2025 Dental Plan Year FAQ's

Q: Does the age of 19 dependent maximum apply to services other than orthodontia?

A: The dependent child under the age of 19 limitation is related to orthodontia coverage only.

Q: Does the plan cover orthodontia for employees or spouses/domestic partners?

A: No. The coverage is for eligible dependent children under the age of 19.

Q: Will I ever have a bill for preventative services now that the plan pays 100%?

A: Possibly. The plan pays 100% of covered charges without a deductible, but you may be responsible in certain cases:

1. If your provider charges above usual and customary rates.
2. If you've reached your $3,000 yearly plan maximum.
3. If the provider bills for a non-covered service.

Q. If I cover the entire family, but only incur services with a deductible on one of those family members, do I have to meet the family deductible amount?

A. No. the individual deductible would be applied to applicable services. However, the individual deductibles applied in one calendar year cannot exceed the family deductible maximum.

Q: Is the orthodontic deductible separate for the deductible for other dental services.

A. Yes.

Q. Will an implant be covered if I am already missing the tooth where the implant would be placed?

A. Our dental plan includes a "missing tooth" clause. For the first 24 months of coverage, replacement of teeth missing before the policy starts is covered at 50% of allowable charges. After 24 months or if the tooth is extracted after coverage begins, the clause no longer applies, and normal benefits apply.

Q. I'm planning on having an implant (and/or a variety of additional dental services) done. Is there anything you suggest?

A. Yes. For dental services costing $200 or more, a pre-determination of benefits should be submitted to Med-pay. Most dental providers can handle this for you.

Q. Do we have a dental PPO network?

A. Yes. We have direct contract with some providers and have the ability to also access network discounts through www.gehasolutions.com providers.

Q. Do I have to use a network provider?

A. No. Our dental plan pays the same rate for covered services, regardless of the provider. However, using an in-network provider may reduce employee and plan expenses. The key difference between contracted and non-contracted is the discount or allowed charge.

Example: If an in-network dentist charges $100 for a cleaning, a $20 discount may apply, reducing the amount paid to $80. You pay $0.

For an out-of-network dentist charging $120, insurance might cover $100 (the usual cost), but you may be billed the extra $20. This could also cause you to reach your plan limit faster.