

APPENDIX: PLAN SPECIFICS



2025 AMBETTER HEALTH MARKETPLACE DENTAL BENEFITS AL, AR, AZ, DE, FL, GA, IL, IN, IA, KS, KY, LA, MI, MO, MS, NC, NE, NH, NV, OH, OK, PA, SC, TN, TX (Includes Ambetter Health Solutions GA, IN, MO, MS, OH, SC)

The provisions outlined in these Plan Specifics shall prevail over any provision in the Dental Provider Manual that may conflict or appear inconsistent with any provision contained in this document.

Envolve Dental, doing business as Centene Dental Services, partners with Ambetter Health Marketplace health plans across the country to administer optional comprehensive dental benefits for Marketplace-eligible adult members ages 19 and older (21 and older in Kentucky).

MEMBER BENEFIT AND ELIGIBILITY INFORMATION AVAILABLE 24/7

- For specific individual member benefits and eligibility, access our **Provider Web Portal** (PWP).
- You may also call Customer Service to reach our automated member eligibility-verification system.

COVERED DENTAL SERVICES / COST SHARE

The maximum benefit is \$1,000 per calendar year for all Ambetter Health dental plans. Preventive and diagnostic dental services have no co-insurance or co-pays. Covered minor (basic) and major restorative dental services require 50% member co-insurance.

Except as otherwise permitted by state or federal law, providers are not allowed to charge members any amount for covered services except the plan-defined co-insurance amount. For detailed coverage and coding information, please visit our <u>Provider Web Portal</u> and use our <u>Dental Code Search Tool</u> to view limitations by covered code.

OUT-OF-NETWORK COVERAGE

In Arkansas, Indiana, Mississippi, Missouri, Oklahoma, and Texas only, members can receive covered services from outof-network dentists. Members in all other states must visit in-network providers to receive dental benefits.

DENTAL CLINICAL POLICIES

Centene Dental Services considers all benefits and applies clinical standards to them, outlining for providers what conditions must be present for covered benefits to apply. Please review our clinical policy guidelines and criteria found on our <u>website</u> prior to providing services. Providers should measure intended services to stated clinical criteria before treatment begins to assure proposed services meet medical necessity and appropriateness of care criteria. Clinical policies also include listings of required documentation to support services provided.

AUTHORIZATION REQUIREMENTS

Ambetter Health dental benefits do not require authorization. Centene Dental Services does not process predeterminations. Please proceed with care as set out in the member's Evidence of Coverage and our <u>Dental Code Search</u> <u>Tool</u>. All services are subject to coverage limitations and exclusions as described in applicable plan coverage guidelines.



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The Ambetter Health timely filing requirement is 180 calendar days from the date of service (except for Michigan, which is 365 days); this includes resubmitting corrected claims that were not able to be processed. No reimbursement will be made for claims received beyond this date. Claims received after the timely filing deadline will be considered a provider liability and members may not be billed for services. Include applicable arch, quadrant, or tooth identifiers when billing for dental services. Submit claims in one of these formats:

- Provider Web Portal
- Electronic claim submission through selected clearinghouses: Payor ID 46278
- Alternate pre-arranged HIPAA-compliant electronic submissions
- Paper claims mailed to your state-specific PO Box (see Key Contacts)
 - Claims must be submitted on a current ADA original claim form
 - Copies, handwritten or faxed forms are not accepted

Billing for Crowns, Dentures, and Root Canals

The billed date of service for crowns is the final cementation date; for dentures, the insertion date; and for root canals, the final fill date.

APPEALS & GRIEVANCES

Claim appeals must be filed within 180 calendar days from the date of notification of payment or denial and will be resolved within 30 calendar days.

To file a provider appeal or grievance, providers may:

- Call your state's specific Customer Service phone number for information.
- Email <u>Dental Appeals</u> or <u>Dental Grievances</u> as applicable.
- Write Centene Dental Services Appeals and Grievances using your state-specific PO Box (see Key Contacts).

Members must submit member appeals within 180 calendar days of payment denial by contacting the health plan directly by phone (see *Key Contacts*).

MEMBER ID CARD EXAMPLES

Please visit our website state pages for example member ID cards for your state.

SECURE <u>PROVIDER WEB PORTAL</u> (PWP)	PUBLIC WEBSITE	
 Verify member benefits and eligibility. File claims and review claim status. Download, research, and reprint EOPs. Access important provider information: Covered dental codes and details. Clinical policy guidelines. Provider manual, training, bulletins. 	 Access provider training resources Update provider forms, including: Electronic Funds Transfers (EFT) Disclosure of Ownership (DOO) Credentialing documents Read timely provider news and newsletters 	
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Search and the Provider Web Portal.



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Centene Dental Services 2025 Ambetter Health Marketplace Key Contacts

State	Provider Customer Service	Member Customer Service	Provider Claims & Appeals PO Box
AL	833-464-1719	800-442-1623	PO Box 20647, Tampa, FL 33622-0647
AR	855-609-5155	877-617-0390	PO Box 26632, Tampa, FL 33623-6632
AZ	833-605-6272	888-926-5057	PO Box 21588, Tampa, FL 33622-1588
DE	833-236-1886	833-919-3214	PO Box 22687, Tampa, FL 33622-2687
FL	855-934-9809	877-687-1169	PO Box 20654, Tampa, FL 33622-0654
GA	844-464-5632	877-687-1180	PO Box 22085, Tampa, FL 33622-2085
IL	855-934-9811	855-745-5507	PO Box 22377, Tampa, FL 33622-2377
IN	844-621-4579	877-687-1182	PO Box 20847, Tampa FL 33622-0847
IA	833-564-1205	833-404-1061	PO Box 22687, Tampa, FL 33622-2687
KS	855-434-9245	844-518-9505	PO Box 25857, Tampa, FL 33622-5857
KY	833-596-2740	833-705-2175	PO Box 25974, Tampa FL 33622-5974
LA	833-438-0187	833-635-0450	PO Box 25974, Tampa FL 33622-5974
MI	833-317-0439	833-993-2426	PO Box 20062, Tampa FL 33622-0062
MO	855-434-9240	855-650-3789	PO Box 25178, Tampa, FL 33622-5178
MS	855-934-9810	877-687-1187	PO Box 25255, Tampa, FL 33622-5255
NC	833-482-2947	833-863-1310	PO Box 20654, Tampa, FL 33622-0654
NE	833-554-2292	833-890-0329	PO Box 25974, Tampa FL 33622-5974
NH	844-258-4615	844-265-1278	PO Box 20062, Tampa FL 33622-0062
NV	844-695-0358	866-263-8134	PO Box 25518, Tampa FL 33622-5518
ОН	844-621-4581	877-687-1189	PO Box 22687, Tampa, FL 33622-2687
ОК	833-763-2400	833-492-0679	PO Box 26632, Tampa, FL 33623-6632
PA	833-605-6275	833-510-4727	PO Box 26631, Tampa, FL 33623-6631
SC	833-605-6320	833-270-5443	PO Box 26632, Tampa, FL 33623-6632
TN	833-662-1996	833-709-4735	PO Box 20654, Tampa, FL 33622-0654
ТХ	833-260-3625	877-687-1196	PO Box 25518, Tampa FL 33622-65518