



Dental Quick Start Guide

Verify eligibility

You have two quick and easy options. Here's how to find what you're looking for without ever waiting on hold:

Go online

- 1 Log in to the provider portal
- 2 Enter the information in the appropriate fields
- 3 Review the eligibility information in the pop-up window

To ensure you have all the relevant information – including waiting periods – click the link to access the full benefits eligibility report.

Verify Patient Eligibility / Start Claim

Location

Provider

Date of Service

☒ Subscriber ID and date of birth

Subscriber ID

Date of Birth

☐ Last name, first name, and date of birth

[Reset](#) [Verify Eligibility](#)

Patient Selected

✓ Patient is eligible for services on 02/02/2023 from at

(SLIDELL, LA, 70458).

Patient Information

Subscriber ID:

Address:

Date of Birth:

[View Patient History](#) [View Eligibility Report](#)

[View Benefits](#)

[Start a Claim](#)

Member Benefit Summary

Date Sent: 04/26/2024

Information presented here may not reflect data processed in the last business day.

MEMBER INFORMATION

Member Name: LOB MORALES
Group ID: CLAW010001
Subscriber ID: 419103452
Relationship: Self

Member DOB: 02/05/1999
Member Effective Date: 12/01/2023

Waiting Period Satisfied: Yes

A pre-claim estimate is recommended for charges over \$500. Payment/pre-estimates of services are determined according to the terms and conditions of the Member's Policy and Certificate of Coverage and the terms of the participating provider agreement, when applicable. Our Dental Clinical Outcomes including our general administrative benefit determination policies, such as standard exclusions/exclusions, downcoding and bundling, and are available at <https://dentalportal.unum.com/login> or by calling 888-400-9304.

This is a summary of your benefits and eligibility as of this date and not a guarantee of payment or final determination of eligibility. This is not intended to be a complete description of the insurance coverage and is subject to the member's benefit plan including covered benefits, exclusions, and limitations. The information provided is based on the latest information available but may not include changes in status that may be known to the employee or dependent.

Benefit Information:

Deductible:
The Member is responsible for paying the deductible. If a Member has paid a deductible for an out-of-network provider and, in the same benefit year, visits an in-network provider, we will credit the amount paid toward the in-network deductible.

Individual Maximum Benefit:
The Individual Maximum Benefit is the total amount of benefits that we will pay, whether in-network or out-of-network, per benefit year.

Orthodontic Maximum Benefit (if applicable):
The Orthodontic Maximum Benefit is the total amount of benefits that will be paid for orthodontic covered services including orthodontic initial banding and monthly treatment. Benefits end when orthodontic treatment ends or the maximum benefit is reached, whichever comes first.

* In the event a member reaches the maximum benefit, they are responsible for all further costs and in-network providers should refer to the terms of their agreement.

Colonial Life

Plan 4 - \$1,000, 100% | 80% | 50%

A, B, C and Services apply toward the benefit year maximum
Maximum three per family. Applies to base (Class A) and major (Class C)

Waiting percentage of maximum allowable charges for each class:

100%
80%
50%

Bridge

Waiting period (subject to follow-up please contact 888-400-9304 to log in to the provider portal to verify waiting period. If you have not yet 201-2523 to obtain your unique ID to register)

Impacted teeth
(covered with complex oral surgery)

3)

if endosseous implants (in lieu of an approved three-unit bridge)

if maintenance in lieu of an additional cleaning. Periodontal maintenance is a major service

Receive a fax report

- 1 Call (888) 400-9304
- 2 Follow the automated prompts to provide patient information
- 3 We'll fax you the Member Benefit Summary which outlines eligibility

Whichever way you choose to locate benefits eligibility information, be sure to select the correct location and provider, as these can impact eligibility. For DHMO, verify eligibility by checking your monthly eligibility roster.

Once you've determined eligibility, you can create a pre-claim estimate* to see if there are any limitations on the plan.

Spend less time looking for information and more time helping your patients.

Need more help? Call us at 888-400-9304.

*Pre-claim estimates are not final costs and can change.