



“Employee/Participant Questions regarding Spirit Dental Plans”

What is my group number? The group number is on the first page of the dental Certificate of Coverage and on the identification (ID) card.

Who shall I call with questions? Call Meritain Health at (952)541-0444 or (800)765-4224, follow the voice prompts to be directed as appropriate. The phone prompts will allow you to request additional ID cards and obtain other information through your touch tone phone. If you would like to speak to a representative it will direct you to the appropriate customer service representative.

How can I be sure my dental provider knows what services are covered?

The new enrollee packet you received included several documents, one of which is your Certificate of Coverage. The certificate's cover page would be identified with the carrier's name across the top and the applicant's identifying information just below. The certificate will provide definitions applicable to the policy as well as explain the coverage provisions. Also included within the certificate is a Coverage Schedule. The Coverage Schedule will indicate at what benefit level covered services will be paid, what services have a waiting period, whether a deductible will be applied and what services are not covered by your plan.

You may want to provide your dentist with a copy of the Coverage Schedule to know, when discussing treatment plans, what services are covered under the plan.

For treatment or services falling under Major Services, including periodontics, or exceeding \$300 we request that the dentist submit a pre-treatment estimate prior to such treatment or services. You will be notified in writing of the services allowed under the policy. Alternate procedures to the proposed plan may be suggested, based on professionally endorsed dental care standards.

Claims submitted for dental review must include copies of the applicable x-rays or dental charting to make a determination.

The written Predetermination of Benefits is valid for 90 days and is subject to the coverage terms listed.

Provide the dental office with the information on your ID card when scheduling an appointment and receiving treatment.

What does a dental provider need in order to submit a claim?

Meritain Health will accept any standard dental claim form or itemized billing statement that includes:

The patient identification (including full name, date of birth and address)

The applicant's name & SSN

Provider name, address and tax identification number

Date of service

Current ADA procedure code and fee charged

The claim can be mailed to:

Meritain Health

P.O. Box 738

Hopkins, MN 55343-0738

What do I do if my family status changes?

If you are requesting termination of a dependent's coverage a written request signed and dated by the applicant should be submitted to Meritain Health. If termination of a dependent will change the type of coverage, for example from family to applicant and spouse, the change will be effective the first of the month following receipt by Meritain Health of such notification.

If you are adding dependents they must be added within 31 days of a qualifying event, such as birth, adoption or marriage by submitting a new application. Applications received later than 31 days of a qualifying event will result in the dependent's coverage being deferred to the applicant's next policy anniversary date.

OUR BUSINESS IS TO SERVE YOU! For Administrative question please contact Meritain Health at:

Mailing Address: Meritain Health
400 Highway 169 S., Suite 800
Minneapolis, MN 55426

Phone Number: (952) 541-0444; (800) 765-4224
Fax Number: (952) 593-3711 (Changes, terms and Adds)