

Welcome to the Access Dental Plan's prepaid dental program.



If you or an eligible member of your family has started orthodontic treatment under a previous program sponsored by an employer or organization, you may be able to continue that coverage when you switch to Access Dental plan.

Through a provision called orthodontic treatment in progress, Access Dental Plan allows you to continue treatment you started under your previous dental plan with your current employer/organization. You have the convenience of visiting the same orthodontist and enjoying the same coverage and copayments as under your previous program. You pay the same amount that you would have paid under your previous coverage, as long as you remain eligible for coverage under the Access Dental plan.

If you started orthodontic treatment under your former dental carrier, and if banding has taken place, you are eligible for continuous coverage under the Access Dental program and may continue to visit the same orthodontist.

If banding has not occurred, you are not eligible for continuous orthodontic coverage. In that case, orthodontic treatment must be provided by an Access Dental Plan network orthodontist in accordance with the copayments, limitations and exclusions defined in your Access Dental program. Please review the enrollment materials that accompany this flyer for details.

To begin orthodontic treatment, you must select an Access Dental Plan network orthodontist to receive your Access Dental orthodontic benefits. Your copayments, limitations and exclusions are determined by your Access Dental program.

Please complete the form below and return it to Access Dental within 30 days of your employer/organization's original effective date Access Dental will coordinate as necessary with your existing orthodontist. Upon enrollment under the Access Dental plan, you will receive an Evidence of Coverage (EOC) booklet. Please retain this flyer and keep it with your EOC.

This coverage is available only in California.

Continuous Orthodontic Coverage Form*

(Orthodontic Treatment in Progress)

If your previous orthodontic coverage was through a dental program and you meet all of the above conditions, please provide the following information:

Primary enrollee's name: _____ Primary enrollee's phone number: _____

Primary enrollee's SS #: _____ Name of employer/organization: _____

Patient's name: _____ Previous dental carrier: _____

Banding date of patient: _____ Orthodontist: _____

Orthodontist Address: _____

Orthodontist Phone Number: _____

Mail to:

Access Dental Plan
Claims Department
PO Box 38300
Phoenix AZ 85021

* This form must be sent to Access Dental Plan within 30 days of your employer/organization's original effective date with Access Dental Plan.