



**Bright
HealthCare™**

Florida and Texas Plan 2022

We at LIBERTY Dental Plan are proud to be the administrator for your Bright HealthCare dental benefits. LIBERTY Dental Plan is committed to providing Bright HealthCare Members with the highest quality of dental benefits. Pediatric dental benefits are for members ages 0 through 18. For questions concerning your dental benefits, assistance in locating a participating provider, or assistance in scheduling an appointment, please contact our Member Service Representatives at **866.609.0426**. We are available to assist Monday through Friday, 8 am – 8 pm CT.



Talk to a **LIVE
Member Services
Representative**
every step of
the way!

Our Commitment to Bright HealthCare Members

LIBERTY's Concierge Style Customer Service:

- 24-hour access to emergency dental care coordinated by Dental Director
- Multilingual Member Services staff with customer service backgrounds, allowing for 98% first call resolution
- Communication in over 150 languages
- Complete case management
- Selection of pre-screened dentists

How to Find a Dentist

Two Ways to Search for a Dentist:

1. Log into your account on the Member Portal or use our online directory at www.libertydentalplan.com/BHP
2. Call your dedicated Member Service Representatives at **866.609.0426**

How to Access your Benefits

General Dentistry

1. Select a dentist within our network of dedicated providers
2. Call the dental office to schedule an appointment
3. Show your ID card when you check-in at your appointment
4. Most dental services can be provided by your general dentist, if you need to see a specialist your general dentist will explain why you are being referred

Specialty Care

- No pre-authorization is needed
- Visit any specialist within the network
- Your General Dentist may refer you to a Specialist
- Your out of pocket cost is 75% of the specialist's usual and customary fee (more details provided on page 2)

Out of Network Coverage

- Your coverage does not include out of network benefits. However, if you cannot find a provider within 30 miles of your place of residence or work, please contact LIBERTY for assistance. Access to an out-of-network provider will be granted in areas where an in-network provider is not available every step of the way!

Online Access to Member Information

We offer real-time web access to online transactions, such as claims, provider services, pre-authorization submissions, eligibility & benefits inquiries, claims tracking and more. Create an account online at www.libertydentalplan.com/BHP to gain access to your information.

By creating a member account with LIBERTY you can:

- View your dental history and available benefits
- View Claim Status
- Find a Dentist

Visit our website to register for an online account:

1. **Logon to www.libertydentalplan.com/BHP**
 - Scroll to Online Account Services and click on register
 - You will then be routed to create an account page
2. **On Create an Account page:**
 - Select member from the dropdown menu when asked for type of user/account
 - Click select



3. Enter member information:

Important: You must use the member ID provided for the member eligible for pediatric dental benefits. This appears as member ID on your ID card as shown:

Create your username and password. Passwords must be a minimum of 8 characters and contain at least 3 of the following:

- At least one (1) uppercase letter
- At least one (1) lowercase letter
- At least one (1) number
- At least one (1) special character (!@#%\$*) etc.
- Please confirm password and enter your email address
- Click create account when finished

Frequently Asked Questions

What treatment does my plan cover?

For information about the dental services covered by your Bright HealthCare plan, please refer to your Bright HealthCare Certificates of Coverage.

How will I know what my cost will be?

Please refer to your Bright HealthCare Schedule of Benefits for applicable copayments. Copayments apply when services covered on the Schedule of Benefits are provided by a General Dentist. Copayments apply for medically necessary orthodontia and for children through age 7 who need to see a pediatric dentist. All other care, including specialty care, is provided at 75% of usual and customary fee. For questions, ask your network dentist before you receive services and/or call us at **866.609.0426**.

What if my child needs to see a Pediatric Dentist?

Care by a Pediatric Dentist are covered at the listed copayment if your child is 7 and younger or qualify for the American Disabilities Act. Children older than 7 can still see a Pediatric Dentist. These services will be provided at 75% of the Pediatric Dentist's usual and customary fee.

If your child is older than 7 and qualifies under the American Disabilities Act, we encourage you to contact us at **866.609.0426**, or have your General Dentist submit a pre-estimate.

How is orthodontia covered?

Orthodontia is covered at the listed copayment with evidence of medical necessity for children up to age 19. All other orthodontic treatment is available at 75% of the Orthodontist's usual and customary fee.

If your Orthodontist determines treatment is medically necessary, they will submit a pre-authorization to LIBERTY to get treatment approved before it begins. You will receive a copy of the Pre-authorization.

Do I need to submit a claim for my services to be paid for?

No. Your dentist will submit a claim on your behalf for services provided at a copayment. Member copayments are payable to the dental office at the time you receive services.