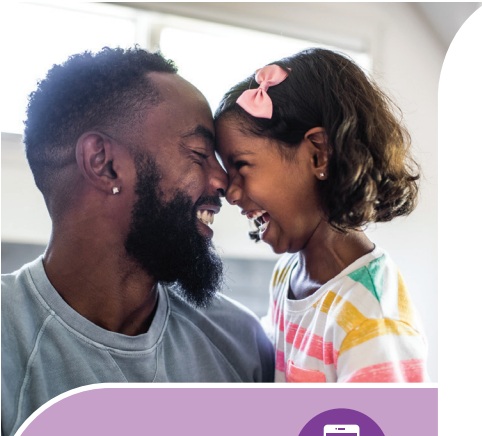




Bright HealthCare Members



We at LIBERTY Dental Plan are proud to be the administrator for your pediatric dental benefits. LIBERTY Dental Plan is committed to providing Bright Health Individual Family Plan 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 **855.827.4448**. We are available to assist Monday through Friday, 8 am – 8 pm CT.

Our Commitment to Bright Health 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 Access your Benefits

General Dentistry

1. Select a dentist within our nationwide network of dedicated providers
2. Call the dental office to schedule an appointment
3. Show your Embedded Pediatric Dental ID card when you check-in at your appointment

Specialty Care

- No pre-authorization is needed
- Visit any specialist within the network
- Your General Dentist may refer you to a Specialist

Out of Network Coverage

- Note that your coverage does not include out of network benefits; however, you may choose to visit any dedicated provider within our network



Talk to a LIVE Member Services Representative 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

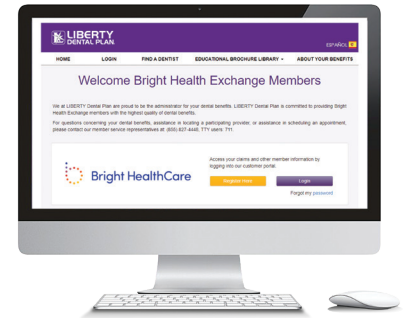
Visit our website to register for an online account:

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

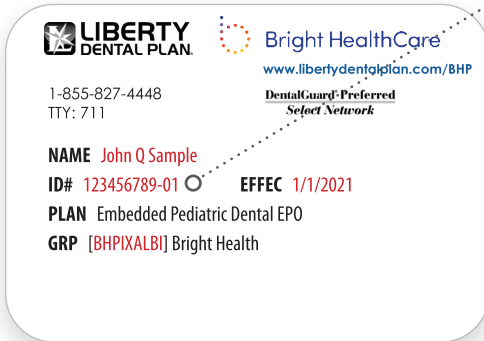


3. Enter member information:

- **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



How to Find a Dentist

Two Ways to Search for a Dentist:

1. Log into your account on the **Member Portal** at www.libertydentalplan.com/BHP
2. Call your dedicated Member Service Representatives at **855.827.4448**

Frequently Asked Questions

What treatment does my plan cover?

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

How will I know what my cost will be?

Please refer to the Schedule of Benefits for applicable copayments, deductibles and benefit details. For questions, ask your network dentist before you receive services and/or call us at **855.827.4448**.

Does my dentist need to submit a claim for my services to be paid for?

No need to submit a claim.

When should I obtain a pre-treatment estimate?

If your dental care will be extensive, you may ask your Primary Dental Care Provider to complete a pre-treatment estimate. We recommend requesting a pre-treatment estimate for treatment plans over \$500. This will allow you to know in advance what procedures are covered, the amount your Bright Health plan will pay toward treatment and your financial responsibility. A pre-treatment estimate is not a guarantee of payment. When the services are complete and a claim is received for payment, the Plan will calculate its payment based on your eligibility status and benefits at the time services were rendered.

