Help and Questions

Your Member Portal

Your ID Card

Filing a Claim

Covered Dental Procedures

Choosing a Dentist

HOW TO CONTACT US:

Send us a message here.

Email us at
standard@employeebenefitservice.com
(if your employer is outside New York)

standardlifeofny@employeebenefitservice.com
(if your employer is in New York)

While it is unlikely, be aware that communication via email can be intercepted in transmission or misdirected. Please consider communicating any sensitive information by fax or mail.

Or call us at:
800.547.9515
(if your employer is outside New York)

888.396.8641
(if your employer is in New York)

TheStandard®

FREQUENTLY ASKED QUESTIONS
Your Dental Plan

Help and Questions

1 | How can I find out which plan I'm enrolled in?

If you're unsure which dental plan you're enrolled in, you can ask your employer or view your benefit summary in the member portal.

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Your Member Portal

1 | What information is on our member portal?

- Claim status and history
- Your benefit summary and certificate of coverage
- Your ID card
- A network dentist locator
- A dental cost estimator
- A form for nominating your dentist to join our network

You can also send a request to receive your Explanation of Benefits electronically.

2 | How do I register or log in?

Click here and select the appropriate log in. If you're not registered, select Register under the Sign In button. For detailed instructions on how to register or log in to the member portal, check out the Dental and Vision Member Portal Guide.

3 | I forgot the email address or password I used to register.

If you don't remember your login information, please contact us using the information provided in the left-hand column.

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Your ID Card

1 | Where can I get an ID card?

If your plan provides ID cards, you can download a copy from our member portal. Or, we can order one for you. Please contact us using the information provided in the left-hand column.

2 | Do I need an ID card?

No, you don't need an ID card. Your dentist can use your policy number to verify your benefits. If you don't know your policy number, please contact us using the information provided in the left-hand column.

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Filing a Claim

1 | Who submits my claim?

Your dentist will submit claims for you if they're part of the Network. If your dentist is not part of the network, you'll need to ask them if they can submit claims for you.

2 | Where do I send a claim?

If your employer is outside New York, mail claims to:

Group Claims
P.O. Box 82622
Lincoln, NE 68501-2622

If your employer is in New York, mail claims to:

Group Claims
P.0. Box 82520
Lincoln, NE 68501-2520

Or, regardless of your employer's location, you may fax claims to 402.467.7336.

3 | Do I have to use a certain form?

You can send us any dental claim form. If you'd like to use ours, click here to download a copy. For more information on filing a dental claim, please visit our website.

4 | How much time do I have to submit a claim?

You or your dentist should send us claims within 90 days of the date you receive treatment, or within the time frame specified in your certificate of coverage. See the Proof of Loss section for details. You can access your certificate through your employer or on our member portal.

5 | I want to allow another person to talk to you about my dental claims. Can I do that?

Yes, if you'd like to authorize us to release your dental insurance claim information to another person, you can download, complete and mail (or fax) us an Authorization to Release Health-Related Information form.

The Privacy Rule under the Health Insurance Portability and Accountability Act of 1996 provides you with certain rights. It also states our responsibilities, as your dental insurance provider, to protect the dental health information we maintain about you.

For details about your rights under the HIPAA Privacy Rule, including how to act on these rights, please review the HIPAA Notice of Privacy Practices.

6 | Will benefit payments be sent to me or my dentist?

If you receive services in the United States, we will pay benefits according to how they are authorized on the claim form. If you receive services outside the United States, we will issue payment to the member.

If you visit network dentists, they will submit claims for you. We pay benefits directly to them based on their contract with us. For non-network visits, we can pay benefits to the dentist or the member. If you would like payment issued to you, leave the authorization line blank on the claim form.

Contact Us if you are charged up front for the full amount of your services by a network dentist.

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Covered Dental Procedures

1 | What dental procedures are covered?

Your certificate of coverage has a list of covered procedure codes and frequencies. Ask your employer for a copy or log in to our member portal to view copies online. For other questions, please contact us using the information provided in the left-hand column.

2 | What is a pretreatment estimate? Do I need one?

A pretreatment estimate is a form your dentist submits before starting treatment. It tells us about upcoming services and helps us let you and your dentist know what your plan covers and the amount you'll be responsible for.

We don't require a pretreatment plan for any service. But we do recommend you ask your dentist to submit one for any service you consider expensive.

3 | How much will my dental procedures cost?

You can estimate both in-network and out-of-network costs through the Dental section of our member portal. We also have an out-of-network estimator available here.

4 | How are orthodontic benefits paid?

If your plan covers orthodontic treatment, we typically make the first payment three months after the bands are placed on the teeth. We'll send quarterly payments after that. Ask your employer for a copy of your certificate of coverage or view a copy on our member portal for more details.

5 | Can I replace a tooth that was extracted before I enrolled in my dental plan?

It depends on the plan you're enrolled in. Your certificate of coverage provides details about whether your plan covers prior extractions. If it does, the certificate will also provide a timeframe for replacing the missing tooth. Look for this information in the section labeled Limitations. Ask your employer for a copy of your certificate of coverage or view a copy on our member portal.

More questions? Please contact us using the information provided in the left-hand column.

6 | I think a dental service should be covered, but it was denied. What should I do?

You can file an appeal or grievance. Ask your employer for a copy of your certificate of coverage or view a copy on the member portal. Look for the section named Grievance and Appeal Procedure, which is specific to the state your employer is in. Follow the instructions to send us the needed information.

Reach out to us with questions about the process or to check the status of your appeal or grievance. Please contact us using the information provided in the left-hand column.

Quality Assurance
P O Box 82629
Lincoln, NE 68501-2629
888.418.6811

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Choosing a Dentist

1 | Can I see any dentist? Or do I have to choose a network dentist?

You can visit any licensed dentist. Remember that choosing a network dentist can lower your costs since they agree to lower fees and submit claims for you.

2 | How do I know if my dentist is part of the network?

Search the online provider directory to see if your dentist is in the dental network. Select the network listed on the front of your ID card. Don't have an ID card or need help? Please contact us using the information provided in the left-hand column.

3 | Do I need a referral to see another dentist?

No, you don't.

4 | Can I visit a dentist outside the United States?

Yes, you can see a dentist outside the United States. However, we don't have a PPO network outside the U.S. You'll need to pay the dentist for services first and send us a claim form for reimbursement. View our File a Claim page for more information on submitting dental claims.

Standard Insurance Company | The Standard Life Insurance Company of New York | **standard.com**
The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of 1100 SW Sixth Avenue, Portland, Oregon, in all states except New York, where insurance products are offered by The Standard Life Insurance Company of New York of 445 Hamilton Avenue, 11th floor, White Plains, New York. Product features and availability vary by state and company, and are solely the responsibility of each subsidiary. Each company is solely responsible for its own financial condition. Standard Insurance Company is licensed to solicit insurance business in all states except New York. The Standard Life Insurance Company of New York is licensed to solicit insurance business in only the state of New York.