

PLAN DETAILS + NETWORK ACCESS

# OPTIONS PLUS DENTAL PLAN

	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
MONTHLY	\$20	\$38	\$40	\$54

## DESCRIPTION OF COVERED SERVICES

Your plan provides you with the following covered preventative + diagnostic services per plan year within the Bento Dentist.

In-Network Coverage: 100% of Covered Services

Out-Of-Network Coverage: Not Available

Beyond the listed covered services and/or annual benefit maximum you are eligible to receive savings on all other procedures with negotiated rates at dentists nationwide within the Bento Network.

COVERED SERVICES	FREQUENCY
Periodic Oral Exams (D0120)	Twice within 12 Months
X-Rays - Bitewings (D0274)	Once within 12 Months
Routine Cleanings (D1110 or D1120)	Twice within 12 Months
<b>ANNUAL MAX: \$300</b>	
100% Coverage of listed services up to \$300 per plan year when visiting Bento Dentists	

## MEMBER BENEFITS

### YOUR BENTO NETWORK

As a Bento member, you have access to the entire national Bento Network. You will enjoy great benefits when you receive your dental care from Bento Dentists and Bento Partner Dentists:

- Contracted rates off provider fees with no balance billing policy
- Dentists across all 50 states, including thousands of specialists
- Additional discounts on all covered services, even after you have used up your benefit dollars or other plan limitations

Bento Partner Networks:



Need to refer a provider? Visit [bento.net/find-a-dentist](http://bento.net/find-a-dentist) or use the find a dentist feature in the Bento Dental app to have a member of the Bento network team connect with your dentist.

Non-Bento (Out-of-Network) Network Coverage:

This plan does not provide coverage for services at out-of-network (non-Bento) dentists.

### CLAIMS INFORMATION

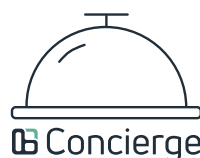
Simply provide a Bento Dentist or Bento Partner Dentist with your Bento Member ID and plan information. Dentists can process plan payments using their Bento Dentist Portal or by sending a completed ADA claims form and a Statement of Services, Bill, or Receipt to:

**Mail: Bento | c/o Claims Department | P.O. Box 9028 | Boston, MA 02114**  
**Fax: (855) 214-4888**

You are responsible for paying any balances for services beyond the defined plan coverage.

### YOUR MEMBER SERVICES

To access your digital ID card, plan details, receipts and utilization download the Bento Dental app on a smartphone.



Bento Concierge is here to help! From providing details to your dentist before your appointment to questions about billing.

✉ [smile@bento.net](mailto:smile@bento.net)  
 ☎ (800) 734-8484



Bentopedia is a one-of-a-kind knowledge base and resource for all things dental. Learn about common procedures, look up billing codes and even see tips from dentists.

For all of your questions visit [bento.net/bentopedia](http://bento.net/bentopedia)

### FREQUENTLY ASKED QUESTIONS

**Q:** Does this plan require a waiting period?

**A:** No, this plan does not have any waiting periods. Members can begin to use benefits immediately upon coverage start date.

**Q:** Does this plan cover services other than the ones listed?

**A:** This plan only covers services listed within the plan details. However, members receive the contracted rates at Bento Dentists for any non-covered services.

This description of covered services is subject to change. Confidential.