

What dentists may I see with my Direct Dental Plan?

- You may see **any dentist** that you wish with your Direct Dental Plan.
- If your employer has access to the **Dental Health Alliance (DHA)** network, then you have access to see dentists in this network at a discounted rate. Please review your plan's Benefit Summary, or consult with your HR department to determine if you have access to the DHA network.

How can I locate a Dental Health Alliance (DHA) Provider?

- Simply go to www.directdentalplans.com to find a DHA provider near you.

What do I need to bring to my dentist to use the plan?

- **You will no longer need to present a physical identification card when you go to the dentist. Your provider can verify your eligibility in one of four simple ways:**
 1. Your provider can contact **Provider Services at 855-866-2615** to verify your eligibility.
 2. Your provider can look up your eligibility on the **Direct Dental Provider Web Portal** located at www.directdentalplans.com.
 3. If you would like an identification card, just print out a card by going to the Member Web Portal located at www.directdentalplans.com. Direct Dental members have the convenience of a digital member identification card. You can even provide your digital member identification card on your smart phone or mobile device when you're on the go. You must register with the portal as a member to view or print your ID card. Signing up is simple and free – it only takes three clicks! Below is a sample ID card:

DIRECT DENTAL ADMINISTRATORS, LLC		Member ID Card		DHA ACCESS	
Benefit Plan Group Name Group #		Member Services 855-844-0626 Provider Services 855-866-2615	Send dental claims to Send vision claims to	Direct Dental Claims PO Box 497 Milwaukee, WI 53201 Direct Dental Vision Claims PO Box 192 Milwaukee, WI 53201	
		Subscriber # Effective Date Member Name Birth Date			
Direct Dental Administrators, LLC		www.directdentalplans.com			

4. You may also bring a copy of your **Plan Benefit Summary** to your provider. Your Plan Benefit Summary is available to you in the Member Web Portal or from your HR team.

How do I register with the Member Web Portal?

- You can register with the web portal by visiting our website www.directdentalplans.com, clicking on **Login** on the top navigation panel, then clicking **Member Web Portal**.
- Click on **Register Now** and follow the prompts to register.
- If you experience any issues with registration, contact **Portal Support at 844-275-8758** and they can assist you with the registration process.

How does my provider submit a claim and get paid?

- Your provider can send your claim to Direct Dental electronically via our Provider Web Portal, via other electronic claim services including Emdeon and DentalXChange, or via fax/mail to the addresses below:

Dental Claims

Direct Dental Claims
PO Box 497
Milwaukee, WI 53201
Fax: 866-849-2038

Vision Claims

Direct Dental Vision Claims
PO Box 192
Milwaukee, WI 53201
Fax: 866-849-2038

Authorizations

Direct Dental Authorizations
PO Box 260
Milwaukee, WI 53201

Appeals

Direct Dental Appeals
PO Box 252
Milwaukee, WI 53201

What if I pay my provider out of pocket for services?

- If you pay out of pocket for services, you can send us a **Claim Reimbursement Request**. The request form and simple instructions can be found on our website at www.directdentalplans.com.

When will I receive payment if I paid out-of-pocket for services?

- You can expect to receive your reimbursement **within 30 days or less** of Direct Dental receiving your Claim Reimbursement Request along with clean copy of your claim receipt(s).
- Please note that failure to provide appropriate documentation with your reimbursement request may result in delays in the processing of your claim.

Are all dental services covered by my Direct Dental Plan?

- Your **Plan Benefit Summary** describes the services covered by your plan. Your Plan Benefit Summary is available to you in the Member Web Portal or from your HR team.

How do I coordinate benefits with another dental plan?

- If you are the primary subscriber and you receive care, Direct Dental is the primary carrier, and secondary benefits are handled by your secondary carrier.
- If a dependent with their own primary coverage receives care, we use the Explanation of Benefits from the dependent's primary carrier and pay benefits against what remains from the primary carrier.
- Please contact **Member Services at 855-844-0626** to provide additional coverage information.

What is my remaining available balance?

- The amount of your remaining available balance, as well as your claim status and history, can be found in the **Member Web Portal** under the **Benefit Tab** in the top navigation panel.
- You may also contact **Member Services at 855-844-0626** for assistance with your balance and more.

Where do I go with questions about my coverage or plan?

- Please contact **Member Services at 855-844-0626** or review your Direct Dental **Plan Benefit Summary**.

How can I contact Direct Dental Administrators?

Member Services

855-844-0626

memberservices@directdentalplans.com

Web Portal Support

844-275-8758

Authorizations

authorizations@skygenusa.com

Direct Dental Website

www.directdentalplans.com

Provider Services

855-866-2615

SDCproviderservices@skygenusa.com

Member Claims

helpdesk@directdentalplans.com

Appeals

appeals@skygen.com

DHA Provider Locator

www.directdentalplans.com/find-provider