Domestic Partnership and 2) a new application removing the domestic partner and his/her dependent(s) from coverage.

11. Q: If I obtain a dependent, can I add the dependent to my coverage during the calendar year?

A: Yes, if you marry or file a qualified Affidavit of Domestic Partnership (see www.uwsa.edu/hr/benefits/ins/uws50.pdf), you may add your spouse or partner, and their dependent children, by filling an application with your campus benefits office within 30 days of the event. A newborn or adopted child must be added within 60 days of eligibility. Coverage is effective as of the date of eligibility. If the coverage change takes place mid-month, no premium is due. If the change occurs on or after the 16th of the month, the full premium reflecting the changed coverage is due for the month.

12. What is my enrollment deadline?

If you want coverage in the dental plan to begin as soon as possible, you must submit an application to your campus benefits office no later than 31 calendar days from the begin date of your appointment. You may only elect the Dentacare HMO or Preferred PPO (not the Supplemental Plan) unless you have health insurance that provides some level of diagnostic and preventive dental



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benefits. You may subsequently change to, or enroll in, the Supplemental Plan when the University begins to contribute towards your State Group Health Insurance coverage, again, provided you carry health insurance that provides preventive and diagnostic dental benefits (this does not apply to faculty or academic staff as they do not need to be in the WRS for six months before the employer contribution begins).

If you want to wait to enroll in the dental plan until you are eligible to enroll in the Supplemental Plan (i.e., delaying until the University first contributes towards health insurance premiums), you must submit your application on or before the first of the month following the month in which you complete your first six months as a University employee in the Wisconsin Retirement System (WRS). You may then elect the Supplemental Plan (provided your health plan provides preventive and diagnostic dental benefits), the Dentacare HMO, or the Preferred PPO.

This plan does not offer enrollment through Evidence of Insurability, therefore, if you do not enroll when initially eligible, you will have to wait for an open enrollment opportunity. Open enrollments will be periodically established through contract agreements.

13. Are premiums taken pre-tax?

Yes. The Internal Revenue Code under Section 12 allows premiums for an employer-sponsored dental program to be taken pre-tax for qualified participants. The Internal Revenue Code does not extend this benefit to LTEs or employees enrolling with domestic partners as dependents.

14. How do I decide which plan to choose?

Review the Plan Summary for details about the benefits and out-of-pocket costs, including premiums, office visit co-pays and coinsurance.

If your health plan provides some Diagnostic and preventive dental services, you may want to select the Supplemental Plan which was designed to “wrap-around” the dental benefits some health plans provide. You may see the dentist of your choice.

If your health plan does not cover any diagnostic and preventive dental services, you may **NOT** select the Supplemental Plan. You should consider the Dentacare HMO or Preferred PPO. Check the Provider Directories at <http://www.uwsa.edu/hr/benefits/ins/dentblue.htm> to see if your dentist is listed as a Dentacare HMO or Preferred PPO provider. If you select the HMO, you must use a Dentacare provider to receive benefits. If you select the PPO, you will receive a higher level of benefits when you use a Preferred PPO provider but you can see any dental provider. This may be a better choice for you if you have covered family members living in another area (such as a dependent student) or travel frequently. With the Supplemental plan, you may also see lower out-of-pocket costs by using a provider in the Preferred PPO directory.

15. Is there a waiting period before services are covered?

There is a waiting period of 90 days for new members before basic services (e.g., fillings) or major services (e.g., crowns, bridges, dentures) are covered under the Preferred PPO or the Supplemental Plan. The Dentacare HMO has no waiting periods for coverage. If you cancel your coverage and later re-enroll, you are considered to be a new member and the waiting periods will apply.

16. How do I choose a clinic or dentist?

Refer to the provider directories at <http://www.uwsa.edu/hr/benefits/ins/dentblue.htm>. The HMO and the PPO have separate directories. There is no provider directory for the Supplemental Plan as you can see the dentist of your choice.

However, if you use a dental provider listed in the PPO directory you may see lower out-of-pocket costs as the provider’s fees may be lower.



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17. What happens if I enroll for the Dentacare HMO but forget to select a clinic or dentist when completing my application?

The only plan that requires that you select a clinic is the Dentacare HMO. If you don't select a clinic, the dental administrator will select one for you and will send you an identification card that will indicate the name of that provider. To change the provider, complete a new application indicating your selection and return it to your staff benefits office. Refer to the HMO provider directory at <http://www.uwsa.edu/hr/benefits/ins/dentblue.htm>. **Important:** You may only change providers twice in a calendar year. This would count toward that limit.

18. What if my dentist leaves the plan during the year?

It depends on which plan you have selected. If you have selected the Dentacare HMO, you must use a dentist listed in the current Dentacare Provider Directory in order to receive benefits. With the Preferred PPO, you may continue to see your dentist; however, you will incur higher out-of-pocket costs. The Supplemental Plan has no provider restrictions so this situation should have no impact on the benefits provided.

19. Why is the Dentacare HMO less expensive in the Milwaukee area?

Dentacare is better able to negotiate lower fees with providers in the Milwaukee area than they are in other areas of the state and that is reflected in the premium. The Dentacare HMO premiums for the Milwaukee area are shown on the Plan Summary as Region 1. The rates for the Preferred PPO and Supplemental Plan are the same statewide.

The "Milwaukee area" includes Milwaukee, Waukesha, Ozaukee, Washington, Racine and Kenosha counties. Region 2 includes all other counties/locations. The premium you pay is determined by the county in which you, the employee, live.

20. Is the Dental and Excess Medical plan (EPIC) deductible satisfied by charges paid under the Anthem DentalBlue plan?

No. While the Dental and Excess Medical plan (EPIC) does provide dental coverage in addition to excess medical coverage, it is in no way associated with Anthem DentalBlue. If you have coverage under both Dental and Excess Medical (Epic) and an Anthem DentalBlue plan, the Dental and Excess Medical plan (EPIC) will pay last to pay. You must still meet the \$200 per person deductible for benefits to be payable by Dental and Excess Medical (EPIC).

21. If I have some dental coverage through my health plan and one of the Anthem DentalBlue plans and am also enrolled in the Dental and Excess Medical plan (EPIC), in what order will the plans pay my claims?

The "order of benefit" determination (which plan pays first) is uniform in the insurance industry. In the following example, there are three plans and the order of benefit is: (1) the health plan, (2) the Anthem DentalBlue plan and (3) the Dental and Excess Medical (EPIC) plan. Epic will always be the last to pay.

22. If I have some dental coverage through my health plan and one of the Anthem DentalBlue plans and am also enrolled in the Dental and Excess Medical plan (EPIC), in what order will the plans pay my claims?

The "order of benefit" determination (which plan pays first) is uniform in the insurance industry. In the following example, there are three plans and the order of benefit is: (1) the health plan, (2) the Anthem DentalBlue Supplemental plan and (3) the Dental and Excess Medical (EPIC) plan. Epic will always be the last to pay.



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Example Using the Supplemental Plan:

You receive 2 crowns at \$900 each. Total charges are \$1800.

- The HMO denies benefits because the plan does not provide coverage for crowns. The balance remaining is \$1800.
- You pay the \$50 deductible of the Supplemental Plan, leaving a balance of \$1750.
- The Dental Blue Supplemental plan pays 50% of the cost of a covered crown, subject to annual maximum of \$1,000. The Supplemental Plan pays half of the balance remaining of \$1750, for a total of \$875. You still have \$125 available to apply towards other covered services during the same calendar year.
- The Dental and Excess Medical plan (EPIC) determines its payment as if it was the primary plan (i.e., the first plan to pay on a claim) even though it will be the last plan to pay on the claim. That amount is then applied to the balance of the claim but will not to exceed the total amount billed and is subject to the annual maximum benefit. The annual \$200 deductible, applied by Epic for covered dental services, is deducted from the \$1800 claim, leaving a balance of \$1600. Epic pays 50%, up to an annual maximum of \$750. Fifty percent of \$1600 balance is \$800, however, in this example Epic's payment is limited to \$675 so as not to exceed the actual amount of the claim.

Summary:	Total Claim=	\$1800
	Health plan pays=	\$ 0
	The annual Supplemental Plan deductible=	\$ 50
	Dental Blue plan pays 50%=	\$ 875
	Balance Remaining=	\$ 875
	Total Claim=	\$1800
	Epic annual deductible=	\$ 200
	EPIC plan pays 50%=	\$ 750 (annual maximum)
	Your responsibility=	\$ 175

23. If my HMO provides coverage for crowns, will Anthem DentalBlue pay their percentage of benefits based on the original claim or the outstanding balance?

Anthem DentalBlue will determine benefits based on the original claim as if there was no other insurance plan. Then Anthem DentalBlue will “coordinate benefits” with the HMO as described in the answer to question 20.

24. What is the orthodontic benefit?

The orthodontic benefit is referred to as the Orthodontic Savings Plan and is available under all three Anthem DentalBlue plans. The plans do not pay a benefit but if you use an Anthem DentalBlue Preferred Orthodontist, you will receive a 20% discount off of billed charges, subject to a lifetime maximum of \$1000. There is no waiting period or age limit for the orthodontic benefit.

25. May I change from one of the offered plans to another?

There will be an annual change opportunity each October for subscribers to *change* plans for the following contract year, effective January 1st. This does not necessarily mean, however, there will be an opportunity to enroll, i.e., an open enrollment period, each year.

During this annual change period, you may:

- *Change from one plan to another.* For example, if you are *currently covered* under the Dentacare HMO or Preferred PPO, you may choose to change to the Supplemental Plan, or vice versa. (Note: you are eligible for the Supplemental Plan *only* if your health plan provides preventive and diagnostic dental benefits).



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- *Increase your level of coverage* to include some or all of your dependents, e.g., Employee + 1 coverage may be increased to Employee & 2 or more coverage.
- Subscribers of the Dentacare HMO may change their selected dental clinic.

If you elect to change to the Preferred PPO or the Supplemental Plan, the 90-day waiting period for basic and major services is completed if you had Dentacare coverage on October 1st. If your effective date is after October 1st, any portion of the waiting period that you have satisfied will be counted towards satisfying the waiting period.

26. My spouse is also eligible for this plan. Can we do a “spouse-to-spouse” transfer of the Anthem DentalBlue coverage?

Yes. A spouse-to-spouse transfer is allowable if both spouses' or domestic partners' appointments are eligible for the UWS-sponsored Anthem DentalBlue coverage (or are both eligible for the OSER-sponsored Anthem DentalBlue plan) and both of you are covered under the same plan (i.e., HMO, PPO or Supplemental). A spouse-to-spouse transfer does not allow you to change Anthem DentalBlue plans.

27. My spouse/domestic partner and I are both employed within the UW System and are both eligible for non-represented dental insurance. Can we both enroll in family coverage?

No, Anthem DentalBlue does not allow enrollment in two family plans. However, one of you can enroll in a single plan and the other can select a family plan or both of you could enroll in single plans if there are no dependents that you wish to insure. However, if one of you is covered under this plan and the other is covered under the OSER-sponsored plan, you can each enroll for family coverage.

28. I am going on leave and have employee only coverage. I am letting my coverage lapse while on leave. If an Anthem DentalBlue open enrollment occurs during the time I am on leave, will I be eligible for open enrollment when I return? If I am eligible for open enrollment, can I enroll in any plan as well as any level of coverage (e.g. employee, employee & 1 or employee & 2+)?

You will be eligible for open enrollment when you return provided you re-enroll within 31 days of your return to UW employment. You will be eligible to choose any level of coverage; however, if your health plan does not cover any diagnostic and preventive dental services, you may NOT select the Supplemental Plan.

Check the Provider Directories at <http://www.uwsa.edu/hr/benefits/ins/dentblue.htm> to see if your dentist is listed as a Dentacare HMO or Preferred PPO provider. If you select the Dentacare HMO, you must use a Dentacare provider to receive benefits. If you select the Preferred PPO, you will receive a higher level of benefits when you use a Preferred PPO provider but you can see any dental provider. This may be a better choice for you if you have covered family members living in another area (such as a dependent student) or travel frequently.

29. I am moving and am changing from an HMO to the Standard Plan health insurance. May I continue to have coverage under the Supplemental Plan?

No. If you change to a medical plan that does not offer diagnostic and preventive dental services you will no longer meet the eligibility criteria for the Supplemental Plan. You do, however, have an opportunity to change to the Dentacare HMO or Preferred PPO within 31 days of the date your Standard Plan coverage begins. If you later move back and re-enroll in an HMO, you may not change back to the Supplemental Plan until the next annual change opportunity or an open enrollment period.

30. May I remain in the Supplemental Plan if I switch to the Standard Plan during Dual-Choice?

No. If you change to a medical plan that does not offer preventive and diagnostic dental services you will no longer meet the eligibility criteria for the Supplemental Plan. You do, however, have an



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opportunity to change to the Dentacare HMO or Preferred PPO during Dual-Choice or within 31 days of the date your new medical plan begins or you may cancel coverage.

31. I carry health insurance though an HMO and the Anthem DentalBlue Supplemental Plan.

When I retire later this year I will change to the Standard Plan for health insurance because I am moving from Wisconsin. Will I have the opportunity to change to the Dentacare PPO at that time?

Yes. You are eligible to change to the PPO Plan because you are moving out of the service area for a minimum of 90 days and the Department of Employee Trust Funds (ETF) allows you to make a health plan change when this happens.

32. Can I continue coverage if I terminate employment?

Yes. Coverage may be continued by completing a continuation form, UWS-8 (www.uwsa.edu/hr/benefits/ins/uws8.pdf). Coverage may be continued for 18 months in the event of termination of employment or, for dependents, up to 36 months if coverage is lost due to death of the employee, divorce or legal separation or loss of eligibility for a dependent. If dependents lose coverage due to divorce or legal separation or loss of eligibility for a dependent, the campus benefits office must be notified within 60 days of the event or the right to continue coverage is lost.

33. How long may I continue the dental plan at retirement?

Indefinitely, as long as you are terminating employment **due to retirement** and you submit the continuation form (<http://www.uwsa.edu/hr/benefits/ins/uws8.pdf>) within the required time period. Coverage may be continued for 18 months in the event of termination of employment or up to 36 months if coverage is lost due to the death of the employee, divorce or legal separation or loss of eligibility for a dependent.

34. Will I be able to enroll for Anthem DentalBlue coverage if my health insurance plan drops dental benefits?

Yes. You would have a 31-day enrollment opportunity after the date the other coverage is lost. You will be asked to provide evidence that other coverage ended.

35. How often can I change my Dentacare HMO selected clinic?

You may change the Dentacare center twice per calendar year, not counting a change made during the annual change opportunity or an open enrollment. Complete a new application and return it to your staff benefits office.

36. How can I contact Anthem DentalBlue if I have questions?

Questions about the Dentacare HMO and the Supplemental Plans should be directed to 1-800-627-0004. Questions about the Preferred PPO should be directed to 1-888-525-9296. See question 2. for additional information about contacting Anthem DentalBlue.

37. Where should claims be submitted?

In most cases, the provider of dental services will submit the claims for you. If you do need to submit a claim, it should be sent to:

Dental (Claims/Correspondence)
PO Box 9211
Oxnard, CA 93031-9211

38. Who should I contact if I have a complaint?

In most cases, Anthem DentalBlue should be able to assist you. To telephone Anthem DentalBlue about the Dentacare HMO or the Supplemental Plans, call 1-800-627-0004. For complaints regarding the Preferred PPO, call 1-888-525-9296.



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If you prefer to email Anthem DentalBlue, they have an email address that is dedicated to UWS and State employees. The email address is StateofWIEmpsDnService@anthem.com.

Written correspondence should be sent to:

Dental (Claims/Correspondence)
PO Box 9211
Oxnard, CA 93031-9211

See question 2. for additional information regarding contacting Anthem DentalBlue.