

Your Dental Portal



Want an easier way to track your dental benefit activity?

Create a member portal account in order to:

Print your ID card.

Membership



Membership allows you to view your plan and covered dependents, as well as download and print your Paramount Dental ID card.

Verify your benefits, savings and out-of-pocket costs.

Benefits



Benefits provides at-a-glance summaries of your past claims history. It provides detailed information on benefits, amounts paid and your network savings.

Verify your benefit coverage.

Plans



Plans allows you to review your product summary guide and your member plan book. This is where you can see what your plan covers.

Find a provider.

Find a Dentist



Save an average of up to 25-30% when you visit an in-network provider. With a national network of more than 140,000 locations, we have a dentist to meet your needs.

CREATE AN ACCOUNT:

1. Go to insuringsmiles.com.
2. Click on **"Login"** at the top of the page.
3. If you are a returning user enter your username, password and click on **"Sign in."**
4. If you do not have an account, scroll to the bottom and click on **"Sign up now!"**
5. Set up your account with a username, password and additional information.
6. Click on **"Register"** to activate your account.
7. Login and explore.

Questions

Contact Member Services at
1-800-727-1444 for additional help.

insuringsmiles.com

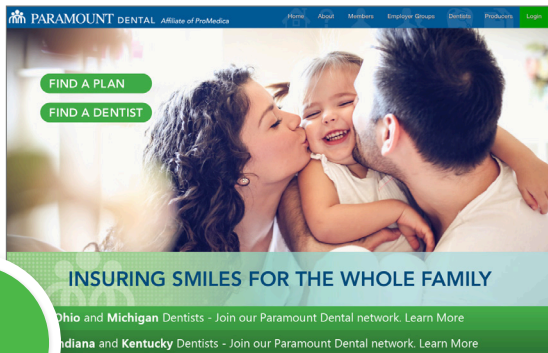
 **PARAMOUNT
DENTAL**
Affiliate of ProMedica

Find a Dentist



gettyimages
Extreme Media

How to find an in-network Paramount Dental provider



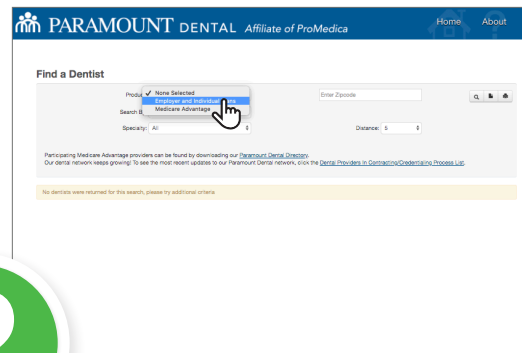
1

INSURING SMILES FOR THE WHOLE FAMILY

Ohio and Michigan Dentists - Join our Paramount Dental network. Learn More
Indiana and Kentucky Dentists - Join our Paramount Dental network. Learn More

Go to insuringsmiles.com.

Select 'Find a Dentist' on the homepage. Or, select "Members" from the top navigation and look for "Find a Dentist" in the dropdown menu.

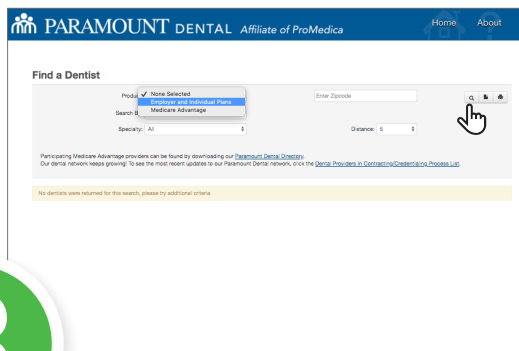


2

Select your product.

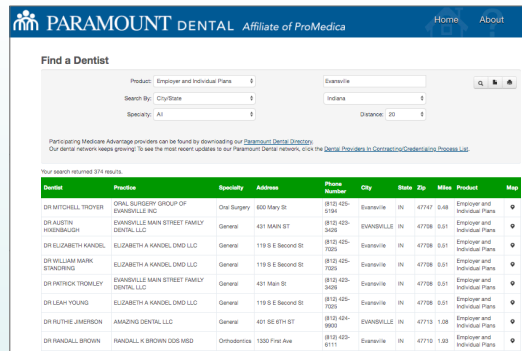
If you have a dental plan through your employer or an individual dental plan, select "Employer and Individual Plans".

Please note: Medicare Advantage is for Paramount Elite Medicare plans in Michigan and Ohio only.



3

Enter your desired search criteria including zip code, city/state or provider last name. You can also search by dental specialty including oral surgery, pediatrics and periodontics. Click the search icon when you have completed all fields.



- Each search result includes dentist name, practice name, specialty, location and contact information and a link to directions to the office.
- The Paramount Dental directory is updated daily. Using the online directory ensures you have the most up-to-date and accurate information.

Questions



Contact Member Services at 1-800-727-1444.

insuringsmiles.com



PARAMOUNT DENTAL

Affiliate of ProMedica

4 reasons to use the Paramount Dental Network



1. Choosing a provider in the Paramount Dental Network helps members save on out-of-pocket costs.

The dentists in the Paramount Dental Network have all agreed to accept a contracted fee schedule for specific services, called the maximum allowable charge (MAC). Members will never be billed more than the contracted rate. This means: When a member chooses an in-network provider, the member is ensured the lowest out-of-pocket costs for covered services.

2. Choosing a provider in the Paramount Dental Network makes a member's annual maximum benefit go further.

When a member leverages the contracted rates of our in-network providers, the member's annual maximum benefit will go farther. Only the MAC amounts (only the portion paid by Paramount Dental) count toward the annual maximum.

3. Choosing a provider in the Paramount Dental Network means no balance billing.

Balance billing happens when a provider bills the patient the difference between the amount the provider charges and the amount the patient's insurance allows. The providers in the Paramount Dental Network have all agreed to accept our fee schedule and won't balance bill the member. Some services have a coinsurance where a member will pay their portion.

4. Choosing a provider in the Paramount Dental Network provides access to great dental care.

With more than 380,000 practice locations nationwide, our vast network of providers means that members have access to the quality care they need when they need it. They can count on receiving quality care that is both convenient and affordable.

Let's take a look at the costs of a common dental appointment – an oral exam and cleaning – to compare the difference between using an in-network provider and an out-of-network provider.

NETWORK COMPARISON EXAMPLE	PARAMOUNT DENTAL PLAN	
	In-Network	Out-of-Network
Claim for an oral exam and adult cleaning		
Dentist billed charge	\$127	\$127
Maximum allowable		\$64
Plan coinsurance	Paid 100%	100%
Insurance pays		\$64
Member pays	\$0	\$63

Potential savings are based on average charges within a certain geographical region and may vary based on actual charges.

Questions



Contact your Paramount Dental sales team for more information.

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PARAMOUNT DENTAL

Affiliate of ProMedica

Helping You Understand the Importance of Requesting a Pre-Treatment Estimate



A pre-treatment estimate is a free service provided by Paramount Dental to its covered members (you and your family) and their/your dentist. This administrative service is performed prior to having dental treatment begun. While the information that this service provides is not intended to alter the treatment plan suggested by your dentist, it may help you understand and plan for any out of pocket costs you will be financially responsible for. It also gives your dentist the opportunity to present alternative treatment plans to you that may help manage your oral health and reduce your out-of-pocket costs.

We recommend that you ask your dentist for a pre-treatment estimate before you agree to receive any prescribed, major treatment, such as crowns, wisdom tooth extractions, bridges, dentures, root canals or periodontal services. This lets you know up front what your Paramount Dental plan will pay, and the difference you will be responsible for. It will also disclose any limitations or restrictions that are within your plan design chosen by your Employer.

How it works:

At your request, your dentist will send Paramount Dental a proposed treatment plan, along with specific ADA codes and any relevant x-rays. Paramount Dental then checks to be sure the services are covered and at what benefit level. Some services may be limited or excluded by your Paramount Dental plan, while others may be paid at percentages other than 100%, meaning a co-payment is involved. We ask dentists to allow for at least 48 hours notice for us to prepare a pre-treatment estimate before any treatment plan begins. The pretreatment estimate is mailed to you and your dentist.

A pre-treatment estimate is not a guarantee of payment. It is prepared based on claims information and member eligibility in our system at that point in time only. Subsequent claims, eligibility changes, plan design changes, etc. will affect the validity of the pretreatment estimate. When the services are complete and a claim is received for payment, Paramount Dental will calculate its benefit payment based on your current eligibility and the amount remaining in your annual maximum as of the actual date of service.



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Helping You Understand the Importance of Requesting a Pre-Treatment Estimate



Insuring Smiles is our business. We hope you find this handout helpful towards being a more informed and engaged consumer of health care benefits.

Questions or Comments?

We invite you to contact the Claims Team at Claims@ParamountDental-dho.com or 1.800.727.1444