

# Your Benedent® Summary of Benefits



*Borden & Remington*



## ► WHAT IS MY COVERAGE?

Your dental benefit will pay up to \$1,500 per year per covered individual beginning each year on March 1st. There is no deductible. There are no distinctions among preventive, basic and major services. There is no waiting period for major dental services. Orthodontia is a covered service for dependent children to age 19, and benefits are paid as any other covered expense. Dependent children who are enrolled on the plan are eligible for benefits to age 26.

DENTAL BENEFITS	
First \$300 per year	Payable at 100%
Next \$1,000 per year	Payable at 80%
Next \$800 per year	Payable at 50%
Maximum Annual Benefit	<b>\$1,500 per individual per year</b>

## ► 100% FREEDOM

With your Benedent Dental Plan, you may visit any dentist of your choice. Please make sure to show your provider your Benedent ID Card. This card includes a summary of benefits on the reverse side. If your provider has any questions, please have them call 800-528-1530 to speak with a Benemax IMA.

## ► THE GUARDIAN NETWORK CHOICE

With Benedent, you are not required to use a network provider. However, if you choose, you can utilize the Guardian network of providers and enjoy discounts of up to 35% on covered services. By using the Guardian network, you can maximize your dental benefits. To find a provider in this network, go to [www.guardiananytime.com](http://www.guardiananytime.com), then click on "Find A Provider". Choose the third bullet down that is at the bottom of the page, **DentalGuard Preferred Select network**. Or visit the Benemax Virtual Benefit Manager® for a direct link to Guardian.

## ► WHAT IS NOT COVERED?

Services that are not covered under your Benedent Plan include: services covered under your employer's health plan, procedures not approved by the American Dental Association (ADA), services where the patient is not obligated to pay, services rendered in connection with TMJ, cosmetic services (e.g., teeth whitening & bleaching), adult orthodontia, oral hygiene, and services that don't meet standards of dental practice.

*This information is a summary only. Please refer to Benemax for specific plan details.*

## ► THE BENEDENT WELLNESS INITIATIVE®

This program encourages dental utilization for members who have been diagnosed with diabetes or who are pregnant, as studies show that this can reduce medical expenses. For these individuals, a special schedule of benefits applies.

A Letter of Medical Necessity (LOMN) attesting to one of these diagnoses must be completed by your physician and sent to Benemax. The LOMN will be included in your enrollment package.

### WELLNESS BENEFITS

All  
covered  
dental  
services

Payable at  
100% to  
\$1,500  
annual  
maximum

## ► NEED HELP?

### Questions

Our Independent Member Advocate (IMAs) can handle your benefit and claims questions. Call 800-528-1530 and press prompt 3, or email [benemax.service@onedigital.com](mailto:benemax.service@onedigital.com).

### Benemax Claims Connection™

Members can access Benemax Claims Connection™ via VBM (see right) to track benefits online, check the status of a claim, view/print a Benemax Explanation of Benefit (EOB) or a benefit report. To access the site, you can visit VBM then click on Claims Connection or go directly by clicking on the link below. **As of 2023, EOBs are no longer mailed to members.**

### Virtual Benefit Manager®

Our Virtual Benefit Manager® (VBM) offers online customer service and information, by visiting [www.mybenemax.com](http://www.mybenemax.com).

### VBM allows you to:

- Ask a benefit question
- Submit a dental claim

### To view your Benemax Explanation of Benefit (EOB):

- [Click here](#) to log-in
- Under Claims, select the correct Plan
- Select the blue “EOB” button
- Full claim listings can be exported to PDF or Excel.
- Under Reports, you can also run a full listing of your claims using the Benemax Benefit Summary report.

## ► USER-FRIENDLY CLAIMS PROCESS

Present your Benedent® ID card when visiting your dental provider. In most cases, your dentist will bill Benemax directly for your services. There is no network. No claim form is required. Benemax will process the claim according to the benefit schedule described above and make payment directly to your dentist. Both the member and the dental provider will receive an EOB (on right) for each claim.

If your dental provider declines to bill Benemax on your behalf and you are required to pay at the time of service, you may submit your claim to Benemax for reimbursement. Send an itemized bill or receipt that shows name of patient, the date of service, the service provided, and the amount charged. Please indicate on your bill that you have already paid the dentist and that payment should be made directly to you.

- **Mail:** Benemax, P.O. Box 950, Medfield, MA 02052
- **Email:** [Benemax.claims@onedigital.com](mailto:Benemax.claims@onedigital.com)
- **Fax:** 508-359-3601
- **Electronic upload:** [www.mybenemax.com](http://www.mybenemax.com), [Click here](#)