

## **Dental Insurance Frequently Asked Questions:**

**Q: What is the difference between the Basic Coverage (Low) Plan and the Enhanced Coverage (High) Plan? Which one is right for me?**

A: The Low plan covers Preventative and Basic services, while the High plan offers coverage for more expensive Major and Orthodontic services. Please read the plan summaries closely.

**Q: Does the plan restrict my choice of licensed, certified Dentists?**

A: This plan is a true “go to any dentist” plan. However using dentists participating in the network should lower your out-of-pocket expenses. You do not need a referral to see a specialist.

**Q: How do I find out if my dentist is in the LFG network?**

A: A list of participating dentists may be accessed at [www.LFG.com](http://www.LFG.com).

**Q: What if my Dentist does not take any insurance plans?**

A: Some providers do not file claims with insurance carriers. If your dentist does not file Insurance claim forms for you, simply ask them to provide you with the documentation and you can submit a claim form to us for direct re-imbusement.

**Q: Where can I obtain policy information?**

A: You will be able to access a copy of your plan summary by visiting [www.hsallc.net](http://www.hsallc.net), click on the Plan Documents tab, and use access code lpldv.

**Q: When will I get my new dental card?**

A: You will receive a temporary card via email once your payment and elections are received. LFG will send a permanent card within 30 days.

**Q: When can I begin using the plan?**

A: Your benefits become effective the first day of your effective month. If your dentist needs to verify coverage, please call HSA, LLC at 877-834-4469.

**Q: If I enroll my family in Dental Insurance, do we all share the Annual Maximum Benefit?**

A: No, each covered person on your plan, whether you have 2 or 10 or more qualified dependents, will each have an annual benefit maximum. Once the Annual Maximum is exhausted, you will be responsible for any additional charges you incur.