

Description of Covered Services

Business Workers of America

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STANDARD

\$3,000 PER MEMBER PER YEAR

Deductible Information:

Preventative + Diagnostic Services: No Deductible

Basic + Major Restorative Services: \$50 Per Member/\$150 Per

Family Per Year

Network Details:

Bento Network (Platinum, Gold)

DenteMax PPO and Connection Dental PPO

Basic Restorative Services

80% Coverage In-Network | 80% Coverage Out-of-Network*

FILLINGS

- Amalgam (silver) fillings; one filling per tooth surface every 24 months
- Composite resin (white) fillings; one filling per tooth surface every 24 months
- Temporary fillings; one filling per tooth

Major Restorative Services (12 Months Waiting Period)

50% Coverage In-Network | 50% Coverage Out-of-Network*

IMPLANTS

- Endosteal implant (D6010), once per 84 months per implant
- Custom abutment (D6057), once per tooth in 60 months
- Abutment supported porcelain/ceramic crown (D6058), once per tooth in 60 months

CROWNS

- Once per tooth in 60 months.**

ROOT CANAL TREATMENT (ENDODONTICS)

- Root canals on permanent teeth; once per tooth
- Vital pulpotomy, limited to deciduous teeth
- Retreatment of prior root canal on permanent teeth; once per tooth after 24 months have elapsed from initial treatment
- Root end surgery on permanent teeth; once per tooth

ORAL SURGERY

- Simple tooth extractions; once per tooth
- Erupted or exposed root removal; once per tooth
- General anesthesia or intravenous sedation for complex surgical procedures

OTHER DENTAL SERVICES

- Full mouth x-rays; once every 60 months
- Panoramic x-ray; once every 60 months

Preventative + Diagnostic Services

100% Coverage In-Network | 100% Coverage Out-of-Network*

ORAL EVALUATIONS

- Comprehensive evaluation, once every 60 months
- Periodic oral evaluations, twice in a 12 month period from first date of service
- Limited evaluation, once in 12 months, does not share frequency with periodic

X-RAYS

- Single tooth periapical x-rays, as required
- Bitewing x-rays; once every 12 months

ROUTINE DENTAL CARE

- Routine dental cleaning, twice in a 12 month period from first date of service
- Fluoride treatments, twice in 12 months for members under age 19

OTHER DENTAL SERVICES

- Dental care to relieve pain (palliative care), 4 occurrences in 12 months
- Sealants for children under 16, once per unrestored permanent molar every 36 months
- Space maintainers for lost deciduous (baby) teeth, replacement limited to once every 60 months

TOOTH REPLACEMENT (PROSTHODONTICS)

- Removable complete or partial dentures, including services to fabricate, measure, fit, and adjust them; once in 60 months
- Fixed bridges and crowns (when part of a bridge), including services to fabricate, measure, fit, and adjust them; once per tooth in 60 months
- Replacement of dentures and bridges, but only when they are installed at least 60 months after the initial placement and only if the existing appliance cannot be made serviceable
- Temporary partial dentures to replace any of the six upper or lower front teeth, but only if they are installed immediately after the loss of teeth and during the period of healing
- Single tooth dental endosteal implants when the implant replaces permanent teeth through second molars; once per tooth in 60 months

PROSTHETIC MAINTENANCE

- Repair of partial or complete dentures and bridges; once per 12 months after 24 months of initial insertion.
- Reline or rebase partial or complete dentures; once within 36 months
- Recement of crowns, onlays and bridges, once per tooth

GUM TREATMENT (PERIODONTICS)

- Periodontal scaling and root planing; one per quadrant in 24 months. All four quads can be completed same day
- Periodontal surgery; once per quadrant in 36 months
- Periodontal cleanings; once every 3 months after active periodontal treatment, not to exceed twice in 12 months if combine with routine cleanings

Plan Year: 12 Months From Start of Plan

*Patient is responsible for charges above the allowable amounts. See page 2 for network details and provider information.

**Dentists, go to dentists.bento.net to look up code coverage and exclusions. See page 2 for portal details.

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Network Access + Information for Providers

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The Bento Network

Members | As a Bento Member, you have access to the entire national Bento Network which includes contracted rates for covered services with a no balance billing policy when visiting Bento Dentists and Bento Partner Dentists.* This plan works at ANY licensed dentist in the US; however you get the best rates when going to in-network Bento Dentists and Specialists. Your plan will pay the dentist through Bento for any plan payments.

Providers | Both in-network (Plus Network, DenteMax PPO and Connection Dental PPO) and out-of-network dentists should submit claims via the Bento Dentist Portal (dentists.bento.net). Claims can be processed and paid via direct deposit (fastest) or check.

For assistance accessing the Bento Dentist Portal contact Bento at smile@bento.net or call 800-734-8484.

Bento Partner Networks:



Bento is a proud partner of the **DenteMax PPO** and **ConnectionDental PPO** networks giving you even more options for dental providers.

Non-Bento Network Coverage (Out-of-Network)

This plan's payment for services received from Non-Bento Dentists (out-of-network) is based on either the dentist's fee or MAC, whichever is lower. Bento Members that utilize the services of a Non-Bento Dentist whose fees are higher than the MAC fee for that region, will be responsible for the difference between the plan payment and the dentist's total submitted charges

Processing Fee for Non-Portal Reimbursements

Bento is not an insurance company and charges a \$1.59 processing fee for non-portal reimbursements for practices that do not use Bento's free checkout option. Bento's online checkout is the most secure and the fastest way to collect payment for all treatment given to Bento patients and allows for either paper check or ACH. Bento's portal (dentists.bento.net) is completely free and allows you to check eligibility, generate estimates, and collect payment all in real time without ever having to file an ADA form.

Non-Portal submissions for completed ADA forms:

Mail: Bento | Claims Department | P.O. Box 9028 | Boston, MA 02114

Fax: (855) 214-4888

ePayer ID: BENTO

Patients (Bento Members) are responsible for paying any remaining balances between the plan payment and dentist's fees.

Out-of-network providers can join the Bento Network at any time, setup is quick, free, and easy. Visit bento.net/dentist to learn more.

Provider Frequently Asked Questions

Q: Is there a complete list of covered codes?

A: To check a specific code, log into dentists.bento.net and enter in the codes under Check Eligibility.

Q: What is the plan group name or number?

A: Bento does not use group names or numbers. If your system requires one, put plan name or NA.

Q: Does this plan have a missing tooth clause?

A: No, this plan does not have a missing tooth clause.

Q: Does this plan downgrade on composites?

A: No, this plan does not downgrade composites.

Q: What is the coordination of benefits?

A: Traditional. Submit your claim with the primary's EOB.

Member Frequently Asked Questions

Q: Am I still covered if my dentist doesn't join the Bento network?

A: Yes, your plan works at all licensed dentists within the United States. This plan does not work on services received outside of the United States.

Q: Does your dentist need to "join a network" in order to receive payment?

A: No, a dentist does not need to join the network to receive payment. However, you will be responsible for any cost difference.

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*Depending on your state laws, contracted rates on services not covered by your plan may or may not be up to the discretion of the dentist. To confirm, ask your dentist for an estimate for non-covered services.

Providers: How to Submit for Reimbursement

Any provider can sign up to use the free Bento Dentist Portal.

Why should dentists use the Bento Dentist Portal?

- Immediate direct reimbursements from the membership and patient via check or ACH
- No processing fees
- Real-time patient eligibility
- No retroactive denials or billing issues
- 100% membership reimbursement / cost accuracy
- Instant pre-treatment authorizations

Go to the portal at dentists.bento.net

First time accessing the portal?

Select "Create Your Free Bento Account" to get started.

Q: Does this plan pay for a crown on prep or seat date?

A: See page 1 if plan includes crown coverage. If so, plan will pay based on seat date. If crown coverage is not listed, then there is no coverage for crowns.

Q: Does this plan require a waiting period?

A: Any waiting periods would be listed on page 1 next to each service category. If no waiting periods are listed, then none applies. If a waiting period is listed, member must wait till end of period before services are covered by plan.

Q: Does this plan have ortho coverage?

A: Any ortho coverage would be listed on page 1. If none listed, then this plan does not have ortho coverage.

Q: What if I already paid the dentist? How can I be reimbursed?A: If at any time you are billed upfront, submit an ADA claim form and receipt by visiting member.bento.net.

Q: Is this an insured plan?

A: No, this plan is not insured. It is a self-funded benefit plan.