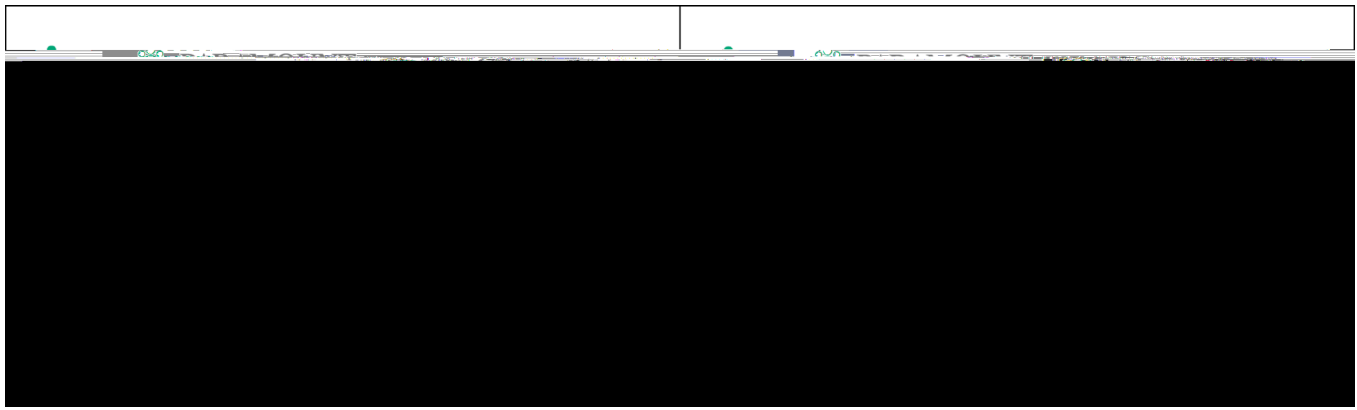




# Paramount Dental Member Hip Card



This card can be printed out and folded down the center line to store for safekeeping.

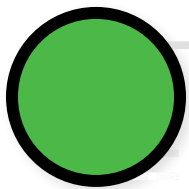
# Your Dental Portal

○ Welcome to your new dental portal. You can now view your dental benefits, schedule appointments, and more.

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Contact Member Services at  
1-800-727-1444 for additional help.

[insuringsmiles.com](http://insuringsmiles.com)



### How to Find a Dentist

Select **'Find a Dentist'** on the homepage. Or, select **"Members"** from the top navigation and look for **"Find a Dentist"** in the dropdown menu.

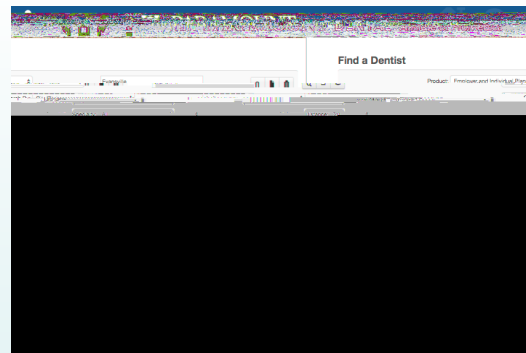
### How to Find a Dentist

If you have a dental plan through your employer or an individual dental plan, select **"Employer and Individual Plans"**.

*Please note: Medicare Advantage is for Paramount Elite Medicare plans in Michigan and Ohio only.*

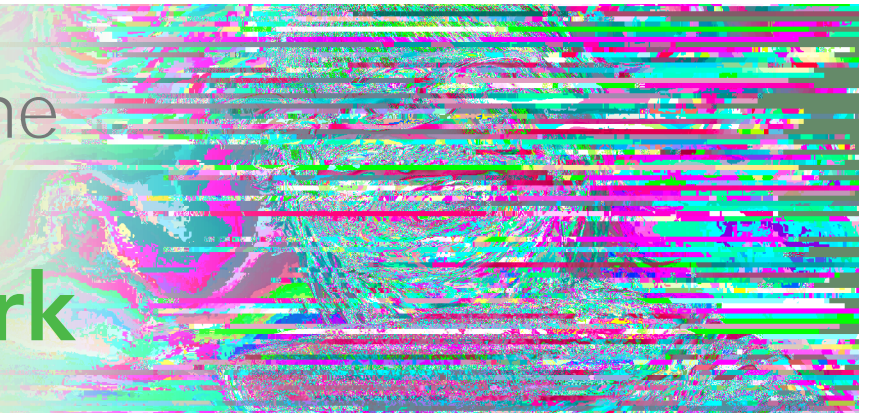


Enter your desired search criteria including zip code, city/state or provider last name. You can also search by dental specialty including oral surgery, pediatrics and periodontics. Click the search icon when you have completed all fields.



- Each search result includes dentist name, practice name, specialty, location and contact information and a link to directions to the office.
- The Paramount Dental directory is updated daily. Using the online directory ensures you have the most up-to-date and accurate information.

# 4 reasons to use the Paramount Dental Network



## 1. Lowest Out-of-Pocket Costs

The dentists in the Paramount Dental Network have all agreed to accept a contracted fee schedule for specific services, called the maximum allowable charge (MAC). Members will never be billed more than the contracted rate. This means: When a member chooses an in-network provider, the member is ensured the lowest out-of-pocket costs for covered services.

## 2. Annual Maximum Benefit

When a member leverages the contracted rates of our in-network providers, the member's annual maximum benefit will go farther. Only the MAC amounts (only the portion paid by Paramount Dental) count toward the annual maximum.

## 3. No Balance Billing

Balance billing happens when a provider bills the patient the difference between the amount the provider charges and the amount the patient's insurance allows. The providers in the Paramount Dental Network have all agreed to accept our fee schedule and won't balance bill the member. Some services have a coinsurance where a member will pay their portion.

## 4. Access to Quality Care

With more than 380,000 practice locations nationwide, our vast network of providers means that members have access to the quality care they need when they need it. They can count on receiving quality care that is both convenient and affordable.

Let's take a look at the costs of a common dental appointment – an oral exam and cleaning – to compare the difference between using an in-network provider and an out-of-network provider.

	In-Network	Out-of-Network
Contracted Fee	\$100	\$150
Insurance Allowance	\$100	\$100
Member Responsibility	\$0	\$50
Total Cost	\$100	\$150



Learn More