

**APPENDIX: PLAN SPECIFICS**

**2023 AMBETTER MARKETPLACE DENTAL BENEFITS**

**AL, AR, AZ, FL, GA, IL, IN, KS, KY, LA, MI, MO, MS, NC, NE, NH, NV, OH, OK, PA, SC, TN, TX**

**The provisions outlined in these Plan Specifics shall prevail over any provision in the Envolve Dental Provider Manual that may conflict or appear inconsistent with any provision contained in this document.**

Envolve Dental has partnered with Ambetter Health Insurance Marketplace (HIM) health plans across the country to administer optional preventive and comprehensive dental benefits for Marketplace-eligible adult members ages 19 and older (21 and older in Kentucky).

**MEMBER BENEFIT AND ELIGIBILITY INFORMATION AVAILABLE 24/7**

- For specific individual member benefits and eligibility, access Envolve Dental's Provider Web Portal ([envolvedental.com/logon](https://envolvedental.com/logon))
- You may also call Customer Service to reach Envolve Dental's automated member eligibility-verification system

**COVERED DENTAL SERVICES AND CODES**

Maximum dental benefit is \$1,000 per calendar year for all Ambetter plans. Although basic dental services have no co-insurance or co-pays, covered comprehensive minor and major restorative dental codes require 50% member co-insurance.

Providers are not permitted to charge members any amount for covered services except the plan-defined co-insurance amount. For detailed coverage and coding information, please visit Envolve Dental's Provider Web Portal (PWP) at [envolvedental.com/logon](https://envolvedental.com/logon). You also visit [envolvedental.com/cdt](https://envolvedental.com/cdt) to view requirements by covered code.

**DENTAL CLINICAL POLICIES**

In conjunction with the benefit codes and information found online, please be sure to review Envolve Dental's clinical policy guidelines and criteria found on the [Provider Web Portal](#) prior to providing services.

**OUT-OF-NETWORK PROVIDERS**

In Arkansas, Mississippi, Oklahoma, and Texas only, members can receive services from out-of-network dentists, with the coinsurance amount for comprehensive services at 50% per service. Members in all other states must visit participating network providers to receive dental benefits.

**AUTHORIZATION REQUIREMENTS**

Ambetter dental benefits do not require authorization. Envolve Dental also does not process pre-determinations of coverage. Please proceed with care as set out in the member's evidence of coverage. All services are subject to benefit coverage, limitations, and exclusions as described in applicable plan coverage guidelines.

Envolve Dental considers all benefits and applies clinical standards to them, outlining for providers what conditions must be present in order for the covered benefits to apply. Providers should measure intended services to the clinical criteria before treatment begins to assure appropriateness of care. To view requirements per covered code, visit [envolvedental.com/logon](https://envolvedental.com/logon) or [envolvedental.com/cdt](https://envolvedental.com/cdt). Please maintain documentation in the member's file of the necessity of services provided.

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### CLAIM SUBMISSION

The Ambetter timely filing requirement is 180 calendar days from the date of service (except for Michigan, which is 365 days); this includes resubmitting corrected claims that were not able to be processed. No reimbursement will be made for claims received beyond this date. Claims received after the timely filing deadline will be considered a provider liability and members may not be billed for services. Include applicable arch, quadrant or tooth identifiers when billing for dental services. Submit claims in one of these formats:

- Envolve Dental Provider Web Portal at: [envolvedental.com/logon](http://envolvedental.com/logon)
- Electronic claim submission through selected clearinghouses: Payor ID 46278
- Alternate pre-arranged HIPAA-compliant electronic submissions
- Paper claims mailed to your state-specific Envolve Dental PO Box (see *Key Contacts*)
  - Must be submitted on a current 2019 or later ADA original claim form (except in those states that allow 2012 or later)
  - Copies, handwritten or faxed forms are not accepted

### Billing for Crowns and Dentures

For crowns and dentures, the date of service must be billed according to the seat date/ date of insertion.

### APPEALS & GRIEVANCES

Claim appeals must be filed within 180 calendar days from the date of notification of payment or denial and will be resolved within 30 calendar days.

To file a provider appeal or grievance, providers may:

- Call your state's specific Customer Service phone number for information
- Email [dentalappeals@envolvehealth.com](mailto:dentalappeals@envolvehealth.com) or [dentalgrievances@envolvehealth.com](mailto:dentalgrievances@envolvehealth.com) as applicable
- Write Envolve Dental Appeals and Grievances using your state-specific PO Box (see *Key Contacts*)

Members must submit member appeals within 180 calendar days of the event by contacting the health plan directly (see *Key Contacts*).

### MEMBER ID CARD EXAMPLES

Please visit [envolvedental.com/mystate](http://envolvedental.com/mystate) for example member ID cards for your state.

ENVOLVE DENTAL HELP AT A GLANCE	
<b>SECURE PROVIDER WEB PORTAL</b> <a href="http://envolvedental.com/logon">envolvedental.com/logon</a> <ul style="list-style-type: none"> <li>• Verify member benefits and eligibility</li> <li>• File claims and review claim status</li> <li>• Download, research, and reprint EOPs</li> <li>• Access important provider information               <ul style="list-style-type: none"> <li>○ Covered dental codes and details</li> <li>○ Clinical policy guidelines</li> <li>○ Provider manual, training, bulletins</li> </ul> </li> </ul>	<b>ENVOLVE DENTAL PUBLIC WEBSITE</b> <a href="http://envolvedental.com">envolvedental.com</a> <ul style="list-style-type: none"> <li>• Provider Training Resources</li> <li>• Update provider forms, including:               <ul style="list-style-type: none"> <li>○ Electronic Funds Transfers (EFT)</li> <li>○ Disclosure of Ownership (DOO)</li> <li>○ Credentialing documents</li> </ul> </li> <li>• Read timely provider news and newsletters</li> </ul>
<b>AMBETTER BENEFIT DETAILS</b> Please see the Ambetter Quick Reference Guide and requirements by covered code at <a href="http://envolvedental.com/cdt">envolvedental.com/cdt</a> and the <a href="#">PWP</a> .	

## APPENDIX: PLAN SPECIFICS

### Envolve Dental 2023 Ambetter Marketplace Key Contacts

State	Envolve Dental Provider Customer Service	Health Plan Member Customer Service	Envolve Dental Provider Claims & Appeals PO Box
AL	833-464-1719	800-442-1623	PO Box 20647, Tampa, FL 33622-0647
AR	855-609-5155	877-617-0390	PO Box 26632, Tampa, FL 33623-6632
AZ	833-605-6272	888-926-5057	PO Box 21588, Tampa, FL 33622-1588
FL	855-934-9809	877-687-1169	PO Box 20654, Tampa, FL 33622-0654
GA	844-464-5632	877-687-1180	PO Box 22085, Tampa, FL 33622-2085
IL	855-934-9811	855-745-5507	PO Box 22377, Tampa, FL 33622-2377
IN	844-621-4579	877-687-1182	PO Box 20847, Tampa FL 33622-0847
KS	855-434-9245	844-518-9505	PO Box 25857, Tampa, FL 33622-5857
KY	833-596-2740	833-705-2175	PO Box 25974, Tampa FL 33622-5974
LA	833-438-0187	833-635-0450	PO Box 25974, Tampa FL 33622-5974
MI	833-317-0439	833-993-2426	PO Box 20062, Tampa FL 33622-0062
MO	855-434-9240	855-650-3789	PO Box 25178, Tampa, FL 33622-5178
MS	855-934-9810	877-687-1187	PO Box 25255, Tampa, FL 33622-5255
NC	833-482-2947	833-863-1310	PO Box 20654, Tampa, FL 33622-0654
NE	833-554-2292	833-890-0329	PO Box 25974, Tampa FL 33622-5974
NH	844-258-4615	844-265-1278	PO Box 20062, Tampa FL 33622-0062
NV	844-695-0358	866-263-8134	PO Box 25518, Tampa FL 33622-5518
OH	844-621-4581	877-687-1189	PO Box 22687, Tampa, FL 33622-2687
OK	833-763-2400	833-492-0679	PO Box 26632, Tampa, FL 33623-6632
PA	833-605-6275	833-510-4727	PO Box 26631, Tampa, FL 33623-6631
SC	833-605-6320	833-270-5443	PO Box 26632, Tampa, FL 33623-6632
TN	833-662-1996	833-709-4735	PO Box 20654, Tampa, FL 33622-0654
TX	833-260-3625	877-687-1196	PO Box 25518, Tampa FL 33622-65518