



# Compass Family Services Dental Buy Up Benefit Summary

**Member Services** 855-844-0626

**Email** [memberservices@skygenusa.com](mailto:memberservices@skygenusa.com)

Members can access their ID Card and plan information at  
**[www.directdentalplans.com](http://www.directdentalplans.com)** by clicking Login > Members

## Dental Benefit

<b>Plan Year</b>	January 1 – December 31
<b>Individual Annual Deductible</b>	\$25 per person after the first \$250 of treatment
<b>Annual Benefit Maximum</b>	\$1,500 per person

Benefit Coverage	Plan Pays	Employee Pays
100% of the first \$250	\$250	\$0
Deductible \$25	\$0	\$25
80% of the next \$200	\$160	\$40
50% of the remaining \$2,180	\$1,090	\$1,090
<b>Total Cost of Care: \$2,655</b>	<b>Total: \$1,500</b>	<b>Total: \$1,155</b>

## Dental Coverage Restrictions & Exclusions

- Crowns/jackets/inlays/onlays/cast restorations/partial and full dentures that are replaced in less than 5 years from placement.
- Initial treatment to replace teeth lost prior to participating this dental plan.
- Cosmetic services as defined by IRS regulations.

## Orthodontic Services

Orthodontic Services are paid for adult and dependents up to age 19 at 50% to a lifetime maximum of \$1,500, including payments made under previous Compass Family Services Dental Plans.

## Cypress and DenteMax Plus PPO Networks

While you may see any provider, this plan has access to the Cypress and DenteMax Plus PPO (which includes nationwide, DHA and Careington Network providers). When you visit an in-network provider, fees may be up to 35% less than an out-of-network provider. Visit [www.directdentalplans.com](http://www.directdentalplans.com) to find an in-network dentist near you. Out of Network payments are based upon the 90% Usual, Customary and Reasonable Fee for the dental office rendering care.

## Information for Providers – Contact Us to Verify Patient Eligibility

<b>Provider Services</b>	(855) 866-2615 <a href="mailto:SDCproviderservices@skygenusa.com">SDCproviderservices@skygenusa.com</a>	<b>Payer ID</b>	SDCOM (Emdeon & DentalXChange)
<b>Claim Mailing Address</b>	Direct Dental Claims P.O. Box 497 Milwaukee, WI 53201	<b>Claim Email</b>	<a href="mailto:helpdesk@directdentalplans.com">helpdesk@directdentalplans.com</a>

Submit claims online at **[www.directdentalplans.com](http://www.directdentalplans.com)** by clicking on Login > Providers

*The services, exclusions and limitations listed above do not constitute a contract and are a summary only.  
Your complete benefit description can be found in the Summary Plan Description (SPD).*