Frequently Asked Questions:

Do I need to have a health insurance plan in order to get a dental plan?

No. Our plans are standalone, meaning you can enroll whether or not you have a health insurance plan.

Do I get to pick my own dentist? What if I want to change dentists?

Yes, you may choose any dentist from your extensive network of qualified dentists and dental clinics. You are free to change your dentist at any time. It is important that you know and understand the type of network you have. You can find network dentists using the **Find a Dentist** tool.

Can I go to a dentist who is not in the network?

Yes, but you will not receive network discounts on services you receive, so your out-of-pocket costs may be higher, depending on the dentist's fees and policies. You should check with your dentist before beginning care.

How can I tell if a dentist is in my network?

You can find a network dentist, or check if your current dentist is in the network, by using our **Find a Dentist tool**, or calling **Contacting Us**.

Is there any copay cost for dental exams and cleanings?

Preventive services, such as a checkup every six months, are generally covered completely, as are cleanings, polishing, fluoride treatments, and annual X-rays. But it is important that you confirm benefits by reviewing your benefits materials.

Is there a waiting period before I can receive any dental services?

Once your coverage is effective, there is generally no waiting period for preventive or diagnostic services. Most plans do have waiting periods for things like basic and major restorative work. Check your plan for specifics.

Do these dental plans have an annual benefit maximum?

"Annual benefit maximum" means the maximum amount of money a plan will pay in benefits in a given plan year. Nearly all plans do have a fixed dollar maximum that is covered. The good news is that this generally does not apply to preventive and diagnostic care. It's important that you check your benefits, as your plan could differ.

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