



City of Seattle

CITY OF SEATTLE WELLNESS PROGRAM

Period: 2027

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Your Dental Benefits Solutions People - Since 2006!

Understanding Your DHMO Benefits

Dental Health Services 



1. Network of Providers

- ✓ **In-Network Dentists Only:** Members must choose a primary care dentist (PCD) from the DHMO's network of contracted providers.
- ✓ **Referrals for Specialists:** If specialized dental care is required, the primary dentist will refer the patient to an in-network specialist. Without a referral, specialist visits may not be covered or could result in higher out-of-pocket costs.

2. Fixed Costs and Co-Payments

- ✓ **Set Co-Pays:** DHMO plans typically offer set co-payments for various dental services. For example, cleanings, exams, and X-rays may have little to no out-of-pocket cost, while more complex procedures, such as root canals or crowns, will have a predetermined co-payment listed in the plan schedule.
- ✓ **No Deductibles or Annual Maximums:** Unlike traditional dental PPO plans, DHMO plans often have no annual deductibles or maximum coverage limits. This means members won't have to meet a deductible before coverage begins, and there's no yearly cap on what the plan will pay for dental services.

3. No Waiting Periods

- ✓ **Immediate Access:** Most PPO plans have a waiting period on major services. DHMO plans give you access to your benefits without having to wait for treatment.

4. Emphasis on Preventive Care

- ✓ **Preventive Care Focus:** Many DHMO plans emphasize preventive care, including regular checkups, cleanings, and exams, often at no cost or low co-payments. This helps maintain good oral health and avoid the need for more expensive treatments later on.

5. No Out-of-Network Coverage

- ✓ **Restricted Coverage:** Unlike PPO plans, DHMO plans do not cover out-of-network care. If members see a dentist who is not part of the DHMO network, they may have to pay the full cost of services out-of-pocket.

Understanding your Schedule of Benefits

Know what your dental plan covers before you receive care.



What you'll find

- **Covered services** Preventive, basic, and major dental care listed in your plan.
- **Your costs** The copayment shown for each covered procedure.
- **Plan rules** Any exclusions or limitations that may apply.

Understanding your coverage helps you make informed choices for yourself and your family.

Understanding Your Plan & Maximizing Your Care

Basic vs. Major Dental Procedures



Basic Procedures

Routine treatments that address common dental concerns.

- Fillings
- Simple extractions
- Scaling and root planing (deep cleaning)
- Emergency pain relief



Major Procedures

More involved treatments that restore or replace teeth.

- Crowns
- Bridges
- Full or partial dentures
- Implants
- Surgical extractions



Procedure categories and coverage vary by plan. Check your copayment schedule for costs, covered services, and referral or authorization requirements.

How to Find a Participating Dentist



Search the COS dental network online

- 1 Go to dentalhealthservices.com**
Open the Members section and select Learn More.
- 2 Choose Dentist Search**
Select COS as your plan name.
- 3 Find a dentist near you**
Search by ZIP code, city, county, or state.--



Scan to search

Want to change dentists or need help?

Member Services • 888.496.3393 • membercare@dentalhealthservices.com

Before your dental appointment

A few checks can help you understand your care and costs.



1 Confirm your assigned dentist

Make sure your appointment is with your selected participating primary care dentist.

2 Have your member ID card ready

Keep your member number handy. You can also access your card in the member portal.

3 Review your Schedule of Benefits

Look up covered services and the copayments listed for your plan.

Before signing a treatment plan, ask about each procedure, its ADA code, and your cost.

When your treatment plan and copayments differ

Understand the care and costs before you sign.



1 Review the written treatment plan

Ask for every proposed procedure, its ADA code, and the amount you would pay.

2 Discuss your options

Ask your dentist to explain the benefits and risks of each option, including any optional treatments.

3 Compare with your Schedule of Benefits

Ask which procedures are covered and why any charge differs from your listed copayment.

Still have questions? Contact Member Services before treatment.

Know your Rights

You absolutely have the right to refuse treatment or ask for a second opinion if you feel it is necessary.

Make sure you understand the proposed care and costs before signing your treatment plan.

Want to change your primary dentist?

Member Services can help you select another participating dentist.



1 Find a participating dentist

Search the online directory or ask Member Services for help finding an office.

2 Call to request the change

Contact Dental Health Services at (866) 644-5444 for yourself or a dependent.

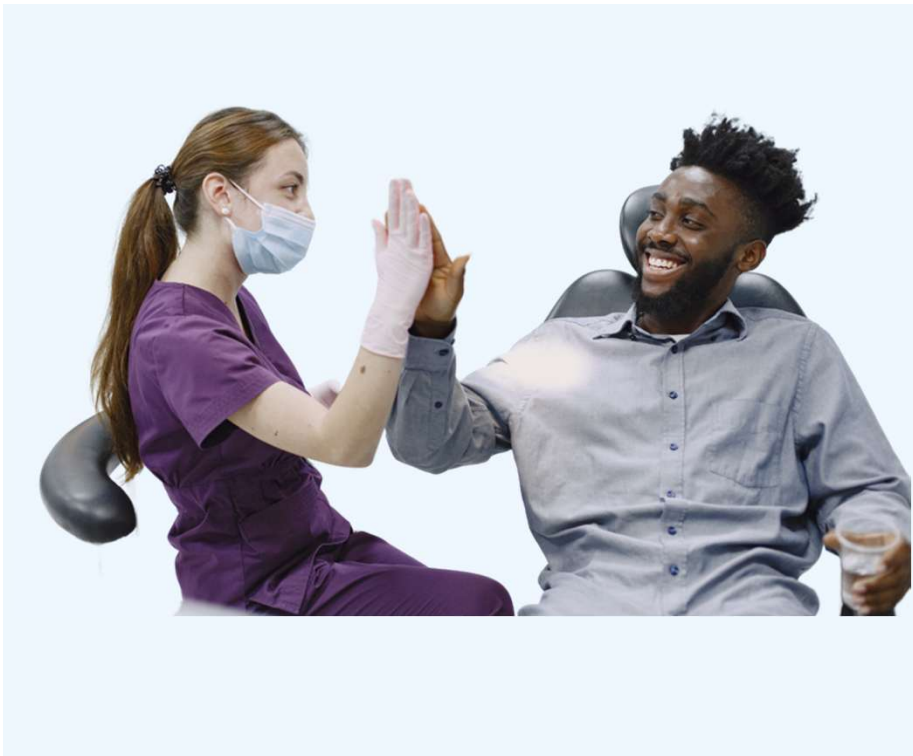
3 Confirm when it takes effect

Ask Member Services for the effective date before scheduling with the new dentist.

dentalhealthservices.com

Regular cleanings help protect your smile

Make time for your routine dental visits



Prevent problems

Professional cleanings remove plaque and tartar that brushing alone can miss.

Catch concerns early

At a checkup, your dentist can look for signs of decay and gum problems.

Stay on schedule

Use the cleanings available under your plan, and ask your dentist how often you should return.

Check your Schedule of Benefits for covered preventive services.

When your dentist recommends a specialist

Your primary dentist helps arrange specialty care under your plan.



1 Talk with your primary dentist

Ask why specialty care is recommended and which services the specialist may provide.

2 Have the referral submitted

Your primary dentist should request the referral and any required authorization from Dental Health Services.

3 Confirm before scheduling

Check that the specialist participates in the plan and ask about your covered services and copayments.

Questions about your referral? Call Member Services at (866) 644-5444.

When you need urgent dental care

Call your selected dentist first for pain, bleeding, or a dental infection.

1 **Contact your primary dentist**

The office can assess your situation and arrange appropriate emergency care.

2 **If you cannot reach the office**

Call Member Services at (866) 644-5444 for help with the next step.

3 **If you are away from the service area**

Seek care to relieve the emergency condition. Keep an itemized receipt and contact Member Services about submitting it.

For a medical emergency, call 911 or go to the nearest emergency room.

Coverage and reimbursement follow your Evidence of Coverage.

If a dental charge does not look right

You can ask for an explanation before agreeing to treatment or paying a bill.



1 Ask for an itemized explanation

Request the procedure names, ADA codes, amounts charged, and any optional services.

2 Compare with your benefits

Check each covered procedure and listed copayment in your Schedule of Benefits.

3 Contact Member Services

Share the treatment plan or receipt and explain the amount you question. We can review your benefits with you.

For charges you already paid, keep your receipt and tell us the amount paid.

Member Services (866) 644-5444

Understanding Your Plan & Maximizing Your Care

Orthodontic Care

What is orthodontic care?

Treatment that helps align teeth and correct bite issues.

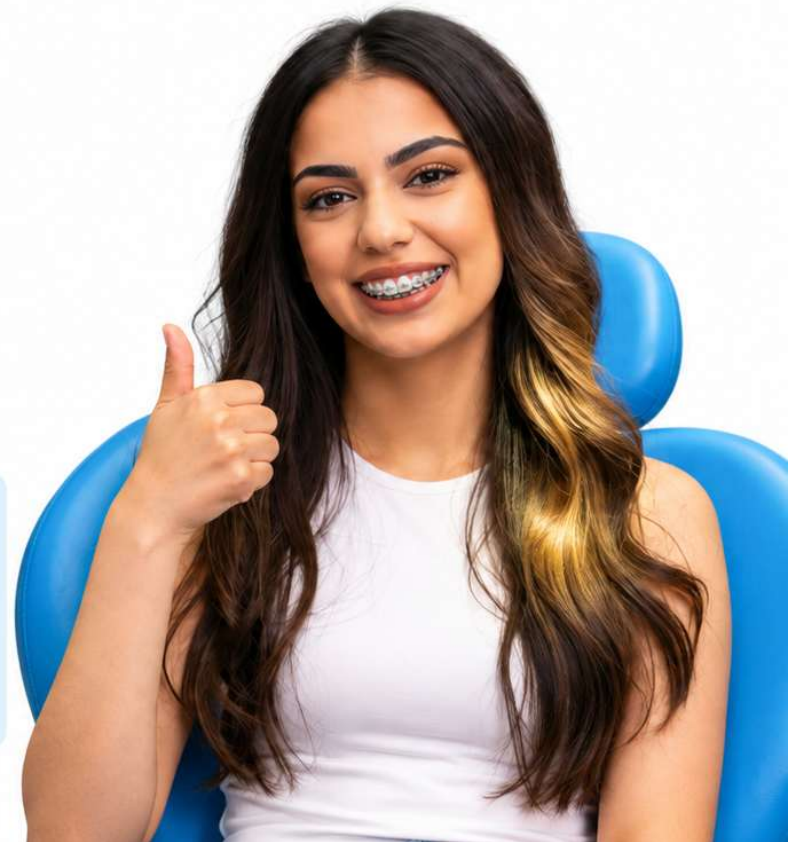
Common treatments

- **Braces:** straighten teeth and correct bite issues.
- **Retainers:** help maintain alignment after treatment.
- **Palatal expanders:** widen the upper jaw when appropriate.

City of Seattle Orthodontic Benefits

- Orthodontic benefits are available for members of all ages.
- Copayments apply over a 24-month treatment plan across all three plan options.

Check your copayment schedule for covered treatment, costs, and requirements.



Register for your new member portal

Set up your Skygen account so you can access your dental information online.



dentalhealthservicesmwp.skygenusasystems.com/MWP/Landing

1 Select Register

On the portal sign-in page.

3 Create your sign-in

Enter your email address, then create a username and password.

2 Enter your member details

Use the information exactly as it appears on your Dental Health Services ID card.

4 Verify your account

Follow the instructions in the verification email, then return to sign in.

No verification email? Check your spam or junk folder.

Need help? Call (866) 644-5444.

What you can find in your member portal

Your dental information in one convenient place



Your ID card

Access your member ID card when you need it.

Plan benefits

Review covered services and your plan information.

Claims history

See dental claims and their status.

Find a dentist

Search for participating providers near you.

Register now to get familiar with your new Skygen portal.

dentalhealthservicesmwp.skygenusystems.com/MWP/Landing

Questions about your dental benefits?

We're here to help you and your family.



Visit our website

dentalhealthservices.com

Use your member portal

Create an account to access your dental information online.

Call Member Services

(866) 644-5444



Thank you
for your continued trust and
partnership for



It is an honor serving each of you, your members, and your families.

How May We Exceed Your Expectations Today?